

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 7: April 24, 2026

Member Attendance: *see Appendix to these notes*

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

Meeting Goals:

- Continue to develop shared understanding
- Finalize March meeting summary
- Provide announcements (as relevant/appropriate)
- Hear update from the Workgroup
- Shared Fact-Finding: Looking at in and out-of-network rate payments to providers for code 1110 and denturist code 5110.
- Review and discuss “first offer” of draft recommendations on issues related to relative payment based on network status.

WELCOME AND INTRODUCTIONS

Amanda Murphy (Ruckelshaus Center) welcomed members and asked them to introduce themselves.

REVIEW OF AGENDA AND MARCH MEETING SUMMARY

Amanda reviewed the agenda, explaining that the Workgroup would hold an afternoon session, because members submitted new proposals for recommendations that the Workgroup has not discussed and refined to bring to the full Collaborative. There were no questions about the agenda and no corrections to the meeting summary.

Group Decision: *The members approved the March 27th meeting summary.*

Action Item: *The Facilitation Team will upload the March meeting summary to the website.*

UPDATES AND ANNOUNCEMENTS

There were no updates from members. A Workgroup member requested to change the upcoming May 15th Workgroup meeting. The group decided not to move the meeting (because the week after is Memorial Day weekend and members may be away).

SHARED FACT FINDING: IN- AND OUT-OF-NETWORK RATES FOR DIAGNOSTIC CODES

Amanda asked carriers to share the in- and out-of-network reimbursement rates for the applicable codes. Denturists shared their perspective to begin.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Washington Denturist Association (Carol Carbone and Carolyn Logue)

The Denturists shared a list of prices for the 5110 code and others, included below are the in and out-of-network costs from Fair Health data at the 80 percent mark. Additional resources can be found in Appendix B.

Diagnostic Code	Service	Out-of-network	In Network	Location
D5110	Upper Complete Denture	\$1,867	\$1,146	Olympia, WA
D5110	Upper Complete Denture	\$2,952	\$1,383	Seattle, WA
D5110	Upper Complete Denture	\$2,206	\$1,354	Spokane, WA
D5110	Upper Complete Denture	\$2,800	\$1,712	Bellingham, WA
D5110	Upper Complete Denture	\$2,588	\$1,561	Yakima, WA

They also shared the Fee Schedule for D5110 from different carriers:

Insurance Company	In Network	Out-of-network
Delta Dental	\$1,024	\$898
Met Life	\$1,500	\$1,319
Regence	\$1,288	\$902
GEHA	\$1,319	\$1,306
Aetna	\$1,474	\$1,474
Anthem Blue Cross	\$1,700	\$1,700
Cigna	\$1,590	\$1,500
Department of Corrections	\$1,321	\$0
Washington State Medicaid	\$470.07	\$0

Other codes and factors that are similar or apart of the upper complete denture are:

- D5130 Upper Immediate Denture
- D5213 Upper Partial Denture
- D6110 Implant Supported Denture
- D5211 Upper Acrylic Partial
- Chair time
- Denture teeth
- Other materials
- Lab time

Questions:

- **Q:** Is D5110 applicable to a partial metal frame? **A:** No, there are many factors that go into creating a denture, including multiple visits to ensure everything fits right, processing, and adjusting once complete.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- **Q:** Does this include a temporary denture? **A:** It depends on the office, but we like to make one really good denture, with adjustments as needed.
- **Q:** Does chair time include overhead fees? **A:** No, chair time was included because typically you'll have an assistant, but it does not include insurance, rent, etc.
- **Q:** How much does lab time or location influence the regional variation of costs? **A:** Most denturists do their processing in house.

Delta Dental of Washington (Sean Pickard and John Quirk)

Delta Dental (DDWA) shared slides to show their in- and out-of-network costs for D1110 and D5110. For D1110 in network, the total allowed amount is \$114. Out-of-network for D1110 is \$64, with a patient balance billed at \$81. For the code D5110, the total allowed amount in network is \$1,186 (patient cost share is 50 percent, so \$593 cost to patient). For out-of-network, the total amount allowed is \$898 (patient cost share is 50% again, so \$449 cost to patient), and balance billed \$1,117 for the remainder. Additional resources can be found in Appendix C.

Questions:

- **Q:** Is the in-network cost to dentists who do dentures (since denturists are not in network yet)? **A:** Yes, and the same goes for the out-of-network statistics.
- **Q:** Where does the \$2,015 total bill charge for D5110 come from? **A:** Statewide average submitted charge.
- **Q:** Can you explain the variance in ranges for out-of-network? **A:** Sean will reach out to the team and get back to the group.
- **Q:** Is the in-network “allowed amount” an average too? **A:** Yes, most plans pay 100 percent of the preventative procedures (adult cleaning).

Members also discussed the regional variation of costs. Typically, things cost more in rural areas, especially if there are fewer providers or they need to travel.

Regence/UsableLife (Kim Hudak)

Kim shared the following data points for Regence Blue Shield. The data is for a Seattle zip code and the D5110 code reflects low utilization and amounts are based on limited experience. D5110 also represents a coinsurance of 50 percent for out-of-network. Out-of-network payment is based on plan design, some utilize a Maximum Allowable Charge (MAC) out-of-network and others utilize a percentage of UCR for out-of-network. Additional resources can be found in Appendix D.

In Network	Description	Submitted	Allowed	Paid
D1110	Prophylaxis-Adult	143	110	110
D5110	Complete Upper Denture	1520	1226	614
Out-of-network Amounts - MAC				
D1110	Prophylaxis-Adult	157	79	78

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

D5110	Complete Upper Denture	1893	902	450
Out-of-network Amounts - 90th UCR				
D1110	Prophylaxis-Adult	177	177	177
D5110	Complete Upper Denture	3055	3055	1528

Questions:

- **Q:** What is the timeline for Regence to get back to providers on pre-determinations? **A:** Unsure, Kim will get back to the group.
- **Q:** Do you know how many denturists there are in-network? **A:** No, but they are allowed in network.

Premera (Megan Hartman)

Premera shared numbers based on the statewide median for claims (not fee schedules). For denturist codes, there were no in-network claims and 1-2 out-of-network claims. The data shared about denturists reflects low utilization and should be taken with a grain of salt. Because denture codes are considered a major service there is higher cost sharing, and group plans can customize their co-insurance (each group can decide in increments of 5% up to 60%). For out-of-network reimbursement, it depends largely on the employer/purchaser and the plan design. It could be the same as in-network allowed amounts or can be customized up to 90% of the FairHealth data.

Willamette Dental (Matt Sinnott)

Willamette Dental operates differently than other carriers, they have a fully integrated delivery system and are mutually responsible for financing and care. Willamette employs dentists, denturists, hygienists and more, and does not submit claims. Because of regulations, they are required to have an emergency benefit, typically a defined amount based on the plan and market for out-of-state emergencies. They also do not have an allowed amount, and most of their codes are slightly lower than 100% UCR. For D5110, Willamette has their own labels and does not provide them as often. There can be variation based on geography, but there is no in or out-of-network application.

Questions:

- **Q:** Have rates changed over the last five years? **A:** Rates are not fixed or standardized, they are adjusted no less than quarterly based on variations in cost, workforce or system implementations.
 - Premera needs to look into this and bring back an answer.
 - DDWA shared that their in-network rate has gone up each of the last five years but are unsure about out-of-network.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- Regence updates their annually, based on UCR and FairHealth, but would need to get back to the group to share if they have increased or not.
- **Q:** Do providers have information available to show what price changes there have been?
A: Dentists shared that they are under incredible financial strain, labor costs, electricity, rent and more have gone up. There is also a big discrepancy for in and out-of-network payments.
 - Some noted that even if there are increased rates for in network services, they tend to be for codes that aren't utilized as often.

Members continued discussion on reimbursement rates. Providers shared frustration with:

- minimal reimbursement rate increases over the years given the escalating costs of running a practice,
- patients' inability to utilize their benefits outside of their network and with a provider of choice, and
- the inability to run a sustainable practice with increased costs and without better reimbursements.

Providers also noted that in other states, benefits companies are buying out failing practices, and they do not want to see that happen in Washington.

Carriers reiterated that their plans are based on what employers and purchasers want, which is a robust in-network experience. They don't want to incentivize more providers to go out-of-network and want the patient to be protected from things like balance billing. Patient advocates reiterated the importance of affordability, access to care, and reminded everyone that the Collaborative is trying to fix a problem in a broken system.

Amanda reminded members of their common themes of access and affordability. She pointed out that previous conversations have emphasized that carriers and providers need to work together to be competitive and ensure practices run, patients have access, and care is affordable.

FIRST OFFER OF DRAFT RECOMMENDATIONS RE: RELATIVE PAYMENT BASED ON NETWORK STATUS

1. Recommendation: *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 direct the OIC to ensure that dental benefit carriers*
 - a. *allow licensed denturists in Washington to join dental provider networks if the denturist chooses to join and meets network requirements.*
 - b. *recognize denturists as direct-bill providers, regardless of network status. See RCW 48.43.745: Chapter 48.43 RCW: INSURANCE REFORM*

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Discussion: The Workgroup met twice since the last Collaborative meeting and drafted a ‘first offer’ of a recommendation based on a presentation from DDWA about their timeline to bring denturists into their network. Members discussed the need for this recommendation, and with some changes to the language and wording, members agreed to move it forward.

Consensus Group Decision: *Amanda asked each member to share a thumbs up, thumbs sideways or thumbs down for formal consensus around the denturist recommendation. All members gave a thumbs-up and thus the Collaborative reached consensus on the recommendation.*

Action Item: *The Facilitation Team will upload the denturist recommendation to the [website](#). The recommendation below was posted to the website:*

2. Recommendation:

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 the three most recent years of 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. To help understand the distribution the data shall include maximum, and minimum, ~~and mounts~~ as well as quartiles (25th, 50th, 75th percentiles), 80th percentile, mean, and median amounts.

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 (listed on the following page) 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).*

Discussion: Members turned to the second recommendation related to relative payment based on network status, around accessing data from the All-Payer Claims Database (APCD). Members suggested more specificity in the timeline and the range of data requested. This would look like

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

requesting the 25th and 75th percentile data points in addition to the intermediate percentile (50%). Those data points may be more helpful than a mean or median. In addition to percentiles, the dates for the data pull should be the three most recent years. The data will also show payer identification, since it will be requested after July 1, 2026.

Questions from the discussion:

- **Q:** Why would we only request a one-time presentation of data instead of continuous reporting like the dental loss ratio recommendation? **A:** Members do not agree on the problem, and a one-time presentation would illuminate the landscape to decide on a solution or if a solution is needed.
- **Q:** Why the OIC and not the HCA? **A:** OIC is currently contracted with HCA to access the data needed. The HCA also oversees Medicaid, it would be a big request, and it would take more time to get the data.
- **Q:** Does this recommendation include standalone and embedded dental plans? **A:** The Collaborative is focused on standalone dental plans.

Sydney Rogalla (OIC) shared a previous report to give members an idea of what it could look like to do an in-house report with data from the APCD, although an in-house report would be smaller than a report that OIC contracted out to a third-party contractor. The [Ground Ambulance Balance Billing Study](#) gives background information and graphs or charts to show the data instead of an excel data pull. Some members had additional questions about the report:

- **Q:** What is the purpose of getting this data—are we looking for disparities? **A:** The goal in accessing the data is to have trusted evidence and data to continue the conversation and assess whether problems exist related to reimbursement rates.
- **Q:** If this data is to inform future legislative decisions, will it be publicly accessible? **A:** There is not another option, all reports generated by the legislature must be public. The intent would not be to share the data widely, but the report would be available.
- **Q:** Why do we request data, but not an advisory group after? **A:** The recommendation could say to have OIC make a recommendation based on the report.
 - Jane Beyer (OIC) shared [HB 1688](#) in the chat, showing that an advisory group was formed based off the Ground Ambulance Balance Billing Study and could be something the group thinks about.

Some members will need to take this recommendation back to their organization to see if it's something they could agree on or live with. To clarify, the data pulled from the APCD would not be readily available, but the report the OIC puts together based on the data would be.

TIME AND PROCESS CHECK- WHETHER TO TRANSITION TO WORKGROUP SESSION

Members agreed to end the formal Collaborative meeting and move on to a Workgroup session to work on the additional member proposals. The meeting notes for the Workgroup session can be found on the website.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

ACTION ITEMS, CLOSING AND REFLECTION

Amanda recapped the meeting and listed the following action items:

- The Facilitation Team will post the dentist recommendation agreed on by consensus to the website. *[Complete]*
- The Facilitation Team will post the March 27th meeting summary to the website. *[Complete]*
- The OIC will bring back language on a “range of data” for the APCD potential recommendation.
- The May 29th Collaborative meeting will be hosted by WSDA at the Summit Convention Center in Seattle.

Amanda asked members to share something they are taking away from today’s meeting:

- Appreciation for the OIC’s work and education.
- Appreciate the shared intent to make the system better.
- Feeling both encouraged by the process and discouraged with where we are in the timeline.
- Thankful for everyone’s patience when asking questions and for everyone listening.
- We have made some progress, but it also feels like we are at a standstill. I’m hopeful we can get to the uncomfortable conversations.
- Appreciation for everyone sharing perspectives and asking good questions.
- Grateful people are more honest, but I’m concerned with the timeline. I enjoy being with everyone and thank them for participating.
- The current system needs changes and I’m not sure what that looks like and afraid it might take longer.
- Appreciate everyone’s time hearing and listening to each other. Have concerns that in our industry CEOs make millions and dentists make less than hygienists.
- Grateful that we passed the recommendation for denturists! And looking forward to the next discussion.
- Appreciate being all in the virtual room together and wish we had more time to tackle the bigger, more complex issues.
- Continued respect for everyone engaging in tough conversations.
- Appreciation for everyone willing to get comfortably uncomfortable. Insurance carriers can’t succeed without providers and vice versa. Grateful everyone is putting their best foot forward. There is progress in the short term and long term. The solution might be elusive, but we are closer to it than when we started.
- Appreciation for all the work the Workgroup has done to prepare.
- Appreciate the work everyone has put in and appreciate everyone asking good questions.

ADJOURN

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Appendix A: Meeting Attendance X= attended (all virtual)

Member	Attend?	Alternate Member	Attend?
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)
Jim Freeburg, Patient Coalition of Washington	X		
Jane Beyer, WA State Office of the Insurance Commissioner	X	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	
Jenna McKenzie, Washington State Society of Oral and Maxillofacial Surgeons	X		
Jennifer Muhm, Association of Washington Healthcare Plans and Regence		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			

Appendix B: Denturist Information

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Diagnostic Code	Service	Fairhealthconsumer.org		Location
		Out of Network	In Network	
Estimates are based on 80%				
D5110	Upper Complete Denture	\$1,867	\$1,146	Olympia, WA 98506
D5130	Upper Immediate Denture	\$2,753	\$1,617	
D5213	Upper Partial Denture	\$2,574.00	\$1,974.00	
D6110	Implant Supported Denture	\$2,909	\$1,974	
D5211	Upper Acrylic Partial	\$2,122	\$1,317	
D5110	Upper Complete Denture	\$2,952	\$1,383	Seattle, WA 98101
D5130	Upper Immediate Denture	\$3,200	\$1,255	
D5213	Upper Partial Denture	\$2,694	\$1,672	
D6110	Implant Supported Denture	\$3,288	\$2,181	
D5211	Upper Acrylic Partial	\$1,736	\$1,078	
D5110	Upper Complete Denture	\$2,206	\$1,354	Spokane, WA 99201
D5130	Upper Immediate Denture	\$2,530	\$1,503	
D5213	Upper Partial Denture	\$2,281	\$1,416	
D6110	Implant Supported Denture	\$2,917	\$1,916	
D5211	Upper Acrylic Partial	\$1,925	\$1,195	
D5110	Upper Complete Denture	\$2,800	\$1,712	Bellingham, WA 98225
D5130	Upper Immediate Denture	\$2,658	\$1,632	
D5213	Upper Partial Denture	\$2,800	\$1,738	
D6110	Implant Supported Denture	\$3,080	\$2,082	
D5211	Upper Acrylic Partial	\$2,250	\$1,183	
D5110	Upper Complete Denture	\$2,588	\$1,561	Yakima, WA 98901
D5130	Upper Immediate Denture	\$2,527	\$1,492	
D5213	Upper Partial Denture	\$2,555	\$1,586	
D6110	Implant Supported Denture	\$3,076	\$2,067	
D5211	Upper Acrylic Partial	\$1,825	\$1,133	

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

<i>D5110 Upper Complete</i>		Fee Schedule				
Insurance Company	In Network	Out of Network				
Delta Dental	\$1,024	\$898				
Met Life	\$1,500	\$1,319				
Regence	\$1,288	\$902				
GEHA	\$1,319	\$1,306				
Aetna	\$1,474	\$1,474				
Anthem Blue Cross	\$1,700	\$1,700				
Cigna	\$1,590	\$1,500				
Department of Corrections	\$1,321	\$0				
Washington State Medicaid	\$470.07	\$0				

Procedure	Chair Time	Denture Teeth	Other Materials	Lab Time	Total
Single Denture	\$300	\$145	\$100	\$250	\$795
Partial w/ Metal Frame	\$300	\$120	\$233	\$250	\$903
Implant Denture w/ 4 Implants	\$500	\$145	\$371	\$375	\$1,391
Immediate Denture	\$450	\$145	\$200	\$250	\$1,045
Acrylic Partial	\$150	\$75	\$50	\$150	\$425

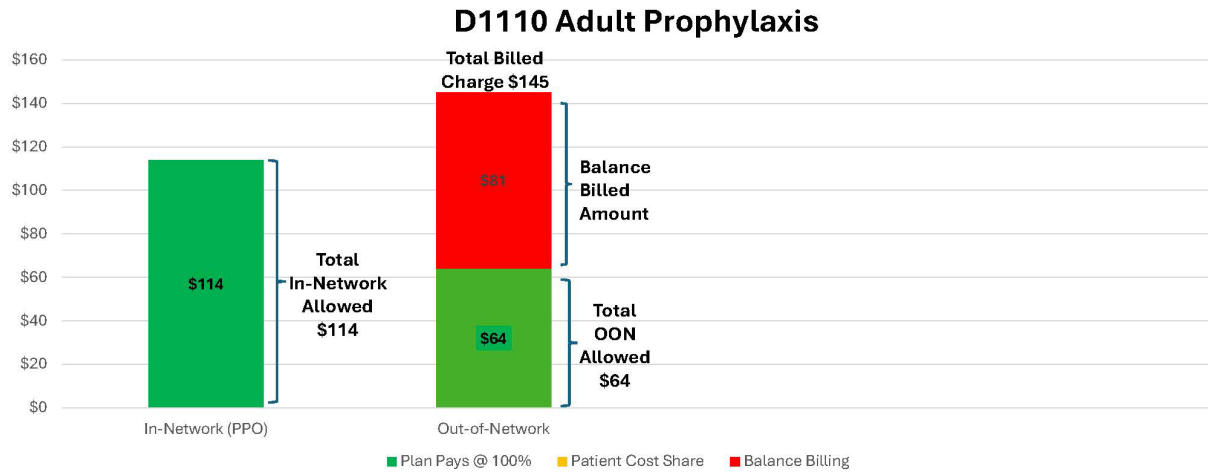
Not Included in Fees
 Adjustments, Equipment,
 Taxes, and Utilities

THE WILLIAM D. RUCKELSHAUS CENTER

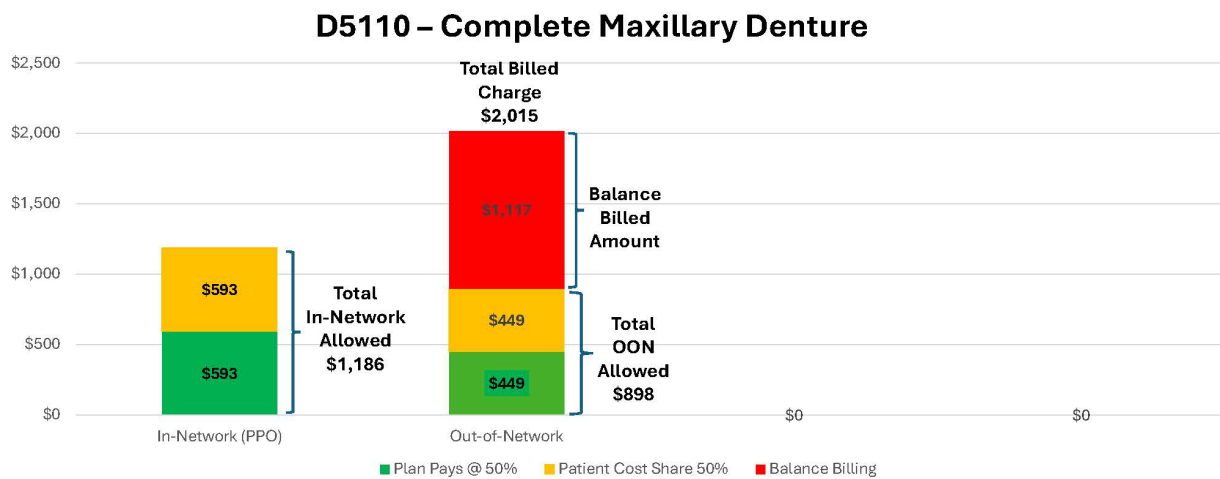
UNIVERSITY OF WASHINGTON

Appendix C: Delta Dental of Washington Information

Out-of-network care dramatically increases patients' out of pocket costs and total costs for the same procedures.



Out-of-network care dramatically increases patients' out of pocket costs and total costs for the same procedures.



THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Appendix D: Regence/USABLElife Information

Regence Blue Shield

INN Amounts	Description	Submitted	Allowed	Paid
Procedure Code				
D1110	Prophylaxis - Adult	143	110	110
D5110	Complete Upper Dentures	1520	1226	614
OON Amounts - MAC				
D1110	Prophylaxis - Adult	157	79	78
D5110	Complete Upper Dentures	1893	902	450
OON Amounts - 90th UCR				
D1110	Prophylaxis - Adult	177	177	177
D5110	Complete Upper Dentures	3055	3055	1528

Notes: Data is provided for a Seattle zip code. Code D5510 reflects low utilization and amounts are based on limited experience. Additionally, code D5510 represents a coinsurance of 50% for OON.

* Disclaimer: The Billed amount represents the 90th percentile UCR allowance and not historical submitted charges, which are typically lower than 90th percentile UCR. The final paid amount is dependent on the specific plan design, including coinsurance provisions (i.e. 100/80/50). UCR amounts are based on Fair Health 90th percentile benchmarks, calculated using the applicable 3-digit ZIP code 981.

In Washington, payment for out of network (OON) providers is based on plan design. Regence provides individuals and employer groups with options for their care. Most Regence plans allow an insured to see any dental provider for services. Some plans utilize a Maximum Allowable Charge OON within the state of Washington and other plans utilize a percentage of UCR for OON.

Individual Plans

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

For individual plans, OON reimbursement uses a Maximum Allowable Charge (MAC) for services received in Washington and uses 85th percentile UCR for services received outside of the region.

Employer Plans

Regence offers employer group plans greater flexibility to choose a plan that meets their needs. In addition to plans which pay at the 90th percentile UCR, Regence also offers plans which use a MAC. Regence also offers employers a variation of options for annual maximums, deductibles and coinsurance, and does have plans which offer a 100% insured percentage for certain services, including for OON providers.

Out-of-Network Dentist Claims and Reimbursement

In order for Regence to pay for Covered Services, claims can be filed by either the insured or the OON Dentist. The claim must include the following information:

- an itemized description of the services given and the charges for them;
- the date treatment was given;
- the diagnosis;
- the patient's name; and
- the Policyholder's identification number.

It is Regence's standard policy to make payment for OON dental claims directly to the Dentist. With submission of sufficient documentation that the Insured has already paid in full, claims will be paid to the Insured.

OON providers are able to access the provider portal and may submit a request for pre-determination electronically or in writing. All claims and calls are responded to within the same time frames, status of the provider as a participating or non-participating provider is not taken into consideration. OON Providers are required to submit x-rays for certain procedures, like crowns, while this requirement may be waived for our participating providers.

Regence provides information to potential customers as well as to insureds that notes that OON providers can charge an insured their full fee. The insured will be balance billed and have higher out of pocket when they go out of network. In-network Providers will not charge for any balances for Covered Services beyond the applicable Deductible and/or Coinsurance amount.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Regence does not currently market any plans that pay nothing for OON. It is possible for an Administrative Services Only group to ask for a plan that only covers in network providers. While out-of-network fees are not submitted to the OIC for approval, we do submit information that identified how OON fees are determined in our various plan designs.

Payment of Denturists

Under Regence plans, a dentist is defined to include denturists and for this reason, denturists are able to be included in the network and are reimbursed in the same manner as in-network providers.