

Additional Member Proposals *(in order submitted to Facilitation Team)*
For SSB 5351 Workgroup Consideration

PROPOSAL #1:

Issue:

Current dental finance discussions do not have any explicit connection to improving oral health. Instead, discussions are centered around regulatory requirements for dental insurers & discrepancies in out-of-network reimbursement for dentists. A dialogue around improving dental financing in relation to improved outcomes (such as lower rates of untreated oral decay in the community) is needed to deliver improved oral health for patients.

Proposal:

The legislature should mandate that future stakeholder discussions around any dental financing issues are explicitly tied to improving oral health. Discussions should center around the issues of greatest concern to patients, such as the cost of care and fear of dentists. Topics might include:

- new financing models that encourage public financing for preventive services and private insurance coverage for other dental services.
- how to structure payment to encourage dentists to lower the rate of untreated oral decay in the community
- other innovative ideas to improve the patient experience when selecting a dentist, seeking treatment, and maintaining good oral hygiene at home.

PROPOSAL #2:

Expanding Patient Choice for Dental Benefits Proposal

Multiple SSB 5351 Collaborative Workgroup members have expressed strong interest in exploring alternative dental benefits delivery models. The following proposal provides a dollar-based dental benefits offering in the state's Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) menu of dental benefits options with the intent of increasing the diversity of dental benefit offerings in the market.

Current PEBB/SEBB Dental Benefits Options

- Uniform Dental Plan (PPO plan administered by Delta Dental of Washington)
- DeltaCare (managed-care plan administered by Delta Dental of Washington)
- Willamette Dental Plan (managed-care plan administered by Willamette Dental)

Dollar-Based Dental Benefit Option

As opposed to a traditional PPO dental benefit with an annual deductible, annual maximum (typically between \$1,500 to \$2,000), and a 100% (preventive)/80% (basic restorative)/50% (major procedures) coverage, a dollar-based dental benefit provides a defined contribution and allows a patient to spend that benefit on dental care without plan restrictions.

For example, an employer can provide a \$1,400 annual benefit with \$1,000 paid by the employer and \$400 paid by the patient through the following tiered cost-sharing:

- Employer pays 100% of the first \$300 on dental care in a plan year
- Employer pays 80% of the next \$500 on dental care in a plan year
- Employer pays 50% of the next \$600 on dental care in a plan year
- Employer pays 0% of all remaining dental care in a plan year

Recently, many companies have been developing cloud-based benefit payment platforms that allow for more seamless integration of dollar-based plans that can also provide real-time cost transparency, an ability to compare prices for procedure codes for a specific region, and guardrails to minimize fraud and abuse.

PEBB/SEBB Dollar-Based Dental Benefit Option

Propose legislation that empowers the Health Care Authority (HCA) to include a dollar-based dental benefit option in addition to the three current offerings in PEBB and SEBB. Legislation should leave final decision-making on benefit administrator and specific plan design with HCA within the following parameters:

- The dollar-based dental benefit should be designed so that its average cost per enrollee to HCA is on par with the average cost per enrollee to HCA for the current dental benefit offerings in PEBB/SEBB.
- The platform used to administer the dollar-based dental benefit must provide complete price transparency to patients prior to consenting to patient care.
- The platform used to administer the dollar-based dental benefit must provide patients with an ability to compare price for procedures by price ranges charged by providers in a specific geographic region.
- The platform used to administer the dollar-based dental benefit must provide clear delineation of payment responsibilities for the payor and patient prior to the patient consenting to care.
- The platform used to administer the dollar-based dental benefit must include guardrails to mitigate against fraud and abuse.
- The platform used to administer the dollar-based dental benefit must include functionality so that patients may pay for their portion of care provided through the platform.
- The dollar-based dental benefit should limit plan exclusions only to a prohibition on cosmetic dental procedures.
- The dollar-based dental benefit will pay providers their billed amount up to a Usual, Customary, and Reasonable (UCR) fee accepted by an overwhelming majority of providers for a specific geographic region as determined by HCA.
- Providers participating in the dollar-based dental benefit will not charge more than their billed amount and may balance bill up to that charged amount if the patient is provided with complete price transparency prior to providing consent. There shall be no surprise billing.
- The platform used to administer the dollar-based dental benefit must not be owned or otherwise controlled by any other organization that offers another dental benefit plan with PEBB/SEBB.