

OIC Rules Coordinator

From: Debbie Bjorklund <debjorklun@aol.com>
Sent: Wednesday, July 30, 2025 10:00 AM
To: OIC Rules Coordinator
Subject: R205-05 First Prepublication draft comment

External Email

Dear OIC:

Since the ruling by the Supreme Court allowing insurers to unfairly reduce payment of our billings by 80%, we have had an increase in insurance carriers reducing payment of our billings and forcing us to either reduce our non-contracted services billing or collect the balance from the patient, putting the burden on the patient who paid for insurance coverage in which most policies state they pay 100% of reasonable and necessary services, when in fact they are only paying 80%. The insurance carriers are pitting the provider against the patient. We now are receiving threats by Allstate Insurance, specifically claims manager Chay King (phone 713-277-9558) that if we attempt to collect what he calls a disputed balance over the reasonableness of the providers charges or whether the treatment was necessary that they will protect their customers and will fully defend and will force us to indemnify our patient from payment of their balances not paid by their insurance carrier. Chay is also referencing the Fair Debt Collection Practices Act in regards to their reduction of our billings by 80% that was allowed by the Supreme Court ruling.. He states that they have reviewed our bills to insure the treatment was reasonable and necessary and they state that not all our treatment **or charges** met these requirements.

The Washington State FAIR Health Charge allowed use of benchmark data from hidden geographic areas and does not require providers to discount services, but allowed insurance carriers to reduce their payment of providers charges to the benchmark 80 percentile. It was intended for providers to be able to use or not use the benchmarks to understand usual and customary charges; however, did not obligate providers to reduce their prices based on those benchmarks. There needs to be full transparency on the FAIR Health database.

Allstate Insurance, Country Financial Insurance Companies, and Safeco Insurance Company have all jumped up to reduce payment of provider services to the 80 percentile per their unknown benchmark data collection companies. It is unfair that provider treatment bills are arbitrarily cut with no justification based on a patients health care needs. The patients pay premiums for auto insurance and expect the benefits for what they paid for. Our patients are being burdened by unanticipated bills and are delaying and stopping necessary treatment because of the actions of their insurance companies not paying bills the patient expected to be paid. The insurance carriers that are reducing the provider bills are jeopardizing patient health with this practice.

As a healthcare worker, I appreciate your help in protecting our providers and patients from this unfair practice of reducing provider bills arbitrarily using this secretive benchmark database. I am not sure the Supreme Court intended the chaos their ruling created and the way insurance carriers dove in to using their ruling for the insurance carriers benefit at the expense of providers and patients.

Sincerely,

