

OIC Rules Coordinator

From: Martin Hehn <martin.hehn@physiohealth.clinic>
Sent: Tuesday, July 29, 2025 3:43 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

Dear Commissioner Kuderer, I am the owner/chiropractor of PhysioHealth Clinic in Kent, WA, serving lower income diverse communities, including Spanish, Ukrainian, Arabic, and Punjabi speakers. I strongly support your proposed rulemaking (R2025-05) to limit auto insurers' use of the FAIR Health database to arbitrarily reduce personal injury (PI) claims, as this practice unfairly impacts my practice and patients. Auto insurers, use FAIR Health's UCR rates to cut my PI claim payments to 80% of a benchmark, often reducing reimbursements by 30-40% below my billed charges. Unlike health insurers like Blue Cross Blue Shield, Aetna, and UnitedHealth, which provide referrals for in-network services, auto insurers offer no referrals, leaving me with no volume benefit to offset these losses. I suspect FAIR Health's benchmarks mix low in-network rates from these health insurers with out-of-network charges, depressing UCR rates, especially since South King County's rates may be blended with lower rural charges. This practice disproportionately affects lower income patients who are the majority of the community I serve, increasing their out-of-pocket costs and deterring them from completing necessary treatment or in some cases paying additionally out of any settlement. Patients pay auto insurance premiums expecting full coverage, but these reductions limit their recovery, leading to higher long-term health costs and incompleting care. As a community-focused clinic, I accept breakeven rates to ensure continuity of care for friends, family, and underserved populations, but FAIR Health's data doesn't account for this sacrifice. Last year, I stopped accepting health insurer contracts for massage therapy because rates fell below therapists' hourly wages, and I fear similar cuts in chiropractic and physical therapy services we provide. I urge the OIC to require full transparency in FAIR Health's methodology, including how it weights contracted vs. non-contracted claims and defines geographic areas. Insurers should not arbitrarily cut claims without justifying patient needs, and rules should protect providers like me who serve underserved communities.

FAIR Health was created with a ~\$100 million settlement in 2009 after UnitedHealth's Ingenix database was found to underpay providers. With insurers reportedly contributing a majority of FAIR Health's revenue, I worry this history of bias is repeating itself.



Thank you for addressing this critical issue.

Sincerely, Martin Hehn DC

Physio Health Clinic, Kent, WA