

OIC Rules Coordinator

From: Mark Bingel <drmark@rainierchiro.com>
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To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

To the Washington State Office of the Insurance Commissioner:

I am writing on behalf of Northwest Advanced Spinal Care in Yelm, WA to express strong support for the proposed rule changes that would prohibit property and casualty insurers from denying or reducing reimbursement for claims without conducting a reasonable investigation. Consumers deserve to know if technology is the deciding factor or if an insurer uses other metrics or artificial information for claim decisions of all types. As we have learned with the use of third-party vendors who manage claim decision making in commercial health insurance, this section could be further tightened to include language requiring disclosure of all vendors and third-party entities that are either owned by, or contracted with, the carrier to make claims decision especially when the claim amounts are reduced.

This rule is very important for the future of chiropractic and healthcare in general. As you may not know sole practitioners in any health field do not get wage increases or adjustments with inflation, nor do we ever get reimbursed **More** from insurance companies. Therefore, anything that cuts the prices paid for services in any manner ultimately will hurt patient care as practitioners have to see more patients in a day in order to pay their staff and overhead with decreased payments. Sad but true, but a sole practitioner in the 1990's (when inflation and cost of living was much lower) made more providing the same service as a doctor in 2025. I have even urged my own smart children to steer clear of healthcare professions until fair pay and cost of living increases from insurance companies are a thing.

Insurers are increasingly using the Fair Health database to reduce reimbursements to chiropractic providers, this is a common and awful trend in the industry. There is no reviewing the clinical documentation, medical necessity, or outcomes of care. These database decisions dismiss ethical and lawful claims handling.

The proposed rule appropriately requires insurers to move beyond automated claim denials in order to not rely solely on a database, or outside vendors, to justify underpayment.

Patients and providers deserve better from insurers, as I stated previously it will ultimately affect patient care. I know that in a dream scenario people wish to have healthcare that affordable, universal, and quality. Ultimately though a wise man once said "you will never get all three in the US". I feel like quality is going to be the first to go as all the quality physicians are dropping insurances as the reimbursements decrease or they are decreasing patient times and sadly missing serious health issue they could have addressed had time and money had allowed for it.

Patients are paying a premium for services that the carrier is not covering, leaving either the patient, or the provider, or both, left to pay for the lack of promises that these insurers promise.

Thank you for taking the time to read this and I truly hope that at some point people in charge of decisions such as this start to value paying doctors fairly. Ultimately fair payment that is the only way to ensure the quality of care does not plummet as no smart kids will wish to go into healthcare when they can make as much working at a fast food restaurant, and not have \$300,000+ in student loan debt because they wanted to help people.

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