

Candidate Questions per request from WSDA

Chris Pickel, DDS

Candidate for re-election to serve a second three-year term after serving a one-year term in 2021 and a three-year term from 2022-2024.

Thank you in advance for the opportunity to engage with the WSDA in this election process. I would like to start with a brief background on my leadership prior to service on the DDWA Board of Directors:

- UW School of Dentistry 1988, owner of North Seattle Dental since 1990 in Northgate.
- Long term active leader in organized dentistry: SKCDS (president 2009-10), WSDA (Dent PAC, WDIA, Board of Directors 2011-14).
- Founder of Concerned Dentists of Washington State (2011- 2019)– focused on driving change in dental benefits and improving reimbursement rates for Washington dentists.
- Kois Center Clinical Instructor (current) and former Kois Advisory Board Member (2016-20).
- I have always been and continue to be a fierce advocate for dentists and dentistry in WA.

Since I joined the Board in 2020, we have made significant strides:

- Onboarded and ramped up a new CEO at Delta Dental of Washington (DDWA)
- Reset DDWA's culture to include "providers as partners" as a key pillar in DDWA's strategy to improve oral health in WA. Dentists viewed as a key stakeholder in DDWA's mission/vision.
- Settled the WSDA's lawsuit against DDWA. The settlement expanded and improved Member Dentist's role in DDWA's governance.
 - Created the Member Nominating Panel (MNP) to give the WSDA a direct voice in nominating dentists for election to DDWA's Board. I have chaired this since 2021.
 - Expanded the DDWA Member Advisory Panel and gave the MNP a voice in nominating MAP members to strengthen the voice of WA dentists in shaping DDWA's culture and strategy.
 - WSDA's Executive Director Bracken Killpack and former WSDA President Nathan Russell were both directly involved in approving the settlement.
- Increased reimbursement rates for WA dentists – rates had not increased in many years prior to my joining the DDWA Board in 2020; DDWA made its first fee increase in 2020 and by 2025, DDWA will have invested \$140 million in increased reimbursements for WA dentists.
- Made DDWA reimbursement transparent and consistent across providers and significantly reduced the variability in DDWA fees to WA dentists. There were 10,000 different fee schedules.
- Provided grant funding and advanced payments to independent dentists in WA during COVID to support WA dentist through COVID shutdowns.
- Launched a joint workgroup with WSDA to begin to address hygiene and assistant shortages.
- Saved the Shoreline Hygiene School in partnership with the UW and WSDA.
- Increase the number of hygiene students at Lake Washington Technical College and are working with three additional schools to increase hygiene graduates.
- Supporting the launch of the first independent dental school in Eastern Washington, PNWU's School of Dental Medicine focused on recruiting dentists to address "dental deserts" within WA and beyond.

- Successfully lobbied for increased Medicaid reimbursement rates for children and adults in WA.

These achievements were delivered in partnership with the full DDWA Board and leadership team. With my member director colleagues, I have brought the voice of dentistry into the DDWA Board room and have helped address the needs of our profession, our patients, and underserved communities in WA. No other benefits company has dentists on their Board or have taken any of these actions in WA. It is rare to have dentists and dental benefit companies work on anything together. In short, we have a particularly important seat at the table.

I continue to believe that the challenges in dentistry, the focus on the doctor/patient relationship, and quality care will be navigated much more effectively in WA through a strong partnership between dentists and DDWA. We do not get everything we want all the time, but we have transformed the working relationship between DDWA and dentists in WA.

Questions from the WSDA

1) The mission of DDWA is: "We disrupt, transform, and revolutionize the oral health industry in order to remove barriers to healthcare and improve overall health." How do you see this mission serving the profession of dentistry and how do you intend to represent our profession within this mission?

→ All my dentist colleagues see themselves playing a critical role in removing barriers to healthcare and improving overall health. The "disrupt, transform, and revolutionize" component of the mission is focused on improving access to care. Access is still a significant issue in WA with 2 million people on Medicaid and another 2 million with no dental benefits and in many cases no access to care at all. Serving these underserved communities with care means more dental professionals, better funding mechanisms for the underserved and probably additional care models. I believe dentists will be in the lead in addressing care barriers and in continuing to improve oral health in our communities.

2) The vision of DDWA is: "All people can enjoy good and overall health with no one left behind." Do you believe frequency limitations, bundling, missing tooth clauses, and waiting periods align with this vision?

→ As mentioned above the biggest issue to address in our "no one left behind" vision is getting access to care to those in our state that do not have the benefit of dental benefits or a dental home. Cost continues to be the number one barrier to seeking dental care and is a much higher hurdle for people without dental benefits (adults with dental benefits are three times more likely to see a dentist than people without dental benefits.) DDWA works to address these access gaps in partnership with Arcora (which DDWA funds), dentists across the state, the WSDA, the state legislature, and Healthcare Authority. More solutions and focus are needed.

→ There are opportunities to continue to improve policies, which is the role of the policies and plans committee with members from WSDA and DDWA. However, the intent of the vision is to ensure we continue to focus on access.

→ To my knowledge, DDWA does not have a missing tooth clause and most of our plans do not have waiting periods.

3) The Washington State Democratic Party supports a Medical (Dental) Loss Ratio of 85%, do you support this position?

→ In the last legislative session, the Dental Loss Ratio bill did not have the support necessary to make it out of the healthcare committee in either chamber of the WA legislature.

→ I would like to see us have more discussion on DLR with the WSDA. From what I have learned in our discussions to date at DDWA an 85% loss ratio would limit competition in WA and would severely limit DDWA's ability to support initiatives focused on workforce, the ABCD program, dental schools, access to the underserved, etc. I also believe there is a false narrative that connects a high DLR to higher reimbursements and more sustainable independent practice for dentists – that is not the outcome physicians saw when the 85% MLR was instituted.

→ There is a Medical (Dental) Loss Ratio policy framework that was negotiated and agreed to by the American Dental Association (ADA) and the National Committee of Insurance Legislators (NCOIL). This policy includes transparency into a benefit company's loss ratio and empowering the Office of the Insurance Commissioner (OIC) to address DLR outliers – benefit providers with low DLRs. This policy was negotiated by informed leaders from both the ADA and NCOIL and seems like something we should consider in WA.

→ Currently, WA state has a DLR transparency law in force. DDWA communicates its loss ratio to the OIC, so our DLR can be accessed by anyone in WA.

4) What action would you take if you discovered that a DDWA policy was significantly different than Delta Dental of other states and other dental benefits carriers, resulting in far lower reimbursement to its dentists?

→ I would ask the DDWA team to look into it and to help the Board understand the “why” behind the policy. I would then determine if I understood the “why” and agree or disagree with it and represent my perspectives in the Board.

→ It is worth noting that fee benchmarking by a third-party expert show that DDWA has the highest average PPO reimbursement in WA, has increased rates by more than any other carrier and has by far the most transparent reimbursement model. DDWA's focus continues to be building and maintaining the largest and healthiest dental network in WA allowing its members (patients) more choice to maximize their benefits through in-network care.

5) Do you believe the dental benefits market should be competitive? Do you think one carrier being too large or too dominant is detrimental to patient care?

→ The dental benefits market in WA is incredibly competitive with multiple large, national multi-line carriers (e.g., Cigna, Aetna, MetLife, United Healthcare) and multiple in-state providers (e.g., Premera, Regence, Willamette) offering plans and competing for every contract. Additionally, many of our dentists in WA state participate in many different networks.

→ The competitiveness of the dental benefits market is also evidenced by the fact that DDWA's operating margin (the profitability ratio measuring revenue after the deduction of operating expenses) over the past 5 years has averaged 1.2%.

6) As a Member Director, you are elected by your constituent member dentists of Delta Dental of Washington. How do you plan to provide transparency for your decisions, and how will you represent the voice of member dentists once you have signed a Non-Disclosure Agreement with DDWA?

→ I am happy to talk any time with anyone.

→ To listen and share my views, I participate in every DDWA Member Advisory Panel meeting with the 15 member dentists on the MAP and the MAP minutes are summarized and posted for all Member Dentists to review. I recently attended the WSDA House of Delegates and openly took all questions from my colleagues in the WSDA leadership. My Member Director colleagues, and I also met with the WSDA Board in January and responded to a long list of very direct questions the WSDA Board posed about my role on the DDWA Board. I don't recall any questions the WSDA or my colleagues have asked me that I have not answered promptly and transparently.

→ Signing an NDA with DDWA for my work on the DDWA Board does not in any way restrict me from representing the voice of member dentists with DDWA. That is part of the role DDWA and my Board colleagues expect me to play as a Member Director. A Board member's preservation of confidentiality, when appropriate, is a core component of the required fiduciary duty that any Board member has to the organization they serve.

7) Dental benefits are not insurance. Should patients have the right to use their full pre-paid benefit with the dentist of their choice, regardless of network? What responsibility do you believe dental benefits carriers have to honor a patient's choice of dentist?

→ Patients have the right to choose their dentist, and with Delta Dental they have more choice than with any other carrier – 95%+ of all DDWA members in WA have a dental home with an in-network provider. Providers also have the right to choose which networks they participate in and most dentists in WA participate in DDWA's network as well as many other payor networks. Network agreements are critical to the member (patient) and the provider experience – members maximize their benefits dollars with in-network dentists, are protected from balance billing, have lower out of pocket costs, and providers have clear fee agreements and simplified claims processing and faster reimbursements.

8) Dentists and DDWA are often on opposing sides of legislative issues. How would you reconcile this disagreement when DDWA lobbying efforts, policies, or decisions directly conflict with the position of DDWA member dentists, especially when they relate to maintaining a viable dental practice?

→ DDWA and dentists in Washington are more often on the same side of the table on legislative topics than on opposing sides -- we work together with the WSDA on expanding the dental workforce, increasing Medicaid reimbursements, supporting community water system fluoridation, funding the dental schools in Washington state, supporting the access to baby and child dentistry program (ABCD), etc. When we do have conflicts, I would prefer to talk through them before they show up in the legislature. I believe there is typically a middle ground on legislative topics that will work for both parties. Again, as we navigate the challenges our industry will present moving forward, we are much more effective together than we are apart. Let's continue to solve these challenges together.

I am excited about our future and ask for your continued support by casting your vote for me in November.

Warmest Regards,

Chris Pickel, DDS