Physician Payment Committee

**2023** **Professional Fee Assessment Form**

**Revision to an existing fee code**

**RESOURCE TOOL**

**PLEASE NOTE:**

* **This document is intended to serve as a RESOURCE ONLY to help sections prepare their Professional Fee Assessment Form (PFAF).** **As such, technical fees revisions will not be considered. Additionally, professional fee changes which require a technical fee change will not be considered.**
* **PLEASE DO NOT SUBMIT THIS FORM TO THE PPC.** **SUBMISSIONS WILL ONLY BE ACCEPTED VIA THE ONLINE FORM PROVIDED. THE ONLINE FORM CAN BE FOUND** [**HERE**](https://app.smartsheet.com/b/form/5c4bd24e40e2450286c07fba8f58ce8c)**.**
* **If you have any further questions please contact the OMA PPC support staff at** **PPC@oma.org**
* **The PPC is a bilateral committee with equal representation from the OMA an the MOH. As such, all submission materials will be shared with the MOH strictly for 2023 PPC purposes.**

**Name:**

**Preferred email address for correspondence from PPC:**

**AUTHORIZATION**

***I authorize the PPC to distribute my contact information (as needed) to other Section/MIG/Forum Executives strictly for PPC purposes:***

 Yes No

***I authorize the PPC to share the contents of this form with the Ministry of Health strictly for PPC purposes:***

 Yes No

***I authorize the PPC to share the contents of this form with other Constituencies strictly for PPC purposes:***

 Yes No

**Please note that the submitter of the PFAF in the online portal must certify that:**

1. **The Section/MIG/Forum has approved and recommends the proposed change requested in the PFAF;**
2. **You are a member of the Section/MIG/Forum and authorized as either an executive or on behalf of the executive of your Section/MIG/Forum to submit this form and represent your Section/MIG/Forum at the PPC Allocation process.**

**SECTION 1: GENERAL INFORMATION**

**OMA Section/MIG/Forum:**

**Please select the option that best reflects the nature of your request:**

* Revision to an existing fee code
* Introduction of a new fee code
* Deletion of a fee code
* Only multiple price changes based on common rationale (more than 5 codes)

**SECTION 2: REQUEST DETAILS**

If this is a **revision to an existing fee code**, please identify.

**Name of procedure/service and current descriptor as it appears in the OHIP schedule:**

**Fee Code:**

**Current Fee: $**

**Proposed Fee: $ (if changing)**

**Proposed Descriptor (if changing):**

**Proposed Payment Rules and/or Medical Record Keeping Requirements (if changing):**

## Subsection (A)

**DESCRIPTION OF PROCEDURE OR SERVICE**

**Explain the rationale for your requested revision with a concise narrative, including details about any changes to the patient served, the indications to provide the service and additional skills or training required.**

## Subsection (B)

**COMPARATOR SERVICES**

**Please identify any similar fee code(s) that support the proposed revision and provide details of comparison.**

**SECTION 3: ANALYSIS OF COMPONENTS OF PROCEDURE OR SERVICE**

**Does this revision reflect a change in the time involved in providing the service?**

 Yes No

If this is a **YES**,

* **What is the current Typical Pre-Service Time (in mins only)?**
* **What is the new Typical Pre-Service Time (in mins only)?**
* **What is the current Typical Intra-Service Time (in mins only)?**
* **What is the new Typical Intra-Service Time (in mins only)?**
* **What is the current Typical Post-Service Time (in mins only)?**
* **What is the new Typical Post-Service Time (in mins only)?**
* **Current Typical Total Time (in mins only):**
* **New Typical Total Time (in mins only):**

**SECTION 4: ADDITIONAL INFORMATION**

**Does this revision change the frequency of procedure or service?**

 Yes, frequency increase Yes, frequency decrease No

If this is a **YES, frequency increase OR decrease,**

* **Please explain how and gather any evidence/data that informed your estimate of the change (this must be uploaded at the end of this form)**

**Based on the Interactive Costing Table you received, will this change affect other Sections/MIGs?**

**NOTE:** The table provides the top 5 specialties affected by each fee code. The link for physician leader contacts is: <https://www.oma.org/member/your-association/governance-and-representation/physician-leader-contacts/>

 Yes No

If this is a **YES,**

* **Please select all Constituencies that apply:**
* **When you consulted with these sections/MIGs, what was their feedback?**

**Any additional comments pertaining to your request?**

**If applicable, please upload:**

* Literature that provides high level evidence to support your proposal. Please ensure that the Committee is provided with complete copies of the literature.
* Survey or other data to inform expected utilization **(only applies to those submitting a request for a new fee code or revising an existing fee code)**
* OHTAC review **(only applies to those submitting a request for a new fee code)**
* Any other materials you believe would be of use to the Committee.

**NOTE:** Maximum of 10 files that cannot collectively exceed 30 MB