Physician Payment Committee

**Year 3 (2021 PSA) & Year 1 (2024 PSA)** **Professional Fee Assessment Form**

**Fee value changes only (single or multiple)**

**RESOURCE TOOL**

**IMPORTANT:**

**This document is intended to serve as a RESOURCE ONLY to help sections prepare their Professional Fee Assessment Form (PFAF).**

**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/510dbc2de2434d21afbd12d52d069c99)**.**

**Please READ before completing this form:**

1. This process is assessing changes to professional fees only. **As such, technical fees revisions will not be considered. Additionally, professional fee changes which require a technical fee change will not be considered.**
2. All fees and descriptors should be listed as they appear or would appear in the OHIP Schedule of Benefits (“Schedule”).
3. All sections of the form with a red asterisk must be completed (you may enter N/A if a question is not applicable to you).
4. For proposals that do not conform to the constraints of a PFAF (e.g. large scale intrasectional relativity initiatives, major schedule re-writes), you can use the Schedule Modernization Brainstorming Form (a.k.a. “big ideas” form).
5. Should you require any assistance, please contact the OMA at ppc@oma.org.
6. Please note you cannot save this form, however you can have a copy of your submission emailed to you by selecting the option at the end of the form.
7. **Targeted Implementation: April 1st, 2026**

**Name:**

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

**AUTHORIZATION**

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

(a) The Section/MIG/Forum has approved and recommends the proposed change requested in the PFAF;

(b) 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

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

 I authorize

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

 I authorize

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

 I authorize

**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 (descriptor, payment rules, with or without fee value change)

Introduction of a new fee code

Deletion of a fee code

 Fee value changes only (single or multiple)

If this is a **fee value change only,** please identify and complete:

**Submit a table, preferably using an Excel format, listing each fee code, it’s current value and the corresponding proposed new value using the link at the end of this form.**

**NOTE:**Only one rationale will be accepted for this table of code changes. If there are different rationales, each must be submitted separately using one of the other PFAF options.

**What is your rationale/methodology for the fee value change?**

**NOTE:** Please attach the codes (preferably within an Excel file) their current values and their proposed new values at the end of this form

**Do any of the codes above have a proposed change in value that is greater than 10%?**

 Yes No

If this is a **YES**,

* **Please provide additional rationale:**
* **Please select one of the following:**

 No credible supporting data currently exists, answer based on expert opinion

 Supporting data exists and will be uploaded at the end of the 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