



## Guide to using the interactive costing table for fee allocation

### Introduction

The interactive costing table, which was shared separately as part of the PPC’s initial letter package, contains all fee codes your OHIP specialty claimed with their associated descriptor and current 2023 fee value. The fee codes are ranked in order by total OHIP payments for the fiscal year 2023/24. The table is intended to assist your OHIP specialty in evaluating the cost implications of addressing relativity within the fees your OHIP specialty claims through increases and/or decreases to existing fee values. The interactive table will automatically calculate the cost implications of each fee revision.

### Table attributes

The interactive table allows you to input a proposed percentage increase or a proposed new fee for a selected service in the column entitled “**proposed per cent increase**” or “**proposed new fee**”. The implications are automatically calculated in the following columns for that particular fee code change:

<b><i>Percent increase</i></b>	Indicates the resulting percentage increase (decrease) of the proposed fee revision.
<b><i>2023/24 payment – your specialty</i></b>	Presents the OHIP professional payments to <i>the OHIP specialty</i> for that particular fee code.
<b><i>Estimated cost – your specialty</i></b>	Presents the estimated incremental increase (or decrease) in professional payments to the OHIP specialty resulting from the proposed fee value change.
<b><i>Estimated cost – other specialties</i></b>	Presents the estimated incremental increase (or decrease) in professional payments to other OHIP specialties resulting from the proposed fee value change.
<b><i>Total estimated cost</i></b>	Presents the estimated total incremental increase (or decrease) in professional payments to all OHIP specialties resulting from the proposed fee revision – this is simply the sum of incremental increase to payments and premiums in the above two columns.
<b><i>Top 5 specialties</i></b>	Indicates the top 5 specialties with the highest fee-for-services billings in the particular fee code.
<b><i>List of affected specialties</i></b>	Indicates the specialties where more than 10% of their allocation is affected by any particular fee value change.

At the top of the spreadsheet that was shared separately as part of the PPC’s initial letter package, you will find a row entitled “**grand total estimated cost.**” This row presents the estimated grand total incremental increase (or decrease) in professional payments resulting from all the proposed fee changes.

To navigate the spreadsheet, use the mouse wheel or use the arrows on the bottom right of the sheet. The spreadsheet can be sorted or filtered (e.g.: by fee code) with the drop-down in the column header (row 14).

### Example of OHIP specialty funding allocation of a fee increase (illustrative purposes)

The numbers on cost implications below are for illustrative purposes only. They may not be identical to numbers shown in the interactive table.

If the section on neurology wishes to increase EMG professional fees G456 and G457 by 10 per cent (from \$99.90 to \$109.90 and \$61.95 to \$68.15, respectively), the projected funding implications would be:

#### Summary of cost implications (for illustrative purposes)

Fee code	Cost implications: Neurology	Cost implications: other specialties	Total estimated cost
G456 – EMG, Schedule A	\$841,470	\$668,705	\$1,510,175
G457 – EMG, Schedule B	\$1,947	\$10,296	\$12,243
<b>Grand total estimate cost</b>	<b>\$843,417</b>	<b>\$679,001</b>	<b>\$1,522,418</b>

Note that the total incremental increase for each fee code represents only the impact of changes in one fee only (for example, G456 and G457 rows). You can change as many fees as you see appropriate and the cumulative impact of all these changes are captured in the “**grand total estimated cost**” row located at the top of the spreadsheet in the excel file.

In this example, the OHIP specialty on neurology will be required to allocate **\$843,417** of its OHIP specialty funding toward this fee increase and the other OHIP specialties affected by this fee increase would be required to proportionately allocate its OHIP specialty allocation to fund the remaining **\$679,001**.

If for example, the affected sections were not in agreement on the G456 and G457 fee increases, the PPC would make the final decision on the proposal, which could include a counter recommendation, such as a lesser fee increase.