OMA Ontario Medical Association

Physician Payment Committee Fee Allocation Process for Year 3 of the 2021-24 and Year 1 of the 2024-28 Physician Services Agreements

Orientation Manual

December 2024

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Overview

The 2021-2024 Physician Services Agreement included a provision that a new Bilateral Physician Payment Committee (PPC) replace the Bilateral Medical Services Payment Committee with a mandate to:

- Make recommendations on how to implement each section's or physician grouping's compensation increases to the Schedule of Benefits
- Modernize the Schedule of Benefits on a revenue neutral basis by adding, revising and deleting schedule language and/or fee codes while having regard to the time, intensity, complexity, risk, technical skills and communication skills required to perform each service (which will be done on an ongoing basis)

Beginning in June 2022, the PPC conducted a comprehensive fee-allocation process in conjunction with OMA constituencies and the Ministry of Health to recommend and approve permanent changes to the Schedule of Benefits for the compounded Year 1 and 2 increases of the 2021-2024 PSA. These changes were implemented on April 1, 2023.

The Bilateral PPC will now undertake a similar fee allocation process for Year 3 (2021-2024 PSA) and the Year 1 (2024-2028 PSA) increases. With the updated timelines set in the Supplementary Year 3 and Year 1 Implementation agreement, permanent schedule of benefits changes for Year 3 and Year 1 will be implemented in tandem on April 1, 2026. These new timelines will allow constituencies a new opportunity to submit proposals to the PPC for consideration, and additional opportunities for feedback throughout much of 2025. The PFAF portal is now open.

Additional information regarding the PPC fee allocation process is available on the PPC web page (www.oma.org/ppc).

Process and inputs

The PPC fee allocation process allows for OMA constituencies to be directly involved in developing fee proposal(s) to modernize the OHIP schedule and to address issues related to fee relativity, gender pay equity in medicine and changes related to medical innovation and/or technological advancements. OMA staff will work closely with OMA sections, medical interest groups and fora to assist them in this task. Sections, MIGs and fora will have an opportunity to canvass their membership for input.

The PPC's process to develop recommendations will roughly adhere to the following steps:

1. Sections, MIGs and fora consult with membership (for example, through surveys) and prepare proposals
2. Submit proposals by the deadline
3. Hold consultation sessions between the PPC and sections, MIGs and fora*
4. Share draft recommendations with sections, MIGs and fora for comment
5. Submit final recommendations to the Physician Services Committee for approval

* The PPC will consider a proposal, and if required, the committee will request a meeting with a section/MIG/forum to discuss it in greater detail.

A key input for constituencies to consider in the fee allocation process is the PPC's report #2 for the current Year 3 and Year 1 (2024 – 2028 PSA) allocation process. The report contains all constituency proposals currently under consideration by the PPC. The draft report was emailed to constituency leaders, and can be found on the OMA's PPC website, under the resources section (www.oma.org/ppc). Proposals that are currently under consideration or were under consideration for this extended round of allocation (i.e., proposals present in the PPC's Report #2) should not be re-submitted.

The PPC has developed guidelines and principles that will be employed when engaging OMA sections, MIGs and fora and interpreting proposals that come forward. These include:

- Guiding principles to the PPC fee allocation process
- Guidelines to submitting a proposal
- Presentation guidelines

More information is available on the PPC web page.

Gender pay equity, intrasectional fee relativity and medical innovation/technological advances

The PPC has been directed to consider changes which decrease gender pay inequity[1], intrasectional pay inequities, and update the schedule in relation to medical innovation/technological advances.

Therefore, in developing and submitting proposals, constituencies should attempt to identify and address:

- Any gender pay inequities that may be identified in their constituency
- Intrasectional fee disparities (where the fees for services provided by an OHIP specialty may be overvalued or undervalued relative to each other)
- Changes related to medical innovations/technological advances

The PPC will try to ensure that services billed by multiple OHIP specialties are dealt with fairly.

It is also expected that OMA sections, MIGs and fora will address disparities in fees for similar services and not create new disparities. This means that services that take similar time and are of similar work intensity are paid similar fees and that proposals do not create new inequities in the fee schedule. The PPC will try to ensure that fee proposals are consistent with the relative value of services with similar work effort.

Effort will be made to ensure that undervalued, low volume services receive adequate increases. In some instances, there may need to be targeted increases to existing services.

Appeals process

[1] The PPC recognizes that gender pay equity is being considered by many other tables, and that any solutions required to address it will likely require multiple strategies.

Proposals put forward by OMA sections, MIGs and fora that are not recommended may be resubmitted to the next fee allocation process. The next allocation process is subject to negotiation of the 2024 Physician Services Agreement.

Fee allocation process guiding principles

To facilitate the evaluation of fee proposals in a fair and equitable manner, the PPC developed these five guiding principles:

1. **Scope**: The proposals will address modernizing the Schedule of Benefits to reflect factors such as time, intensity, complexity, risk and technical skills required to perform the service, and to address intrasectional fee relativity, gender pay equity and medical innovation and technological advances.

2. **Funding:** The cost of proposals for each OMA constituency must fit within its budget outlined in the 2021 Physician Services Agreement and the Supplementary Year 3 and Year 1 implementation agreement. This budget will be determined by December 2024;see the OMA negotiations webpage for additional details (https://www.oma.org/member/negotiations-agreements). The OMA constituencies may also bring forward proposals on a cost neutral basis, which may include addition, revision and deletion of Schedule language and/or fee codes, having regard to such factors as time, intensity, complexity, risk, technical skills and communication skills required to provide each service.

3. **Consultations**: The PPC will share all relevant information, including the draft recommendations to changes in the Schedule, with the OMA constituencies for review and comment. The PPC will also organize, as appropriate, meetings with the OMA constituency to inform the proposal development and evaluation.

4. **Shared codes**: The OMA constituencies that bill shared codes will be consulted about proposals related to these codes. The PPC encourages the OMA constituencies to work collaboratively in developing their proposals for shared codes and to meet with the PPC to resolve disputes.

5. **Technical fees**: The PPC will not consider technical fee proposals because, as per this PSA, non-hospital technical fees will be increased by the Year 3 and Year 1 global increase.

Guidelines for submitting a proposal

Proposal submissions

To maximize efficiency and transparency of the Physician Payment Committee fee allocation process, the PPC will primarily rely on written communications. Submissions to the PPC should include:

- A narrative providing an overview of the submission to the PPC outlining each of the proposals
- A detailed submission of each proposal specifying what is being proposed and the rationale/merits for the proposal. This includes completion of a Professional Fee Assessment Form (PFAF) and optional inclusion of reference materials supporting the proposal
- The PPC encourages OMA sections, MIGs and fora to submit a recorded video presentation (for example, a recorded PowerPoint presentation) so that in-person time can be used for answering questions and clarification

Where this information is not provided, the PPC will request additional details, which may delay the process causing the proposal to be deferred to a future fee allocation process.

Proposal requirements

For the PPC to fully evaluate a proposal, submissions should clearly present the merits of the proposal with additional substantiating information where need be.

The PPC will take the following general criteria into consideration:

- Total time a typical physician takes (direct and indirect time) to provide the typical service
- Intensity of the service provided, including knowledge and judgment, communications and interpersonal skills required to provide the service, technical skills (complexity of the service), and risk and stress
- Fee relativity with comparable services

Where appropriate, the PPC may also take the following into consideration:

- Practice expense/ overhead costs, such as rent, staff compensation, medical supplies and equipment needed to perform a service
- Add-on fees and premiums commonly billed with the base service

The averaging principle, which is the evaluation of each fee such that the fee reflects the work provided by the typical physician for the typical case, will be considered for the additional criteria.

Please note that the **PPC is a bilateral committee,** with equal representation from the OMA and the Ministry of Health. As such, all submissions will be shared with the ministry members of the PPC and ministry support staff strictly for PPC fee allocation purposes.

Proposals must be submitted using the online PFAF form by February 3, 2025. Late submissions will not be accepted.

Presentation guidelines

Please note that the PPC members will have reviewed all submissions prior to the presentation so that the session can be devoted to answering questions.

Sections, MIGs and fora should adhere to these guidelines when presenting to the PPC:

- Include an executive summary with your submission that outlines and highlights major points of each proposal
- In your presentation, please ensure that your requests are prioritized. This will aid in prioritizing discussions and decisions regarding your proposals
- Consult with OMA staff if you have any questions about the PPC process and/or your presentation

The PPC encourages sections, MIGs and fora to submit a pre-recorded video prior to their in-person meeting date. Session time can then be used to discuss the submission in detail and for answering questions.

How to submit an optional pre-recorded video:

- Email a link to your recording to ppc@oma.org. Please note, we are unable to receive actual video files by email due to file size limitations
- Many common software products have easy-to-use recording features (for example, MS PowerPoint, MS Teams and Zoom). Videos can be uploaded and shared using a variety of cloud-based hosting services, such as Vimeo, YouTube, OneDrive, Google Drive and Dropbox

The PPC will determine the time allocated to presentations according to the volume of material for consideration. The PPC will review items that are not discussed based on the written material submitted.

Tentative PPC fee allocation process timelines

Timelines are subject to change. Please note that the PPC maintains updated timelines along with other resources on the OMA PPC website (www.oma.org/ppc).

June to August 2023

- Letter to constituencies initiating the PPC fee allocation process
- The PPC provided the fee allocation process orientation manual
- Information sessions on the PPC fee allocation process
- Constituencies reviewed deferred items from Year 1 and 2 fee allocation process and started development of new fee proposals, in consultation with members

September to December 2023

- Constituencies provided the PPC with feedback on how to proceed with deferred items from the previous round of the process
- Constituencies submitted new fee proposals
- The PPC provided constituencies and members with a list of codes or matters that were submitted for review and comment

January to May 2024

- Member groups submitted new fee proposals
- Constituencies met with the PPC to present their proposals

June to November 2024

- The PPC provided first draft recommendations on existing proposals (under consideration for implementation April 1, 2026)
- OMA constituencies reviewed draft recommendations and provided feedback to the PPC
- Constituencies had an opportunity to meet with the PPC to learn more about the rationale for the recommendations or to provide the PPC with comments or information
- The Board of Arbitration awarded a historic increase if 9.95 per cent for Year 1 of the 2024-28 PSA

November 2024 & December 2024

- OMA provided training to physician leaders that included detailed PPC content as part of the organization's first Tariff Lead Orientation
- The PPC provided second draft comments on existing proposals (under consideration for implementation April 1, 2026)
- Notice to constituencies that the PPC process would reopen for new and revised submissions, in order to take advantage of the historically large award
- The PPC provided an updated process orientation manual
- Constituencies started development of new fee proposals, in consultation with members

January 2025

- OMA constituencies provide feedback on draft recommendations to the PPC
- Constituencies submit new fee proposals

March & April 2025

- Constituencies meet with the PPC to present their proposals

Summer 2025

- The PPC will provide updated draft comments for proposals (under consideration for implementation April 1, 2026). For new proposals submitted in late 2024/early 2025, this will be the first round of comments.

September 2025

Final recommendations ready for PPC's submission to PSC

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:

Percent increase	Indicates the resulting percentage increase (decrease) of the proposed fee revision.
2023/24 payment – your specialty	Presents the OHIP professional payments to *the OHIP specialty* for that particular fee code.
Estimated cost – your specialty	Presents the estimated incremental increase (or decrease) in professional payments to the OHIP specialty resulting from the proposed fee value change.
Estimated cost – other specialties	Presents the estimated incremental increase (or decrease) in professional payments to other OHIP specialties resulting from the proposed fee value change.
Total estimated cost	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.
Top 5 specialties	Indicates the top 5 specialties with the highest fee-for-services billings in the particular fee code.
List of affected specialties	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
Grand total estimate cost	**$843,417**	**$679,001**	**$1,522,418**

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.

Tariff orientation training

For those new to a tariff leadership role within their constituency, or those wishing to brush up on their knowledge, a recording of a recent training session is now available on OMA Learns:

Tariff Lead Orientation and Training (https://learn.oma.org/course/view.php?id=91)

Note: This training was made based on a recording of a live training session on Nov. 9, 2024.

Frequently asked questions

Arbitration and the arbitrated award

Where can I learn more about the arbitrated award?

How is the arbitrated award divided up?

The purpose and scope of the PPC

What are the PPC's objectives?

What is the difference between the Negotiations Task Force and the Physician Payment Committee?

The PPC Fee allocation process

What is the PPC fee allocation process?

Why have permanent adjustments to the Schedule of Benefits (based on PPC recommendations) been rescheduled from April 1, 2025 to April 1, 2026?

Why should we invest time in cleaning up the Schedule of Benefits (for example, deleting fee codes that are not used)?

Achieving gender pay equity is a complex and multifaceted issue. What can the PPC do to address this issue?

Is there going to be a separate funding envelope to capture technological improvements in health-care delivery? What if these improvements generate savings across different specialties? How are these monies distributed?

Is it within the purview of the PPC to look at revising overall definitions at the beginning of the Schedule (i.e.: the General Preamble)?

Does the PPC have any role to play for physicians on a purely salary model (i.e.: outside the Schedule of Benefits) with things like timelines of payments, including per cent salary increases in keeping with fee code adjustments or timely payment of arrears for these codes.

There's a new therapy/procedure in our field but it is an emerging technology. How should this be handled?

Our non-patient facing time is accounted for in our visit codes, however, we cannot use time spent on these activities toward our time-based visit codes. Does PPC deal with this issue?

What is the process PPC uses to develop the recommendations?

Will funding to address significant intersectional relativity deficits be given a separate allocation? Or does this need to come from the underfunded groups' allocations?

Is the presentation following the initial submission to the PPC the only opportunity I have to meet with the committee?

Is this process for Year 4 of the current contract?

Funding allocations

How is relativity impacted? How will the Year 3 and Year 1 increases be allocated between relativity and across the board?

How does a section know the exact funding or per cent allocation that they will be working with?

Will funding to address significant intersectional relativity deficits be given a separate allocation? Or does this need to come from the underfunded groups' allocations?

During the 2019 allocation process, fee changes made by one section had a major impact on our allocation. How will PPC ensure this does not happen again?

Is the OMA's *Stop the Crisis* a PPC consideration when it comes to allocation?

Why can't each section receive increases commensurate with inflation?

Why was the funding from the Year 1 arbitrated agreement included in the pool of funds for the Year 3 PPC process?

How are the implementation of Year 3 (2021-2024 PSA) and Year 1 (2024-2028 PSA) connected?

Feedback, deferrals, denials, and unimplemented proposals

Why were certain proposals deferred past April 1, 2023?

What happens to the proposals my section/MIG/forum previously submitted that were not implemented?

Will sections/MIGs/fora have access to meeting minutes from PPC meetings and/or bilateral meetings with the MOH?

What happened to the aspiration and injection fee code proposals (G328, G329, G370, G371)?

Proposals were deferred by PPC because they were under review by the AWG; when will we hear more about these?

In the Year 1 and 2 fee allocation process for the 2021-2024 PSA, there were changes requested to fee code descriptors. There was no feedback provided explaining why the PPC did not approve those descriptors. The feedback would have been useful to know prior to the current process.

Why were there so many deferrals in the proposals in 2022? Many of them did not have associated explanations and it makes it exceedingly difficult for sections to improve on proposals for the next round.

[Is there any way to schedule face-to-face meetings with the PPC and OMA staff to discuss our proposals in greater detail?]

Data, research, and tracking

[In the Year 1 and 2 of the 2021 PSA, PPC allocations were based on estimates. Can cost estimates meaningfully be compared to actual billings in the current period?]

[Are surveys the only type of research that can be funded?]

Proposal submission and evaluation

[When is the next opportunity to submit proposals?]

[Is the Feb 3, 2025, deadline flexible?]

[What is the Professional Fee Assessment Form (PFAF)?]

[Do we have to prepare a separate submission for every fee code?]

[How do we propose largescale conceptual changes, or "Big Ideas" to PPC? *NEW this Year*]

[Can we upload documents to the online Professional Fee Assessment Form?]

[Can we link our PFAF submission to one from another section or physician grouping? For example, can we mention that our code is similar to another section's or physician grouping's code?]

[Where can I find the PFAF?]

[What is the PPC looking for when evaluating submissions?]

[My section/MIG/fora has a whole host of items it wishes to bring forward to the PPC fee allocation process. Is there a limit to the number of requests a section/MIG/fora can make?]

[There are fee codes many specialties use. If we want to make changes to shared codes, should our section/MIG/fora submit separately, or should we collaborate and have one submission?]

[Do proposals have to be revenue neutral?]

[Is the PPC considering proposals for a premium modifier that could apply for any fee?]

[In comparing consultation fees across OHIP specialties, members of my specialty receive a lesser fee for the same work. Is there a PPC process to fix this problem?]

[What are the most important things I should remember when preparing my section's presentation?]

[How many representatives is my section/MIG/fora allowed?]

[Unfortunately, I cannot make the date scheduled for my section. What can I do?]

[Is there anything I should know about the presentation meeting with the PPC?]

[How do I submit a pre-recorded presentation?]

[What makes the most efficient and effective presentations?]

[How are OMA constituencies supported?]

My OMA constituency did not bring forward a proposal we feel should have been brought forward. What can we do as a group?

2024 PPC entitlement

Is compensation provided for participation in the PPC fee allocation process?

How do I apply for reimbursement for my time spent on the PPC fee allocation process?

What work will qualify for reimbursement?

When must the entitlement units be used by?

Are members who are not a section/MIG/fora executives eligible for reimbursement if they contributed to eligible PPC work?

What if I have additional questions on entitlements that are not addressed here?

Arbitration and the arbitrated award

Where can I learn more about the arbitrated award?

Please see the Negotiations and agreements page for detailed information and the latest updates.

How is the arbitrated award divided up?

The 2021-24 PSA Year 3 implementation and 2024-28 Procedural Agreement articulates that 70 per cent of the increases will be allocated as an across-the-board increase, including relativity considerations. The remaining 30 per cent of the Year 1 increase will go toward targeted investments that would be determined through bilateral agreement. Once the arbitration award has been announced, the two sides will work together, through mediation and arbitration if necessary, to determine the exact allocation of targeted funding. They will also decide how to address both across-the-board increases and relativity for any general increases.

The purpose and scope of the PPC

What are the PPC's objectives?

The PSA tasked the PPC with bringing forward recommendations on how to modernize the Schedule of Benefits. The goal is to have a modern schedule that better reflects current medical practice and is more fair and more equitable. This includes:

- Fee changes to address intrasectional fee relativity
- Revision of fee code descriptors
- Introduction of new fee codes
- Deletion of existing fee codes
- Changes to address gender pay equity
- Changes to reflect innovation in medical technology

What is the difference between the Negotiations Task Force and the Physician Payment Committee?

The NTF is a board task force that works bilaterally to negotiate the Physician Services Agreement with the Ministry of Health's negotiating team. Terms of service on the NTF are mandate driven. The current NTF was appointed in February 2023, and is comprised of five members, with a minimum of two specialists and two general/family practitioners. The physician members of the NTF are supported by two external negotiations advisers.

Under the 2021 Physician Services Agreement, the PPC was created to replace the Medical Services Payment Committee (MSPC). Its mandate is to make recommendations on how to implement each constituency's compensation increases to the Schedule of Benefits, as outlined in the 2021 PSA and Arbitration Award.

The PPC operates as a standing committee reporting to the Physician Services Committee and OMA board. The PPC is a bilateral committee comprised of eight members, with equal representation from the OMA and the Ministry of Health (four members each). The PPC has established a process for the introduction of new fee codes or the revision of existing fee codes, including fee value changes, into the Schedule. The fee proposals are made by OMA Constituency Executives (e.g., Section or MIG) as part of the fee allocation process.

For additional negotiations and PPC resources, please see:

- Negotiations resource page
- PPC resource page

The PPC Fee allocation process

What is the PPC fee allocation process?

The 2021 Physician Services Agreement included a provision that directed the Physician Payment Committee to recommend how to implement each section's or physician grouping's compensation increases to the Schedule of Benefits, as well as changes that are revenue-neutral. This includes introducing new fee codes, the revision of existing codes, and fee value changes. The PPC makes recommendations that are then approved by PSC and OMA's board.

The PPC completed this process for Year 1 and 2 increases under the 2021-2023 PSA, with permanent changes implemented April 1, 2023.

The process for Year 3 of the 2021-2023 PSA and Year 1 of the 2024-2028 PSA is ongoing, with permanent changes set to be implemented in tandem on April 1, 2026.

The PPC is a bilateral committee with equal representation from the OMA and the Ministry of Health. Its structure allows OMA constituencies (sections, MIGs and fora) to be directly involved in the process of determining which of their fees should be increased or decreased and what new codes should be created.

Why have permanent adjustments to the Schedule of Benefits (based on PPC recommendations) been rescheduled from April 1, 2025 to April 1, 2026?

The historic award amount for Year 1 of the 2024-2028 PSA provides a unique opportunity for constituencies to make truly transformative changes in modernizing the schedule to reflect current practice, address intra-sectional relativity, gender pay equity, as well as changes in technology/innovation.

The size of the award could not have been anticipated when constituencies submitted their proposals in late 2024, and many constituency leaders have asked for an opportunity to submit additional proposals. To re-open the submissions process, the PPC had to reschedule the permanent changes to the schedule.

Why should we invest time in cleaning up the Schedule of Benefits (for example, deleting fee codes that are not used)?

Having a clear and concise OHIP Schedule of Benefits allows all physicians to have a clear understanding of how to bill OHIP appropriately for the insured services they provide. Keeping antiquated fee codes in the schedule causes confusion and potentially incorrect OHIP claim submissions.

Achieving gender pay equity is a complex and multifaceted issue. What can the PPC do to address this issue?

The PPC recognizes many other tables are considering gender pay equity and that there is no single solution; addressing it will likely require multiple strategies.

For its part, the PPC has invited OMA constituencies to bring forward proposals that contribute to addressing gender pay equity. The PPC may also pose questions to constituencies on the impact of their proposals on gender pay equity.

Is there going to be a separate funding envelope to capture technological improvements in health-care delivery? What if these improvements generate savings across different specialties? How are these monies distributed?

The current allocation process is dictated by the Physician Service Agreement and based on the hybrid CANDI-RAANI score. In the 2021 PSA, there are no special funds for such a project.

If a code generates savings across different specialties, those savings are distributed to the specialties billing the code. If you are aware that what you are proposing affects multiple constituencies, it is best practice to meet with the affected constituency leaders in advance to get agreement on your proposal, or create a joint proposal.

The PPC fee-setting process is limited to the funds that each section or physician grouping is currently receiving, plus the increases prescribed in the PSA. If you are looking to receive funding that goes beyond those limitations, you would need to bring this to the Negotiations Task Force (negotiations@oma.org). Additional information on the negotiations process can be found on OMA's website.

Is it within the purview of the PPC to look at revising overall definitions at the beginning of the Schedule (i.e.: the General Preamble)?

Working on something that overarching is complex and generally affects multiple constituencies, making it difficult to cost. Although it would be a significant challenge, that type of change is still within the PPC's purview, and the committee would be willing to engage on that type of revision.

Does the PPC have any role to play for physicians on a purely salary model (i.e.: outside the Schedule of Benefits) with things like timelines of payments, including per cent salary increases in keeping with fee code adjustments or timely payment of arrears for these codes.

The PPC is also responsible for bringing forward recommendations to the Physician Services Committee on how to manage flow through to non-fee for service payments and other

programs, such as Alternate Funding Plans, as specified in the 2021-2014 PSA the 2024-2028 PSA and the Supplementary Year 3 and Year 1 Implementation agreement. Please note that if you are on salary from a hospital, then that is not in the committee's purview.

If there are issues with payment rejection or other technical questions about billing rules, please direct them to the OMA by contacting info@oma.org.

There's a new therapy/procedure in our field but it is an emerging technology. How should this be handled?

New and emerging technologies and/or treatment services that are generally accepted within Ontario as experimental should not yet be brought forward to the PPC. Consideration for new codes is limited to services that are now considered standard of practice within Ontario.

Our non-patient facing time is accounted for in our visit codes, however, we cannot use time spent on these activities toward our time-based visit codes. Does PPC deal with this issue?

This is a rule change that falls into the mandate of PPC. However, the challenge is that it can be exceedingly difficult to cost and would represent a significant philosophical change that would affect multiple constituencies. In previous years, these types of changes have been made through the negotiations process.

What is the process PPC uses to develop the recommendations?

The PPC fee allocation process allows for OMA sections, MIGs and fora to be directly involved in developing fee proposal(s) to modernize the OHIP Schedule and to address issues related to fee relativity, gender pay equity in medicine and changes related to medical innovation and technological advancements. OMA staff works closely with sections, MIGs and fora to assist them in this task.

The process to develop recommendations is:

- Sections, MIGs and fora:
    - Consult with their membership (for example, through surveys) and prepare proposals
    - Submit proposals in advance of deadline
    - Attend virtual consultation sessions hosted by PPC*
- PPC
    - Share draft recommendations with sections, MIGs and fora for comment
    - Consider those comments and updates the recommendations as needed
    - Submit final recommendations

* The PPC will consider a proposal and, if required, the committee will request a meeting with a section/MIG/forum to discuss it in greater detail.

The PPC has developed guidelines and principles that will be employed when engaging OMA sections, MIGs and fora, and interpreting proposals that come forward. The orientation manual includes:

- Guiding principles to the PPC fee allocation process
- Guidelines for submitting a proposal
- Presentation guidelines

Will funding to address significant intersectional relativity deficits be given a separate allocation? Or does this need to come from the underfunded groups' allocations?

Intersectional relativity is determined by the 2021-2024 PSA and the the Supplementary Year 3 and Year 1 Implementation agreement. This matter is dealt with each time the PSA is negotiated and is not within the PPC's scope.

More information can be found on the Negotiations Webpage.

Is the presentation following the initial submission to the PPC the only opportunity I have to meet with the committee?

There are several other reasons that the PPC and a constituency may meet:

- So that the PPC can obtain clarification on a submission
- To provide the constituency with more details following the release of a report with draft recommendations
- At the request of a constituency for other reasons

Constituency leaders can request a meeting with OMA's PPC team at any time by emailing PPC@oma.org.

Is this process for Year 4 of the current contract?

This process is for Year 3 of the 2021-2024 PSA and Year 1 of the 2024-2028 PSA.

Funding allocations

How is relativity impacted? How will the Year 3 and Year 1 increases be allocated between relativity and across the board?

Under the terms of the 2021-2024 and 2024-2028 PSAs, a quarter of the increases will be permanently paid across the board to all physician sections and groupings, and three quarters will be allocated based on relativity. Increases will roll out in phases until permanent changes to the Schedule of Benefits are in place on April 1, 2026.

How does a section know the exact funding or per cent allocation that they will be working with?

OMA has posted a fee table with details on each constituency's allocations.

Will funding to address significant intersectional relativity deficits be given a separate allocation? Or does this need to come from the underfunded groups' allocations?

Intersectional relativity is determined by the 2021 & 2024 PSAs. For Year 3 of the 2021-2024 PSA and Year 1 of the 2024-2028 PSA, relativity is 75 per cent of the increase, and the other 25 per cent will be permanently paid across the board to all physician sections and groupings.

To learn more about OMA's work on relativity, please see the OMA Relativity Advisory Committee Resource page.

During the 2019 allocation process, fee changes made by one section had a major impact on our allocation. How will PPC ensure this does not happen again?

The PPC process now has a higher degree of transparency and includes several opportunities for physician leaders to provide feedback and engage directly with the PPC. Draft reports include the submissions of all other sections and groups, so you can identify any crossover issues that might impact your section. This increased transparency and consultation will help identify these issues and allow for mutually agreeable resolutions between sections.

Is the OMA's *Stop the Crisis* a PPC consideration when it comes to allocation?

OMA's *Stop the Crisis* campaign advocates for policy changes that the Ontario government should implement to address the crisis in the province's healthcare system, and is separate from the PPC process.

Why can't each section receive increases commensurate with inflation?

The current allocation process is prescribed by the 2021 & 2024 PSAs. As such, the PPC is limited to the funds which each section or physician grouping is set to receive, plus what might be negotiated in the future. If you are looking to work beyond those limitations, bring your concerns to the Negotiations Task Force in advance of the next round of negotiations.

Additional information on the negotiations process can be found on OMA's website.

Why was the funding from the Year 1 arbitrated agreement included in the pool of funds for the Year 3 PPC process?

Both parties agreed to adjust the PPC's timelines to better accommodate the inclusion of both the 2021 PSA Year 3 (2023-2024), and 2024 PSA Year 1 (2024-25) permanent increases into the current ongoing process. The committee is obligated to make recommendations regarding the April 1, 2026 permanent fee adjustments to the PSC in October 2025.

For additional information, please see Year 1 Arbitration resource page including frequently asked questions.

How are the implementation of Year 3 (2021-2024 PSA) and Year 1 (2024-2028 PSA) connected?

These are separate increases that are scheduled to come into effect on the same date, with permanent implementation in place on April 1, 2026.

Feedback, deferrals, denials, and unimplemented proposals

Why were certain proposals deferred past April 1, 2023?

There are many reasons for the deferral of items, including:

- The OMA constituencies' prioritization of fee proposals and decisions on how to stage their implementation
- The potential cost implications exceeded available funding
- There were wide-ranging implications on fee relativity both in terms of intrasectional and intersectional relativity
- Additional information and study were required to determine appropriate cost implications, due to the complexity of the proposal
- Cost implications would significantly impact other section or physician grouping allocations, in some cases exceeding their available funding
- Alternative solutions were raised during bilateral committee deliberations, potentially resulting in a better approach, requiring further study with the OMA constituencies (for example, revision of existing codes rather than creation of new codes)
- Lack of consensus between PPC members as to whether a proposal should be supported

What happens to the proposals my section/MIG/forum previously submitted that were not implemented?

The PPC recognizes the significant time and effort OMA constituencies put into canvassing constituency groups, developing and refining proposals and answering queries from the PPC. In fall 2023, OMA constituencies were given an opportunity to reconsider and resubmit any proposals that were not implemented in the previous round and that the OMA constituencies continue to support.

Will sections/MIGs/fora have access to meeting minutes from PPC meetings and/or bilateral meetings with the MOH?

No, but the PPC provides updates on the PPC's work, including decisions and their associated rationale.

What happened to the aspiration and injection fee code proposals (G328, G329, G370, G371)?

Those codes are currently at the Appropriateness Working Group table and PPC is unable to review the item until AWG produces their recommendations. Once AWG has completed its work PPC can go back to the affected constituencies to discuss how to proceed from there.

Proposals were deferred by PPC because they were under review by the AWG; when will we hear more about these?

The scope of the AWG was set by the terms of 2021 Physician Services Agreement to satisfy outstanding requirements of the 2019 Kaplan Arbitration Award in which the Ministry of Health and OMA agreed to a continuation of the working group.

Phase I of the work of the AWG was completed in October 2019. Phase II began shortly thereafter, however, it was paused due to COVID. Work has since continued on the 11 previously tabled proposals and 10 proposals have been bilaterally agreed to. Currently, only the proposal on chronic pain is outstanding.

Any PPC items deferred due to AWG work remain out of scope for PPC consideration until they are resolved.

Additional information on the work of the AWG can be found on the OMA website.

In the Year 1 and 2 fee allocation process for the 2021-2024 PSA, there were changes requested to fee code descriptors. There was no feedback provided explaining why the PPC did not approve those descriptors. The feedback would have been useful to know prior to the current process.

Even though OMA-MSPC had some lead time to work with constituencies before the 2021 PSA was ratified, the bilateral PPC didn't begin its work until after the PSA was ratified starting with the OMA-MSPC's July 2022 Report. As a result, the PPC did not have enough opportunity to provide all the feedback that it was hoping to provide. We continue to work on improving our processes, and we are doing a better job explaining the committee's decisions in greater detail in the current round.

Why were there so many deferrals in the proposals in 2022? Many of them did not have associated explanations and it makes it exceedingly difficult for sections to improve on proposals for the next round.

As per the 2021 PSA, the PPC replaced the Medical Services Payment Committee and was given the mandate to bring forward recommendations for the Year 1 and 2 fee increases by October 2022. The bilateral PPC began in July 2022, and as a starting point, considered the OMA-MSPC's July 2022 Report.

Given the deadline to make recommendations by no later than October 2022, the committee found itself short for time to fully consider all fee proposals and consult the various constituencies.

In many cases, proposals were deferred due to requests exceeding the available funding in Years 1 and 2. These deferred proposals remain under consideration by the PPC as Year 3 (2021-2024 PSA) and Year 1 (2024-2028 PSA) funding becomes available.

We continue to work on improving our processes by explaining the committee's decisions in greater detail.

Is there any way to schedule face-to-face meetings with the PPC and OMA staff to discuss our proposals in greater detail?

Please send us an email if you wish to set up a face-to-face meeting.

Data, research, and tracking

In the Year 1 and 2 of the 2021 PSA, PPC allocations were based on estimates. Can cost estimates meaningfully be compared to actual billings in the current period?

No. Since there are a myriad of factors that influence the utilization of medical services, decomposing the cost implications of the fee code changes alone would be incredibly challenging, if not impracticable. For example, there could be changes in physician/patient populations or changes in physician practice that could influence a service's utilization beyond the price change. In addition, it could take a period of time for the profession to become fully aware of some schedule changes. The costing estimates provided as part of the process assume utilization to be constant to avoid these complex methodological problems.

Are surveys the only type of research that can be funded?

If a member of your section executive needs to spend their own time doing work to support a PFAF, then there may be funds available. There are 24 allocation units that may be dedicated to this type of work.

Proposal submission and evaluation

When is the next opportunity to submit proposals?

The PPC is currently accepting proposals. Constituencies have until February 3, to submit them via the Professional Fee Assessment Form (PFAF).

Is the Feb 3, 2025, deadline flexible?

Febuary 3, 2025, is the firm deadline and reflects the need for the PPC to prepare recommendations by October 2025. The deadline aims to allow time for multiple feedback cycles to occur directly with section, MIG and forum leadership. Although this is an iterative and ongoing process, all groups are encouraged to provide robust submissions with data, along with any relevant supporting evidence.

What is the Professional Fee Assessment Form (PFAF)?

The PFAF is used to assist the committee in evaluating a fee proposal. It contains valuable information needed to determine whether the proposal has merit and, if so, determine an appropriate fee value and payment rules. Some key aspects contained in the form include:

- Description of the service
- Physician time required to perform the service
- Intensity of the service provided
- Relativity with similar services

Submissions for new services or revision of services will require the completion of a PFAF and/or the inclusion of reference materials supporting the proposal. If this information is not

provided to the PPC at the outset, the PPC may need to request the missing details, which may delay the process and cause the proposal to be deferred to a future fee allocation process.

Do we have to prepare a separate submission for every fee code?

Each proposal to add, revise or delete a fee code should have an accompanying PFAF. However, where a submission involves a price change of multiple fee codes with a common rationale, a single form may be completed.

How do we propose largescale conceptual changes, or "Big Ideas" to PPC? *NEW this Year*

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).

Please note that all ideas must fall within the scope of the PPC (i.e., specific to revisions to the schedule of benefits). The PPC intends that this process bring forward novel ideas which assist the PPC in achieving its ongoing objective of schedule modernization.

This should *not* be submitted in lieu of a PFAF for fee setting proposals.

Can we upload documents to the online Professional Fee Assessment Form?

Yes, you can attach files to the form.

Can we link our PFAF submission to one from another section or physician grouping? For example, can we mention that our code is similar to another section's or physician grouping's code?

Yes, you can describe this in the form. You will be able to see all the proposals from other sections/MIGs/fora following the submission window. If that proposal causes concern, you can provide that feedback to the PPC.

Where can I find the PFAF?

All PFAF submissions must be made electronically: [Access the Professional Fee Assessment Form (PFAF).](#)

You can also download a Word version of the form from the [PPC website](#) (to help prepare your responses or collaborate with others before filling out the fields in the online portal above):

What is the PPC looking for when evaluating submissions?

The goal of the process is to modernize the Schedule of Benefits to reflect how physicians currently practise medicine. Proposals should be clear, actionable and fall within the mandate of the PPC. The merits of proposals are evaluated based on the evidence and rationale provided by the section/MIG/forum. This could take a number of forms depending on the proposal. Some examples of supporting evidence include:

- Academic research on best practices or standard of care associated that would support the creation or deletion of a code

- Survey results indicating a fee is misvalued relative to the time and intensity

When considering a fee proposal, the PPC will take the following into consideration:

- Physician time taken to provide the service (pre-service, intra-service and post-service)
- Intensity of the service provided
- Knowledge and judgment
- Communications and interpersonal skills required to provide the service
- Technical skills (complexity of the service)
- Risk and stress
- Fee relativity with other comparable services
- The proposals do not exacerbate existing intrasectional relativity issues

My section/MIG/fora has a whole host of items it wishes to bring forward to the PPC fee allocation process. Is there a limit to the number of requests a section/MIG/fora can make?

There is no limit on the number of proposals that can be submitted and the PPC will make every effort possible to evaluate all submissions. Unfortunately, the volume of such requests may mean that the PPC does not have adequate time to give requests the proper attention they are due. As a result, the PPC requests that, in instances where your section/MIG/fora has a large volume of requests, you:

- Prioritize all requests, starting with the most critical and continuing the list in order of descending priority
- Ensure the requests you are bringing forward have the support of your full executive
- Understand there will be limited time for presentations and items that are not presented to the PPC in this time period may be deferred to another fee allocation cycle for proper consideration
- Complete a single PFAF for a submission involving a price change of five or more fee codes with a common rationale

Items that have not been submitted by the stated deadline (with the appropriate form, where applicable) will not be considered during the current cycle.

There are fee codes many specialties use. If we want to make changes to shared codes, should our section/MIG/fora submit separately, or should we collaborate and have one submission?

For services that are billed by multiple OMA constituencies, the PPC encourages the constituencies to work collaboratively in developing their proposals. All OMA constituencies will be consulted about services that are billed by multiple OHIP specialties. However, if there are differences in opinion, then the OMA constituencies may bring forward separate proposals.

The PPC may meet with multiple constituencies to help resolve any disputes. In situations where an agreement cannot be reached, the opinions of all OMA constituencies affected by the change will be considered, while making every effort to ensure undervalued services are addressed fairly. Cost-impact analysis of a fee proposal will be estimated proportionately among affected sections or physician groupings.

Do proposals have to be revenue neutral?

The PPC considers proposals that are revenue neutral and those that require funding. Before revisions to the Schedule of Benefits can be finalized, constituencies may need to prioritize their proposals. If you're able to move funds from one code to another, then you may not need to rely on new funds in the allocation process. Likewise, decreasing or deleting a code could free up funding that could be redirected toward other fee proposals.

Is the PPC considering proposals for a premium modifier that could apply for any fee?

Yes, the PPC is considering proposals for a range of new fees.

In comparing consultation fees across OHIP specialties, members of my specialty receive a lesser fee for the same work. Is there a PPC process to fix this problem?

Yes, the PPC considers proposals that would equate your specialty's consultation fee with another. Note that a stronger submission would reference comparison evidence between fees within your own specialty's menu of codes.

When considering a fee proposal, the committee takes the following into consideration:

- Physician time taken to provide the service (pre-service, intra-service and post-service)
- Intensity of the service provided
- Knowledge and judgment
- Communications and interpersonal skills required to provide the service
- Technical skills (complexity of the service)
- Risk and stress
- Fee relativity with other comparable services
- The proposals do not exacerbate existing intrasectional relativity issues

What are the most important things I should remember when preparing my section's presentation?

Consider the following when preparing your section's presentation:

- The PPC has set specific deadlines for this process. Missing these deadlines means your requests will have to wait for another fee allocation cycle
- In preparing your presentation, please ensure you include the completed Professional Fee Assessment Form for each requested item. The PPC will prioritize requests that are accompanied by these forms
- Please try to be concise when making arguments in favour of your section's position on the requested item(s). Any related documentation (scientific papers, data from other jurisdictions, expert opinions, etc.) should be included in your submission

For additional information, please refer to the presentation guidelines in the orientation manual.

How many representatives is my section/MIG/fora allowed?

Usually, sections/MIGs/fora are represented by one or two members of the executive (for example, chair and/or tariff chair). It is not unusual to have additional physician(s) to attend the discussions with expertise on a particular item or field. Please reach out to your senior lead for more information.

Unfortunately, I cannot make the date scheduled for my section. What can I do?

We ask that your section attend at the scheduled date and time, if possible. You may, for example, ask your section/tariff chair or another designate familiar with the item(s) to attend on your behalf. If this is necessary, please take the time to inform OMA staff of this change. This will ensure the PPC is aware of the change and the section designate(s) will be permitted to represent your section.

Alternatively, you may submit your pre-recorded presentation electronically in advance of the scheduled date.

Is there anything I should know about the presentation meeting with the PPC?

The PPC makes every effort to create an informal, inviting environment that promotes the frank exchange of ideas and opinions relating to the presented issues. To create this environment, the PPC makes every effort to schedule “like” clinical sections around the same time. This facilitates a two-way flow of information and allows the PPC to ask the opinion of other OMA constituencies where there is clearly an inter-sectional crossover of medical knowledge relating to the proposal items.

How do I submit a pre-recorded presentation?

Submitting a pre-recorded video prior to the in-person meeting date can be beneficial to constituencies, because the session time can be used to discuss your submission in detail and to answer questions.

A link to your recording can be submitted to PPC@oma.org. Please note, we are unable to receive actual video files by email due to file size limitations. Many common software products have easy-to-use recording features, (for example, MS PowerPoint, MS Teams and Zoom). Videos can be uploaded and shared using a variety of cloud-based hosting services, such as Vimeo, YouTube, OneDrive, Google Drive and Dropbox.

What makes the most efficient and effective presentations?

The PPC considers all reasonably presented and documented requests from constituency representatives. However, certain elements can help the PPC easily understand and engage with the material during the session, such as:

- A concise, well-organized and to-the-point presentation
- Prioritizing items by starting with the most important request
- Strong supporting documentation and presenters with familiarity with the material, to permit a productive exchange with the committee members

- Consistency between the written and oral presentation
- Submitting materials in advance of the presentation date or pre-recording a presentation

How are OMA constituencies supported?

OMA staff supports the committees and constituencies by:

- Working with the OMA constituencies to undertake customized intrasectional fee relativity surveys
- Hosting information/education sessions with OMA constituency executives and answering their questions. A recording of the sessions is available on the PPC web page for those who were unable to attend
- Providing an orientation manual with FAQs on the fee allocation process
- Creating an interactive costing table by fee code allowing OMA constituencies to evaluate individual fee value changes
- Analyzing customized OHIP physician billings
- Providing assistance with developing fee proposals
- Co-ordinating constituency leadership meetings
- Sharing updates on the dedicated PPC web page
- Leveraging a web-based portal for fee-setting proposals to make the process more efficient for members and staff
- Closely monitoring member reaction and sharing with the OMA constituencies to ensure appropriate follow-up where necessary

My OMA constituency did not bring forward a proposal we feel should have been brought forward. What can we do as a group?

Subsequent to an anticipated release of the list of submitted proposals if members are aware of a proposal submitted to their constituency and not submitted to the PPC by their constituency, and that they believe should be considered by the PPC, then they may submit a proposal to the PPC by the deadline (tentatively Mar. 7, 2025).

Member group submissions:

- Require the support of the lesser of 50 or more members or 20 per cent of members of a given constituency whose names, OMA numbers and contact information must be included in the submission
- Must identify two physicians as the leads for the proposal
- Must follow the guidelines for submitting a proposal
- Shall address why their proposal was not brought to PPC

2024 PPC entitlement

Is compensation provided for participation in the PPC fee allocation process?

The OMA has allocated an additional 24 entitlement units (1 unit = 1 hour of time x $130/hour), to every section, MIG and fora to be used to participate in the PPC fee allocation process in 2025.

How do I apply for reimbursement for my time spent on the PPC fee allocation process?

All submissions for reimbursement should be sent to MemberHonoraria@oma.org. Please include the following information:

- Member name and OMA number
- Date that work was completed or meeting was held
- Start time and end time of time spent on the activity or at the meeting
- What work was accomplished or specify that a meeting was attended

Approvals for honoraria will follow the standard approval process. The chair of the section/MIG/fora will need to approve applications from other executives and an executive member will have to approve the chair's time. Please copy the appropriate approver when sending your email for honoraria submission.

What work will qualify for reimbursement?

Eligible tasks include:

- Preparing fee allocation proposals
- Presenting to the PPC (up to three members can be reimbursed for attending each section presentation)
- Preparing for the PPC presentations
- Reviewing and responding to questions and recommendations from the PPC
- Attending section/MIG/fora meetings to discuss fee allocation proposals or PPC recommendations

When must the entitlement units be used by?

Eligible work must be completed by Dec. 31, 2025, and all reimbursement requests must be submitted to the OMA by Jan. 15, 2026, as this coincides with the OMA's year end. Please note that entitlements can be used retroactively for any work done back to Jan. 1, 2025.

Are members who are not a section/MIG/fora executives eligible for reimbursement if they contributed to eligible PPC work?

Yes, any member that contributed to the fee allocation process will be eligible for reimbursement. The chair of the section/MIG/fora would have to approve the work. Please note, that in order for a member to receive payment from the OMA, they will need to have

their social insurance number and direct deposit information associated with their OMA account. The SIN can be added to OMA's My Account system. If a member needs help adding these details to their account, please call 416-340-2987 for assistance.

Please email the direct deposit form along with a personal void cheque to MemberHonoraria@oma.org.

What if I have additional questions on entitlements that are not addressed here?

Please reach out to your dedicated Sr. Lead.

If you have any questions or concerns not addressed by our resources, please reach out at PPC@oma.org. OMA staff are happy to help.