

Physician Payment Committee Fee Allocation Process for Year 3 of the 2021-24 Physician Services Agreement

Orientation manual

June 2023



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Overview

The 2021-2024 Physician Services Agreement included a provision that a new Physician Payment Committee replace the 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 Physician Payment Committee 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 PPC will now undertake a similar fee allocation process for Year 3 increases of the 2021-2024 PSA, which will be implemented on April 1, 2025. Similar to the previous process, the PPC intends to engage constituencies directly to determine which of their fees should be adjusted and what new codes should be created.

Additional information regarding the PPC fee allocation process is available on the [PPC web page](#).

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 list of deferred proposals from the Year 1 and 2 allocation process. This list was shared separately as part of the PPC's initial letter package and constituencies are encouraged to review it and consider the status of deferred proposals from Year 1 and 2 to determine what proposals should be submitted for Year 3.

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 inequity¹, 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

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 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.

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. As per the [Physician Services Agreement](#), this budget will be determined by December 2023 (see the [OMA website](#) for additional details). 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 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 (pre-, intra- and post-service) 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.

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

June 2023

- Letter to OMA constituencies initiating the PPC fee allocation process
- The PPC provides the fee allocation process orientation manual, which includes:
 - An introduction to the PPC fee allocation process
 - Guiding principles
 - Guidelines to submitting a proposal
 - Presentation guidelines
 - Timelines for the PPC fee allocation process
 - An interactive costing table and a guide on how to use it
 - Example of cost implication of a fee increase
 - Frequently asked questions
- Information sessions on the PPC fee allocation process

July – August 2023

- OMA constituencies review deferred items from Year 1 and 2 fee allocation process and start development of new fee proposals (for example, consultation with members)
- OMA support staff and PPC are available to provide feedback and support where requested by OMA constituencies

September – December 2023

- The PPC requests the following feedback from the OMA constituencies:
 - Deferred items: OMA Constituencies provides feedback on whether they wish to:
 - Pursue the proposal as part of Year 3 fee allocation process
 - Pursue the proposal as part of revenue neutral proposal
 - Defer/drop the proposal this round
 - Major initiatives
 - OMA constituencies provides feedback on PPC major initiatives
 - OMA constituencies submits new fee proposals
- The PPC will accept written submissions from the OMA constituencies until **Nov. 1, 2023 – no extensions will be granted.**
- The PPC will review written submissions from OMA constituencies and, if necessary, seek clarification either in writing or by arranging an in-person meeting

- PPC will provide a list of codes or matters that were submitted to OMA constituencies and members for review and comment
- Member group submissions² due by **Jan. 31, 2024**.

January – September 2024

- The OMA constituencies' fee allocation meetings will take place in January - March 2024, where needed
- Once all requests for additional information or meetings have occurred, the PPC's draft recommendations will be communicated to the OMA constituencies by the end of April 2024
- The OMA constituencies review draft recommendations and provide feedback to the PPC with either an acceptance of the proposal or additional suggestions by the end of May 2024
- The PPC considers additional information and revises draft recommendations, as necessary, for review by the OMA constituencies
- Meeting with the PPC, where a second meeting between the OMA constituency(ies) and the PPC would benefit the OMA fee allocation process
- The PPC distributes its final recommendations to the OMA constituencies

² Subsequent to the December 2023 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 **Jan. 31, 2024**.

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 to submitting a proposal
- Shall address why their proposal was not brought to PPC

Guide to using the interactive table

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 2019/20. 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 new fee or percentage increase for a selected service in the column entitled “**proposed new fee**” or “**proposed per cent increase.**” The implications are automatically calculated in the following columns for that particular fee code revision:

<i>Percent increase</i>	Indicates the resulting percentage increase (decrease) of the proposed fee revision.
<i>2019/20 payment – your specialty</i>	Presents the OHIP professional payments to <i>the OHIP specialty</i> for that particular fee code.
<i>2019/20 payment – other specialties</i>	Presents the OHIP professional payments to <i>other OHIP specialties</i> for that particular fee code.
<i>2019/20 total payment</i>	Presents the total OHIP professional payments for that particular fee code.
<i>Estimated cost – your specialty</i>	Presents the estimated incremental increase (or decrease) in professional payments to the OHIP specialty resulting from the individual proposed fee revision.
<i>Estimated cost – other specialties</i>	Presents the estimated incremental increase (or decrease) in professional payments to other OHIP specialties resulting from the individual proposed fee revision.
<i>Total estimated cost</i>	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.

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 estimate cost.**” This row presents the estimated grand total incremental increase (or decrease) in professional payments resulting from all the proposed fee revisions.

Example of OHIP specialty funding allocation of a fee increase

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:

Fee code	Cost implications: Neurology	Cost implications: other specialties	Total estimated cost
G456 – EMG, Schedule A	\$896,810	\$635,390	\$1,532,200
G457 – EMG, Schedule B	\$10,521	\$24,771	\$35,292
Grand total estimate cost	\$907,331	\$660,161	\$1,567,492

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 estimate 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 **\$907,331** 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 **\$660,161**.

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.

Frequently asked questions

PPC fee allocation processes

1. What is the PPC fee allocation process?

The 2021 Physician Services Agreement included a provision that the Physician Payment Committee is to recommend how to implement each section’s or physician grouping’s compensation increases to the Schedule of Benefits. Permanent changes to the Schedule of Benefits were implemented on April 1, 2023, for the compounded Year 1 and 2 increase, and will be implemented April 1, 2025, for the Year 3 increase. The PPC’s 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.

2. What are PPC’s objectives?

The PSA obligated the PPC to bring forward recommendations on how to modernization the Schedule of Benefits. The goal is to have a modern schedule that better reflects current medical practice that is more fair and 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

3. What is the process 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/technological advancements. OMA staff will work closely with sections, MIGs and fora to assist them in this task. Sections, MIGs and fora will have an opportunity to canvass their membership for input.

The process to develop recommendations is:

- Sections, MIGs and fora consult with their membership (for example, through surveys) and prepare proposals
- Adhere to deadline for submissions
- Hold consultation sessions between PPC and sections, MIGs and fora*
- Share draft recommendations with sections, MIGs and fora for comment
- 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. 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](#).

4. 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 to have a clear understanding of how to appropriately bill OHIP for an insured service rendered. Having antiquated fee codes listed in the schedule causes confusion and potentially incorrect OHIP claim submissions.

5. 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 any solutions needed to address it will likely require multiple strategies.

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

6. 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 PPC's presentation guidelines.

7. 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 an additional physician(s) with expertise on a particular item or field to attend the discussions. Please refer to FAQ questions No. 35-40 for additional information on entitlement units available to each group for preparations of fee proposals.

8. Is the presentation to the PPC the only opportunity I have to meet with the committee?

A need might arise where the PPC invites a section/MIG/fora to meet and discuss a portion of their submission. For example, this may occur when a section/MIG/fora has submitted additional information (at the PPC's request) and/or the committee has found it necessary to seek additional clarification.

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

The PPC appreciates that such occasions do arise. It is important to try and maintain 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 that 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.

10. 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.

11. How do I submit a pre-recorded 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 your submission in detail and for answering 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](#).

12. What makes the most efficient and effective presentations?

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

- A concise and to-the-point presentation
- A prioritization of items starting with the most important request
- A well-organized and timed presentation with adequate supporting documentation and adequate familiarity of presenters allowing a learned 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

13. When will PPC recommendations be implemented?

Permanent changes to the Schedule of Benefits were implemented on April 1, 2023, for the compounded Year 1 and 2 increase, and will be implemented on April 1, 2025, for the Year 3 increase. The PPC's structure allows OMA constituencies 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.

14. What about Year 3 increases of the Physician Services Agreement?

The PPC will bring forward a new set of recommendations ahead of the April 1, 2025, implementation for Year 3 of the agreement. This timeframe will allow the committee to further deliberate on proposals that were deferred in the first round and will allow the committee to develop more transformational changes to the Schedule of Benefits. The work done to date serves as a solid base for the work still to come in 2023 and 2024.

15. 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 on intrasectional and intersectional relativity
- Additional information and study is 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

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

The PPC recognizes the significant time and effort the OMA constituencies put into canvassing constituency groups, developing and refining proposals and in answering queries from the PPC. The OMA constituencies' proposals will serve as the foundation for the next steps when the bilateral PPC resumes its work on the Year 3 permanent increase. This will include revisiting any proposals that were not implemented and that the OMA constituencies continue to support. The OMA constituencies can expect to be involved when the PPC is deciding on the next steps for those items.

17. 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?

This process will have a high degree of transparency and several opportunities for physician leaders to provide feedback and engage directly with the PPC. You will be able to see the submissions of all other sections and groups, including any crossover issues that might impact your section. This increased transparency and robust consultation process will help identify such issues and allow for mutually agreeable resolutions between sections.

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

No, but sections/MIGs/fora will be provided with updates outlining the PPC's decisions and associated rationale.

Proposal submission and evaluation

19. Is the Nov. 1, 2023, deadline flexible?

Nov. 1, 2023, is the firm deadline and reflects the need for the PPC to prepare recommendations by October 2024, as specified in the 2021 PSA. 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.

20. If my section/MIG/fora is unable to submit all proposals by Nov. 1, 2023, when is the next opportunity to do so?

The PPC is advocating for a multi-year iterative process; however, the decisions surrounding the timing of a future intake are at the discretion of OMA Board and Physician Services Committee. The PPC is a bilateral committee and implementation also requires the commitment of the OMA and the Ministry of Health.

21. What is the Professional Fee Assessment Form?

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 completion of a PFAF and/or inclusion of reference materials supporting the proposal. If this information is not provided to the PPC, additional details may be requested, which may delay the process and cause the proposal to be deferred to a future fee allocation process.

22. 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 five or more fee codes with a common rationale, a single form may be completed.

We are aware of the amount of time the PPC consultation process requires of sections/MIGs/fora to ensure you can consult with colleagues, prepare and table proposals and attend meetings with the committee.

Please refer to FAQ questions No. 35-40 for additional information on entitlement units available to each group for preparations of fee proposals.

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

Yes, you can attach files to the form.

24. 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.

25. What is the link to the PFAF?

Access the [Professional Fee Assessment Form](#). A Word document version will also be available on the [PPC web page](#).

26. 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 practice 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

27. 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 PFAF, where applicable) will not be considered during the current cycle.

28. 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.

29. Do proposals have to be revenue neutral, or can we propose new fee codes in the hopes that there will be sufficient funding allocation to implement them on April 1, 2025?

You can do both. You can bring forward codes that may have to be reduced or deleted. When the Year 3 permanent fee increase is known, the OMA constituencies may then 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.

30. Can a section/MIG/fora propose a premium modifier that could apply for any fee?

Yes, the PPC will be accepting proposals for new fees. A PFAF would need to be completed and submitted, along with supporting documentation for the creation of the new fee modifier.

31. 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.

32. 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, your section/MIG/fora could make a fee proposal to equate your specialty's consultation fee with another. This would require the completion and submission of a PFAF, along with supporting documentation. 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

33. 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 the December 2023 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 Jan. 31, 2024.

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 to submitting a proposal
- Shall address why their proposal was not brought to PPC

34. 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
- Attending information/education sessions with OMA constituency executives and asking questions. A recording of the sessions will be available on the [PPC web page](#) for those unable to attend
- Providing an orientation manual with FAQs on the fee allocation process
- Creating an interactive costing table by fee code, allowing the 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 web-based portal for fee-setting proposals to make process more efficient for members and staff
- Closely monitoring member reaction and sharing with the OMA constituencies to ensure appropriate followup where necessary

2023 PPC entitlement

35. 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 2023.

36. 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.

37. 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

38. When must the entitlement units be used by?

Eligible work must be completed by Dec. 31, 2023, and all reimbursement requests must be submitted to the OMA by Jan. 15, 2024, 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, 2023.

39. Are members who are not a section/MIG/fora executive 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 in 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.

40. What if I have additional questions on entitlement that are not addressed here?

Please reach out to Garth Oakes, senior director, constituency services (Garth.Oakes@oma.org).

This FAQ has been prepared for your benefit. The PPC hopes that the answers to these questions can help clarify any questions you may have with respect to the fee allocation process.

If you have any questions or require any further clarification, please do not hesitate to contact us at PPC@oma.org.