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Ministry of Health

Ministry of Long-Term Care

Ontario Health Insurance Plan INFOBulletin

2021 Physician Services Agreement Year 1 Increases

Physician compensation increases for the period of April 1, 2021 to March 31, 2022 will be paid in February 2023.

To: All Physicians, Hospitals and Independent Health Facilities

Category: Primary Health Care Services, Physician Services, Independent Health Facilities

Written by: Negotiations Branch, Physician and Provider Services Division

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The Ministry of Health and the Ontario Medical Association have been working together to implement physician compensation increases in accordance with the 2021 Physician Services Agreement (PSA).

Year 1 (2021-2022) of the [PSA](#) provides for a 1.00% across-the-board compensation increase on physician payments for the period April 1, 2021 to March 31, 2022.

Compensation Increase Reporting

Physicians, groups and facilities that do not receive a monthly RA report will receive their usual payment advice with the notation "2021-2022 Compensation Increase".

Remittance Advice

For physicians and groups that receive a monthly Remittance Advice (RA) through the Medical Claims Electronic Data Transfer (MCEDT), the Accounting Adjustment will reflect the 2021-2022 Compensation Increase payment value at the solo physician or group level based on how the compensation increase payment was processed.

The "Compensation Increase Report" will be delivered to the physician via [MCEDT](#). Physicians will be required to provide permission to their appropriate designees for reviewing and/or downloading this report, if they have not already done so.

Solo Report

The solo report will detail the Total Payments, Percent Increase and Compensation

Increase for each Clinic Code under which the physician provided services and received a payment in 2021-2022.

Group Report

The group report will detail the Total Payments, Percent Increase and Compensation Increase for each Payment Element (example: Access Bonus Payment) under which the group received a payment in 2021-2022.

The group report will also show the Total Payments, Percent Increase and Compensation Increase for each physician affiliated to the group during the 2021-2022 fiscal year.

Further Information

The following fee-for-service physician payments, specialist contracts, and programs will receive the compensation increase on 2021-2022 physician payments:

OHIP Claims System Payments

- Professional fee-for-service (FFS) physician payments including automated age premiums;
- Office based technical fee-for-service physician payments (excluding hospital technical fees);
- Facility fees paid to Independent Health Facilities; and
- Specialist physician contract payments which are tied to the OHIP claims system through shadow billing.

Program and Specialist Contract-Based Payments

- Academic Health Sciences Centres Alternative Funding Plan Contracts
- Alternative Payment Plan Contracts
- Assertive Community Treatment Teams (ACTT)
- Clinical Decision Unit (CDU)
- Community Palliative Care On-Call Coverage
- Complex Continuing Care On-Call Coverage
- Consent and Capacity Board
- Divested Provincial Psychiatric Hospitals Top-Up Funding
- Hospital On-Call Coverage Program
- Hospital Paediatric Stabilization Program
- Laboratory Uniform Minimum Level of Compensation
- Mental Health Sessional Payments
- Ministry of Attorney General Payments (Sexual Assault and Blood Drawing)
- Ministry of Children, Community and Social Services Payments (K Codes)
- Ontario Fertility Program
- Ontario Physician Locum Programs (Emergency Department Locum Program, Northern Specialist Locum Program, Rural Family Medicine Locum Program)
- Ontario Review Board
- Ontario Virtual Care Program (formerly Ontario Telemedicine Network) Payments
- Ottawa Paediatric Locum
- Periodic Ocular Visual Assessment (POVA)
- Physician On-Call in Long-Term Care Homes
- Pregnancy and Parental Leave Benefit Program
- Psychiatric Stipend Funding

- Public Health Physicians - Sexually Transmitted Infections (STI) Payments
- Public Health Unit Top-Ups
- Rural and Northern Physicians Group Agreement (RNPGE) Vacancy Locum Program
- Rural Medicine Investment Program
- Tuberculosis for Uninsured Persons (TB-UP) Payments
- Underserved Area Program - Northern Physician Retention Initiative
- Underserved Area Program - Northern RRRI
- Underserved Area Program - NS Physician Outreach
- Underserved Area Program - Psychiatry Outreach
- Underserved Area Program - Visiting Specialist Clinic Program

Primary Care Models and Programs

The following Primary Care models and programs will receive the compensation increase on eligible physician payments:

- Aboriginal Family Health Team (AFHT)
- Aboriginal Health Access Centres (AHAC)
- Blended Salary Model (BSM)
- Blended Salary Model (BSM) - Income Stabilization
- Community Health Centres (CHC)
- Comprehensive Care Model (CCM)
- Family Health Group (FHG)
- Family Health Network (FHN)
- Family Health Network (FHN) - Income Stabilization
- Family Health Organization (FHO)
- Family Health Organization (FHO) - Income Stabilization
- Family Health Team Specialist Sessional Groups (FHTSSG)
- General Practitioner Focus Practice - Care of the Elderly Model 1 (GPFP-COE1)
- General Practitioner Focus Practice - Care of the Elderly Model 2 (GPFP-COE2)
- General Practitioner Focus Practice - HIV (GPFP-HIV)
- General Practitioner Focus Practice - Palliative Care (GPFP-PC)
- Group Health Centre (GHC)
- Group Health Centre (GHC) - Specialists
- Inner City Health Associates (ICHA)
- Indigenous Interprofessional Primary Care Teams (IIPCT)
- Institutional Substitution Program (ISP)
- New Graduate Entry Program (NGEP)
- Nurse Practitioner Physician Collaboration Program (Primary Care and NPLC)
- Office Practice Administration (OPA)
- Rural and Northern Physicians Group Agreement (RNPGE)
- Shelter Health Network (SHN)
- Sherbourne Physician Group (SPG)
- Sioux Lookout Regional Physicians Services Inc. (SLRPSI)
- St. Joseph's Health Centre (SJHC)
- Toronto Palliative Care Associates (TPCA)
- Weeneebayko Area Health Authority (WAHA)

Exclusions

The following physician specialties, programs and payments are excluded from receiving a compensation increase payment for Year 1:

- Hospital Technical Fees

Payment dates for the 2021-2022 compensation increase payments

- The ministry will process most one-time compensation increase payments in January 2023 for payment in the month of February 2023.
- Physicians and groups who receive an RA will see the payment deposited on or about February 14, 2023. The payment will be reported on the RA under accounting adjustment "21PA – 2021-2022 Increase".
- Physicians, groups and other facilities that receive payments under other payment programs will receive their compensation increase payments based on the regularly scheduled monthly payment date or as a one-time payment in February 2023.

2021-2022 compensation increase payments to retired or deceased physicians

- The ministry will deposit the compensation increase payments to the solo bank account on file where the bank account has remained open.
- Where bank account details are not available, a cheque will be issued payable to the solo physician or to the "Estate of" in the event the physician is deceased.
- Cheques will be sent to the same address on file with the ministry that was used for the RA.

No changes to the Schedule of Benefits

The 2021-2022 compensation increases are one-time payments and do not increase physician compensation amounts in funding agreements or fee code values in the Schedule of Benefits.

Appeals Process

The percentage increase and the compensation increase payments have been calculated based on the methodology agreed to between the ministry and the OMA in accordance with the PSA.

As such, the agreed-to methodology between the ministry and the OMA does not provide for an appeal process for physicians who received a compensation increase payment and are disputing the amount of the payment that they received.

The methodology is as follows, a lump sum equivalent to a 1.0 percent increase to all physician payments set out in Section 21(a) of the Binding Arbitration Framework (BAF), except hospital technical fees and OPIP.

Keywords/Tags

Physician Services Agreement; PSA; physicians; payments

Contact Information

Do you have questions about this INFOBulletin? [Email the Service Support Contact Centre](mailto:SSContactCentre.MOH@ontario.ca) <<mailto:SSContactCentre.MOH@ontario.ca>> or call [1-800-262-6524](tel:1-800-262-6524).
<<tel:1-800-262-6524>>

For More Information

Call **ServiceOntario**, INFOLine at:

[1-866-532-3161](tel:+1-866-532-3161) <tel:+1-866-532-3161> (Toll-free)

In Toronto, [\(416\) 314-5518](tel:416-314-5518) <tel:416-314-5518>

TTY [1-800-387-5559](tel:+1-800-387-5559) <tel:+1-800-387-5559>.

In Toronto, TTY [\(416\) 327-4282](tel:416-327-4282) <tel:416-327-4282>

Hours of operation: Monday to Friday, 8:30am – 5:00pm