

2024-2028 PSA Summary

Quick Reference Guide

This quick reference guide will provide you with key information and an implementation timeline for the 2024-2028 Physicians Service Agreement (PSA) affecting family physicians.

Deliverable	Impact	Date
FHO Managed Entry	The current monthly allowance of 60 physicians, who are permitted to join FHOs across Ontario, will continue into years 2, 3, and 4 of the PSA. Any unused spots will roll over to the following year, and the FHG to FHO transition will also be exempt from the managed entry.	April 1 st , 2026
Compensation Increases	Year 1: 9.95% increase + 2.8% increase = compound increase of 13.03% (implemented increase for services from April 1st, 2024 - March 31, 2025, and January 1st, 2025 - March 31st, 2025).	January 1 st 2025 and November 1 st 2025
	Year 2: 11.75% relativity increase for all fee-for-service and automated payments (e.g., capitations, special premiums, fee-for-service payments for the services rendered, shadow billing payments, etc.) replaced the previous 13.03% increase for FHO physicians	No specified date for payout, but will apply to services from April 1 st 2025-March 31 st 2026
	Years 2-4 of the 2024-28 PSA will provide a 9.5% total increase in physician compensation, including general increases and targeted physician compensation increases. The Board of Arbitration awarded the following in Sept 2025: 7.3% Year 2 (2025/2026): 2.8% Year 3 (2026/2027): 2.5% Year 4 (2027/2028): 2% In addition, there is a further 2.2% in targeted physician compensation increase (both agreed and awarded) over years 2, 3, and 4. Part of each year's increase will be paid to physician specialties or groups based on relativity, with the remainder paid across-the-board.	Starting April 1 st 2026

Updated FHO Model (FHO+)	Refer to our blogs on the FHO+ Model, including arbitration updates. Understanding the Proposed FHO+ Model: What Ontario Physicians Need to Know The New FHO+ Model: Arbitration Updates Explained	Starting April 1 st , 2026
Patient Attachment Bonus	Established physicians and new graduates will receive a bonus ranging from \$100-\$270 per patient for rostering unattached patients.	Effective July 1 st , 2025
FHG Premium Increases	Currently, FHG physicians receive a 10% premium on their fee-for-service billing. With the 2024-28 PSA, they will see an increase in the FHG premium to 15% effective April 1st 2026 , and will then be increased to 20% starting April 1st, 2027 .	Effective April 1 st 2026
Virtual Care Proposal	The Ontario Medical Association (OMA) recommends updates to the OHIP Schedule to support more flexible billing for virtual care services. Specifically, allowing physicians working in shared care models, such as specialists and General Practice Physicians (both GPP and GPFP), to bill comprehensive virtual care codes when they collaborate within the same group practice. These groups would need to be capable of providing in-person visits at the same hospital, clinic, or facility, ensuring that patients have access to direct physical care when needed. Additionally, all physicians within the group should have access to the patient's medical records.	No specified date
Manual Review Proposal	The OMA proposes to revise the Claims Adjudication Subcommittee's (CASC) terms of reference as outlined below in order to address concerns around manual review: • Implement the ability to track claims under review on the Remittance Advice (RA) report; • Establish a 3-month deadline on MOH to respond to billing claims, similar to deadlines on physician claim submissions or payment is made in full; • Review and update the explanatory and error codes currently posted on the internet, and more.	No specified date

Good Faith Proposal	The OMA proposes to restore the former “Good Faith” payment policy or an equivalent policy. Specifically, the OMA is looking to implement a “good faith” payment policy in the following three scenarios: 1) Newborns: Allow all claims made under a Pre-Assigned Health Number (PAHN) for newborns, issued as per guidelines in the “Infant Registration Program Manual for Birthing Hospitals” document, to be eligible for payment for a period of 90 days. 2) Ontario residents who are OHIP eligible but do not have a valid health coverage and/or documentation: Provide a generic billing number to be used for these individuals. 3) Individuals presenting in critical conditions who are unable or who have nobody able to provide any information on their health coverage or related documentation: Provide a generic billing number to be used for these individuals, specific to critical conditions.	No specified date
Technical Fees Proposal	The OMA proposes that technical fees (including Integrated Community Health Service Centre facility costs) be increased to cover the cost of providing diagnostic services and procedures, and to allow for future investment in new equipment, encouraging the use of technologies that best serve the needs of Ontario patients.	No specified date
Schedule of Benefits Improvements	Gender pay gap Schedule of Benefits proposal: to respond to established gender-based disparities in physician payments, it was agreed to take steps necessary to achieve gender pay equity. Three examples include: new fee for pelvic exam with speculum, alignment of surgical procedures fee values related to male and female reproductive organs, and a new time-based add-on fee to A007 assessment exceeding 20 minutes in duration. New services resulting from medical innovation/technological advances Schedule of Benefits proposal: adding new fee codes to reflect new medical procedures and diagnostic tests, including: 3D modelling, Ultrasound Elastography Evaluation of Liver, Digital Breast Tomosynthesis and more. Fee schedule modernization proposal: the OMA proposes to give the Schedule of Benefits a modernized look and make the information provided to physicians clearer by revising the language, introducing new fee codes and revising the requirements and definitions for existing ones.	No specified date

Disclaimer: This guide is based on the OMA Arbitration Brief for Years 2, 3 and 4. All details are subject to change at any time. Physicians should consult with their professional associations for the most current information and personalized advice.