Why is RMA replacing WebSTAR?

RMA is implementing a new, modern billing platform to replace WebSTAR and its' underlying systems, which are legacy systems that are fragmented, not scalable and no longer meet physician needs. A new system will provide a single, authoritative source for billing data and significantly improve physician experience, transparency, and workflow efficiency.

I thought RMA was planning to white-label CabMD. What happened with this project?

RMA's plan was to white-label CabMD as part of our plan to launch a new Integrated Suite of Products for physicians. The Board made the decision to terminate our contract with CabMD based on multiple failures of the company to successfully implement this new software and findings of a post mortem analysis conducted by RMA. The termination of this contract came at NO cost to physicians.

Why isn't RMA pursuing white-labeling other commercially available software?

To service our Member Physicians, RMA requires significant customizations and configurations to existing commercially available products. Existing products aren't necessarily built for physicians practicing in Group Practices. RMA evaluated commercial platforms but found that they do not adequately support academic group practice models and may require customizations that would prove too costly. Others were supported by very small development teams who may not be committed to the product development roadmap required by RMA.

Why is RMA exploring developing a solution with Ontario Tech University?

RMA is exploring the development of a new proprietary Billing Solution with Ontario Tech University. RMA is exploring this opportunity based on several factors.

- Ontario Tech had worked at HHS to develop and implement various software solutions
- Dr. Carolyn McGregor, a Canada Research Chair, has a lengthy track record of successful commercialization including work done in the Australian banking industry and for large Australian retailers.
- The Plan includes leveraging grants and would be done on a not-for-profit basis, meaning the work for the build of the Minimal Viable Product could be funded through Reserve funds within RMA.
- These Reserve funds stem from money set aside by RMA over the past decade aimed at funding technology solutions. The source of the funds stems from year-over-year profits in RMA's for-profit arm (RMA Inc), small amounts of restricted funds provided to RMA for technology upgrades and of course the aforementioned grant.

- RMA believes that this Partnership approach, ensuring longitudinal development and control over product development (based on Hamilton's academic physician feedback) is a better long-term model.

What will the initial release of the software look like? What features will it have?

The Minimum Viable Product (MVP) refers to the first safe, compliant production release that includes core billing functionality required for go-live. It does **not** represent the final product. Any system will continue to evolve through frequent post-go-live enhancements informed by physician feedback. An initial, piloted release would be an MVP product delivering, at a minimum, functionality equivalent to Webstar with product enhancements released shortly after.

NEW: I am not sure physicians would be satisfied with a Webstar-like product. Who decides post-launch feature prioritization, and will physicians have input?

RMA would make final decisions, informed by standard project criteria. A Physician Advisory Panel would be re-established to shape the post-launch product roadmap with the goal of delivering a product with features physicians expect in a reasonable timeline.

UPDATE: What are the timelines for product release? Will RMA publish a product roadmap with staged release details?

As RMA is still in initial phases of work, no timeline is available currently. If RMA proceeds to application development, we will inform timelines as soon as possible. RMA would be committed to communicating a clear product roadmap to its' member physicians.

NEW: What stage is the new billing system currently in? The project is nearing completion of its foundational work phase. This includes UX prototype development, data model refinement, and requirement validation. Once this phase is complete, RMA will **make key decisions related to moving forward toward** application development. It is anticipated that as RMA moves forward into this new phase, further information and increased opportunities for physician involvement will be available.

How do we know this software development effort will be different or successful?

The current initiative has been designed to incorporate lessons learned from previous efforts. Key differences include:

- ***Governance and oversight:***
  The Board has active oversight and visibility into this project. Work with Ontario Tech is proceeding cautiously, with staged decisions rather than early fixed commitments.
- ***Technical approach:***
  The backend architecture is being designed using modern, scalable principles. Formal concurrency and stress testing are planned to identify issues before go-live.
- ***Delivery model:***
  The system will be developed using a Minimum Viable Product (MVP) approach, with incremental releases following initial deployment. This supports earlier validation, reduces delivery risk, and allows physician feedback to inform future enhancements.
- ***Specific Commentary on Load and Concurrency Testing*:**
  As a development partner (not a white-label customer), RMA has full back-end visibility and the right to independently verify all testing before any release.

Will physicians be involved in designing and testing any new system?

Yes. As was the case previously, when ready, RMA will establish a Physician Advisory Group.. Physician input is considered essential to the success of the system.

Will a new RMA billing system integrate with Epic or other EMRs?

RMA agrees this is essential to any new physician billing system. The requirements matrix developed by RMA highlights this as an essential feature in a new system. In a staged development (MVP approach), EMR integration will initially be very limited however, deeper Epic and upstream clinical workflow integrations will be planned for future releases.

Will this change how physicians bill through EMRs like Accuro or OSCAR?

No. A new billing system will be required to ingest billing data from existing EMRs, similar to current workflows. Physicians should not need to change how they generate bills in their EMR.

What will be different for physicians' day to day?

Based on RMA's requirements matrix for the new billing system, physicians will gain visibility into claim status, actions taken on claims, and timelines, as well as the ability to communicate with billing staff directly within the application. A new system will additionally streamline claim creation.

NEW: Will the system support task delegation to assistants or administrative staff?

Supporting delegation is a key design consideration. The goal is to reduce physician burden by enabling qualified delegates to perform appropriate billing tasks.

Will the system support complex OHIP billing rules?

Yes. The goal will be for the system to not only manage complex OHIP billing rules but will move complex logic into clearer, front-end workflows rather than backend manual handling.

How will the system reduce errors and rejections?

The system will use improved interfaces and built-in validation tools to reduce manual errors and lower rejection rates. Reducing error-driven rejections is a defined project success metric.

What is RMA doing differently in the future in terms of frequency of claim submissions?

- Claims will be submitted to MOH **daily**
- Claims with **no flagged errors** may bypass manual review and be automatically assigned as **"Ready for MOH"**
- This aims to:
    - Reduce delays
    - Improve efficiency
    - Maintain billing accuracy

What training will be provided?

As done previously, RMA will deliver training materials, documentation, SOPs, and before go-live for physicians and delegates.

NEW: Is the new software being commercialized? What is RMA's ownership stake?

An arm's-length company would be created to house the software. RMA would endeavour to hold a majority share of the company with accompanying majority shareholder rights. Profits would flow back to benefit Hamilton's academic medicine community.

NEW: How will the CRM, billing, and finance systems work together? RMA is building an integrated digital environment made up of three interconnected systems. The CRM stores physician data and manages account setup. The billing system handles claims processing and generates billing reports. The finance system tracks revenue and produces financial statements. All three systems are designed to share data seamlessly, reducing manual entry, improving accuracy, and providing physicians with a more unified experience.

NEW: What is Auth0 and what will it mean for how I log in? Auth0 is a multi-factor authentication and single sign-on solution that RMA previously implemented across its platforms. i As RMA moves forward through its Transformation Program, the use of this tool will become increasingly important as physicians will be able to log in once and securely access all RMA systems — including billing, finance, and the portal — without needing separate credentials or VPN access. It is anticipated that this MFA tool will be leveraged to support interim solutions as well including access to RMA's current Physician Portal which will replace the current requirement to use McMaster's VPN to access the portal.