

GUIDE FOR IMPLEMENTATION OF A BLOCK FEE PLAN

Dear Doctor,

You and your associates (if applicable) may decide to offer all of your patients the option of paying a block fee to cover the cost of services not insured by the Québec health insurance board (RAMQ). The FMOQ would like to encourage you to consider all of the implications of such a decision and has therefore enclosed a series of documents that we hope you will be able to use as models in the application of such a block fee plan for non-insured services.

Enclosed you will find:

- a sample letter addressed to your patients;
- a document entitled: *General conditions applicable to the annual block fee plan*;
- a typical list of services that could be covered by the block fee, with their unit costs indicated in the margin, so that patients can determine for themselves whether or not it would be advantageous for them to join the block fee plan;
- a sample application form for the block fee plan.

As you consider this option, we suggest that you:

- meet with your colleagues to determine the form that the block fee plan will take in your clinic (its value and the different options that will be offered to patients);
- plan for the administration of the block fee in your clinic (presentation, filing, identification of plan members, computer utilization, renewal);
- ensure the appointment of a person who will be responsible for administering this plan in your clinic (who will, among other duties, provide the necessary explanations to patients). This person should not be one of the physicians working in the clinic;
- determine how you would prefer to inform your patients of this offer to join the block fee plan (secretary, a mass mailing, etc.)

It goes without saying that the documents enclosed here that are intended for your patients may vary in terms of their form. You must bear in mind, however, that in the October 1999 issue of its newsletter, the Collège des médecins du Québec informed the medical community of its minimum requirements concerning the introduction of a block fee system. They include the following:

- membership will have to be for a fixed period of one (1) year;
- consent of the participant will have to be clear and he/she must have received explanations as to the nature of the block fee, the services that it covers, and those that are excluded;
- a person other than a physician will assume responsibility for providing explanations and handling the appli-

cation forms for the plan;

- patients must have the option of canceling their participation before two-thirds of the one-year membership has elapsed, with reimbursement of a pro-rated sum;
- the services offered for the block fee will have to be in accordance with the *Loi sur l'assurance-maladie du Québec* (Act respecting health insurance), its regulations, as well as the agreement between the FMOQ and the MSSS;
- a physician's professional practice in terms of the quality of care provided and availability must not be influenced by a patient's decision to join to the plan or not.

The documents that we are providing satisfy the minimum conditions of acceptability issued by the Collège in so far as:

- the sample letter to patients explains the nature of the block fee, how to evaluate whether or not it is advantageous for them to join the plan, as well as how to get answers to their questions;
- the general conditions of membership in the annual block fee plan clearly indicate its scope, the type of coverage, its duration, excluded services, and cancellation and renewal policies;
- the sample list of non-insured services that are covered by the block fee allows potential plan members to consider the scope of the plan and, using the unit costs that are listed on it, patients can compare the cost of the block fee to that of paying for the services individually;
- the application form is simple and includes a space allowing the patient to renew his membership in the plan.

The name of the attending physician will be indicated on the application form, and the physician will take care to sign the form once the patient has completed it and returned it to the clinic.

While patients usually have their personal physician, it should be made clear that in the absence of one of their colleagues, the other physicians working in the clinic would have to provide the services included in the block fee plan (when these services are required) while taking their availability into account. The very principle of the block fee plan implies the existence of such a collegial relationship, especially at this time, when many clinics offer their patients walk-in hours.

We hope that you find this information useful if you decide to implement a block fee plan for your patients.

Sincerely

Hugues Bergeron, M.D.

Date

Patient XYZ
Address

RE: Offer to join an annual block fee plan to cover medical services that are not insured by the Québec health insurance board (RAMQ)

Dear Patient,

You are most probably aware that the provincial health insurance plan does not cover all medical or medical-administrative services that physicians in Québec provide.

You have probably already paid for certain services that I have been called upon to provide for you at one time or another. A few examples of these are a telephone consultation, completion of certain reports, a medical examination required by a new employer, and renewal of a prescription when no examination was performed.

With the goal of facilitating the administration of non-insured services that you generally pay for directly, I am now offering you the possibility of joining an annual block fee plan. A single annual payment will cover all or part of the medical services that are not insured by the RAMQ.

It is up to you to figure out whether it would be to your advantage to join such a plan. If you anticipate that during the year you will need many non-insured services, it may be more advantageous for you to join the proposed block fee plan. Using the enclosed list of services that indicates the unit cost of each of the services that are not insured under the health insurance plan, you will be able to figure out if it would be more economical for you to join. All you have to do is compare this list with the cost of the annual block fee. Take the time to carefully evaluate which formula would best suit your needs.

For more information about this new annual block fee plan, please contact the staff at my clinic. They will be happy to answer your questions.

Sincerely,

Dr. So and So

**LIST OF NON-INSURED SERVICES COVERED BY THE ANNUAL BLOCK FEE
(WITH THEIR UNIT COST FOR COMPARISON PURPOSES)**

(UNIT COST)

ADMINISTRATIVE AND MEDICAL-ADMINISTRATIVE SERVICES

HEALTH CERTIFICATE.....	(___\$)
CERTIFICATE OF ABSENCE	(___\$)
CERTIFICATE FOR RETURN TO WORK	(___\$)
MEDICAL REPORTS ON SPECIAL FORMS:	
● DRIVER'S LICENSE	(___\$)
● DISABILITY INSURANCE	(___\$)
● UNEMPLOYMENT INSURANCE	(___\$)
● QUÉBEC PENSION PLAN	(___\$)
● SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC (SAAQ) (THE SAAQ REIMBURSES THE PATIENT FOR THE FIRST \$25).....	(___\$)
COMPLETION OF REQUEST FORMS FOR SPECIAL MEDICATIONS NOT ON THE ROUTINE FORMULARY	
WRITING A MEDICAL RECORD SUMMARY.....	(___\$)
TELEPHONE CONSULTATION.....	(___\$)
CONSULTATION FOR RENEWAL OF A PRESCRIPTION WHEN AN INSURED SERVICE IS NOT PROVIDED.....	(___\$)
PHOTOCOPIES.....	(___\$)
DRIVER'S LICENSE INCLUDING THE NON-INSURED MEDICAL EXAMINATION.....	(___\$)
CAMPS, SPORTS CLUBS, TEACHING INSTITUTIONS, INCLUDING THE NON-INSURED MEDICAL EXAMINATION.....	(___\$)
LONG-DISTANCE TELEPHONE CALLS.....	(___\$)

MEDICATION AND MEDICAL SUPPLIES

XYLOCAINE FOR LOCAL ANESTHESIA DURING STITCHING.....	(___\$)
MEDICATION APPLIED TO WOUNDS	(___\$)
INJECTABLES	(___\$)
MEDICATION FOR INFILTRATION	(___\$)
LIQUID NITROGEN	(___\$)
HEPATITIS B VACCINE.....	(___\$)
IUD.....	(___\$)
SPLINT, CAST AND TAPING FOR IMMOBILIZATION	(___\$)
ACE BANDAGE.....	(___\$)
URINALYSIS STICKS	(___\$)

GENERAL CONDITIONS APPLICABLE TO THE ANNUAL BLOCK FEE PLAN

1. The annual block fee plan is designed to cover the cost of services not insured by the Québec health insurance board (Régie de l'assurance-maladie du Québec).
2. Membership in the plan is for a period of one (1) year from the date of payment, and may be renewed by the participant.
3. The annual block fee covers all of the non-insured services appearing on the list. The annual block fee does not cover services relating to:
 - medical-legal reports and expertise related to them;
 - requests for information or summaries of records required by an insurance company or a third party;
 - court testimony and review of records and interviews relating to it;
 - services required by a third party (including non-insured medical examination) for proof of insurability, pre-employment or employment.
4. The member may choose a block fee that ensures basic coverage or one that ensures complete coverage (see List of non-insured services covered by the annual block fee)
5. The member may choose a block fee covering an individual, a couple, or a couple and their dependent children.
6. The member may cancel his participation in the block fee plan before two-thirds of its term has elapsed, and will be reimbursed on a pro-rated basis for the period of time remaining.
7. Membership in the block fee plan is for a fixed period of one year, but is renewable for an equivalent period, under the same or new conditions, with the member's written consent.
8. In the absence of the member's attending physician, the services covered by the annual block fee will be provided free-of-charge by the other physicians practicing in the clinic, but taking their availability into account.

**XYZ MEDICAL CLINIC
APPLICATION FORM FOR ANNUAL BLOCK FEE**

NAME OF PHYSICIAN _____
NAME OF MEMBER _____
NAME OF SPOUSE (if applicable) _____
NAME(S) OF DEPENDENT CHILD(REN) (if applicable) _____

CHOICE (check one)

BASIC ANNUAL BLOCK FEE

ADMINISTRATIVE AND MEDICAL-ADMINISTRATIVE SERVICES

- Individual _____ \$
- Couple _____ \$
- Couple and dependent children _____ \$

COMPLETE ANNUAL BLOCK FEE

ADMINISTRATIVE, MEDICAL-ADMINISTRATIVE,
MEDICATION AND MEDICAL SUPPLIES

- Individual _____ \$
- Couple _____ \$
- Couple and dependent children _____ \$

I hereby declare that I have received and understood all of the information about the general conditions of membership in the annual block fee plan.

SIGNATURE _____ DATE: _____

PHYSICIAN'S SIGNATURE _____ DATE: _____

Return with your full payment to (address)

RENEWAL

I renew my membership for an additional one (1) year

SIGNATURE _____ DATE: _____