Annual Report
2021/2022

First Nations and
Inuit Health Branch

NON-INSURED HEALTH BENEFITS PROGRAM

Indigenous Services Canada
Services aux Autochtones Canada

Canada

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1 Overview

The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on reserve or in the community of residence. This report covers the 2021 to 2022 fiscal year. A fiscal year runs from April 1 to March 31. During 2021 to 2022, NIHB provided access to benefits coverage for 915,895 eligible clients.

In line with Canada's commitments under the United Nations Declaration of the Rights of Indigenous Peoples and the Truth and Reconciliation Commission's Calls to Action, Indigenous Services Canada (ISC) works with Indigenous organizations including the Assembly of First Nations and the Inuit Tapiriit Kanatami, to advance shared priorities focused on improving and closing the gaps in health outcomes for Indigenous Peoples.

Now in its twenty-eighth edition, the 2021 to 2022 NIHB Annual Report provides national and regional data on the NIHB program client population, expenditures, benefit types and benefit utilization. This Report is published in accordance with the NIHB program's performance management responsibilities and is intended for the following target audiences:

- **First Nations and Inuit organizations and governments at community, regional and national levels;**
- **Regional and Headquarters managers and staff of Indigenous Services Canada; and**
- **Others in government and in non-government organizations with an interest in the provision of health services to First Nations and Inuit communities.**

British Columbia Tripartite Agreement

The British Columbia Tripartite Framework Agreement on First Nation Health Governance was signed by Canada, the First Nations Health Council (FNHC) and the British Columbia Ministry of Health on October 13, 2011. Consistent with the commitments set out in the Framework agreement, between July 2, 2013 and October 1, 2013 the First Nations Health Authority (FNHA) assumed responsibility for the design, management, delivery and/or funding of the delivery of health services to First Nations residing in British Columbia. Since that time, First Nations individuals residing in BC have received their health benefits through the FNHA's Health Benefits Program, which replaced the NIHB program in BC.

2 Client Population

To be an eligible client of the NIHB program, an individual must be a resident of Canada and one of the following:

- **a First Nations person who is registered under the *Indian Act***
- **an Inuk recognized by an Inuit Land Claim organization**
- **a child less than 24 months old whose parent is a registered First Nations person or a recognized Inuk**

As of March 31, 2022, there were 915,895 First Nations and Inuit clients eligible to receive benefits under the NIHB program, an increase of 1.9% from March, 2021.

First Nations and Inuit population data are drawn from the Status Verification System (SVS) which is operated by the NIHB program. SVS data on First Nations clients are based on information provided by Indigenous Services Canada. SVS data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

Amendments to the *Indian Act* have meant that more individuals are able to claim or restore their status as registered Indians. *The Gender Equity in Indian Registration Act*, which came into force on January 31, 2011, and *An Act to amend the Indian Act in response to the Superior Court of Quebec decision in Descheneaux c. Canada*, which came into force December 12, 2017, aim to eliminate known sex-based inequities in registration. Additonal amendments came into force on August 15, 2019 which eliminated the 1951 cut-off provision of the *Indian Act* in order to extend entitlement to grandchildren born or adopted prior to September 4, 1951. Because of this, many people became entitled to be registered as an Indian in accordance with the *Indian Act*. Once registered, these individuals are eligible to receive benefits through the NIHB program.

The creation of the Qalipu Mi'kmaq First Nations band was announced on September 26, 2011 as a result of a settlement agreement that was negotiated between the Government of Canada and the Federation of Newfoundland Indians (FNI). Through the formation of this band, members of the Qalipu Mi'kmaq became recognized under the *Indian Act* and eligible for registration.

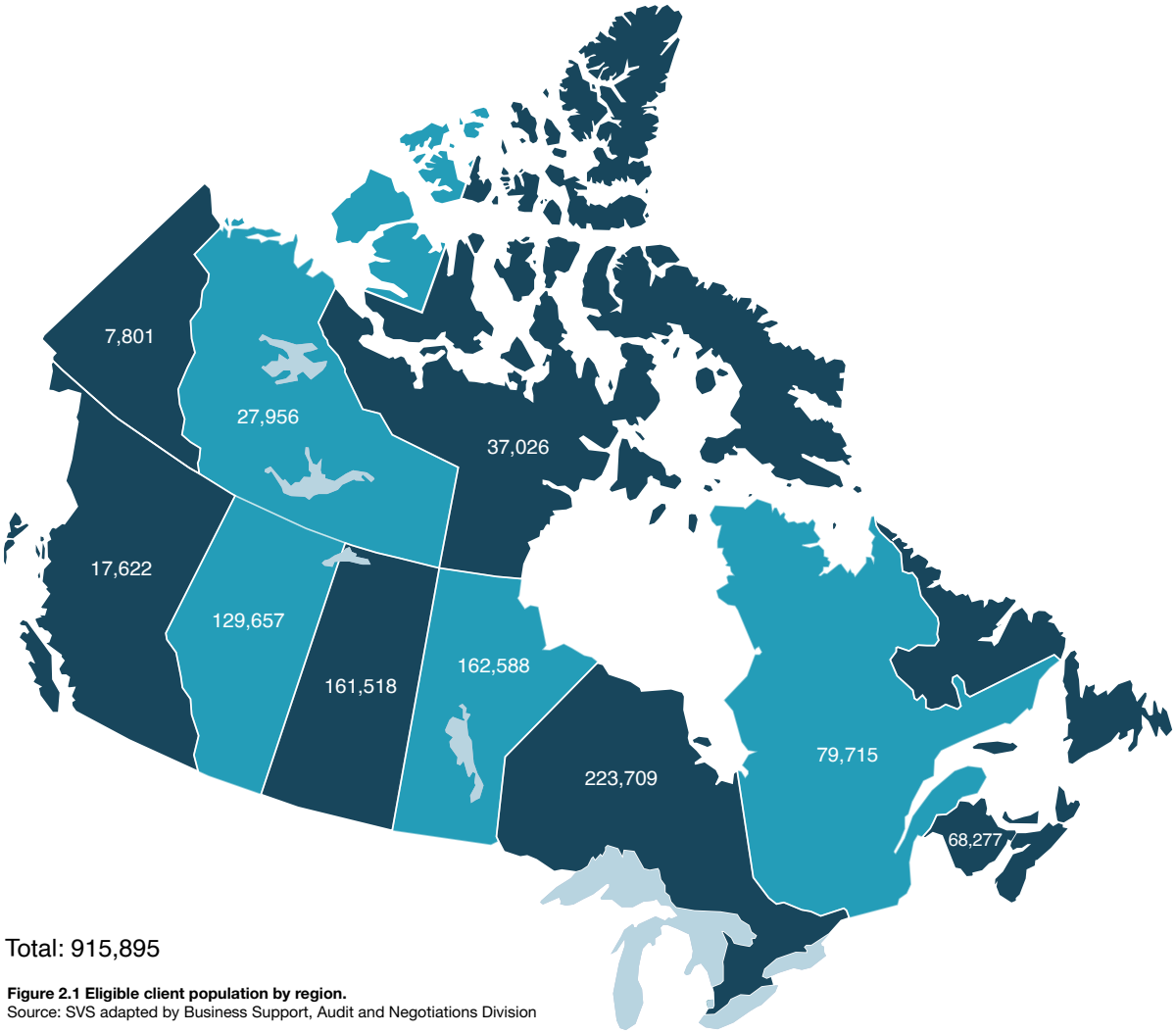
2

Eligible client population by region

March 2022

The Ontario region had the largest proportion of the eligible population, representing 24.4% of the national total, followed by the Manitoba Region at 17.8% and Saskatchewan at 17.6%.

Note that population values are based on region of band registration, which is not necessarily the client's current region of residence. The majority of British Columbia clients previously covered by the NIHB program are now covered by the B.C. First Nations Health Authority (FNHA) and are not represented in this chart. The remaining NIHB clients in B.C. are Inuit clients, or clients associated with B.C. bands, but residing in other provinces and territories of Canada, where they are covered under the NIHB program.



Total: 915,895

Figure 2.1 Eligible client population by region.
Source: SVS adapted by Business Support, Audit and Negotiations Division

Eligible population by client type and region

March 2021 and March 2022

Of the 915,895 total eligible clients at the end of the 2021 to 2022 fiscal year, 864,642 (94.4%) were First Nations clients while 51,227 (5.6%) were Inuit clients. The number of First Nations clients increased by 1.9% and the number of Inuit clients increased by 1.3%

From March 2021 to March 2022, Quebec had the highest percentage change in total eligible clients with a 4.8% increase, followed by British Columbia and Ontario with increases of 3.5% and 2.3% respectively.

Region	First Nations		Inuit		Total		% Change
	March 2021	March 2022	March 2021	March 2022	March 2021	March 2022	2021 to 2022
Atlantic	66,351	67,839	431	438	66,782	68,277	2.2%
Quebec	74,319	77,824	1,766	1,891	76,085	79,715	4.8%
Ontario	217,907	222,813	877	896	218,784	223,709	2.3%
Manitoba	160,719	162,346	235	242	160,954	162,588	1.0%
Saskatchewan	158,693	161,423	92	95	158,785	161,518	1.7%
Alberta	127,490	128,891	740	766	128,230	129,657	1.1%
British Columbia	16,628	17,214	391	408	17,019	17,622	3.5%
Yukon	7,598	7,659	144	142	7,742	7,801	0.8%
N.W.T.	18,542	18,633	9,305	9,323	27,847	27,956	0.4%
Nunavut	0	0	36,611	37,026	36,611	37,026	1.1%
National	**848,247**	**864,642**	**50,592**	**51,227**	**898,839**	**915,895**	**1.9%**

Table 2.1 Eligible population by client type and region. Source: SVS adapted by Business Support, Audit and Negotiations Division

2

Eligible client population over time

March 2012 to March 2022

Over the past 10 years, the total number of eligible clients in the SVS has decreased by 1.1%, from 926,044 in March 2013 to 915,895 in March 2022.

NIHB client population was significantly impacted during this period by the creation of the FNHA in British Columbia, which resulted in approximately 133,430 clients in B.C. being removed from the NIHB client population when they became eligible to receive benefits through the FNHA.

Over the past five years, the NIHB program's total number of eligible clients increased by 7.4% from 867,749 in March 2018 to 915,895 in March 2022. Quebec had the largest increase in eligible clients over this period, with a growth rate of 12.4%. Saskatchewan and Ontario followed with growth rates of 8.4% and 7.9% respectively.

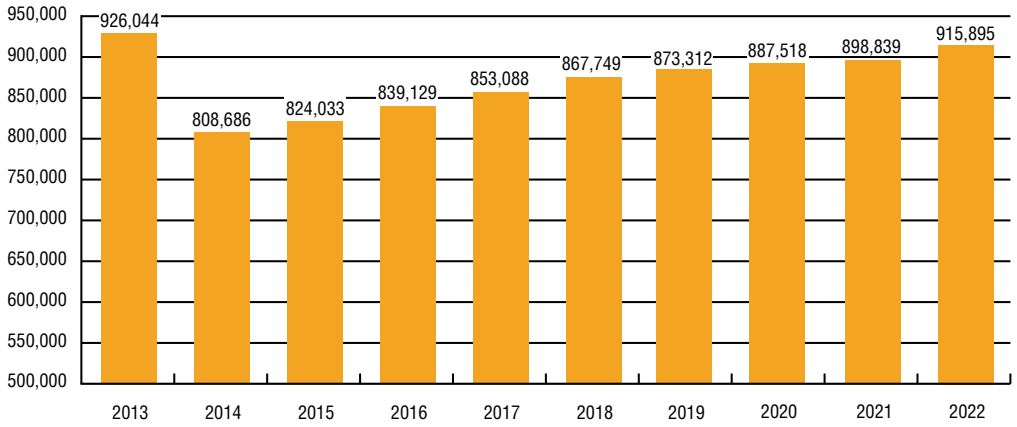


Chart 2.1: Eligible client population, March 2013 to March 2022.
Source: SVS adapted by Business Support, Audit and Negotiations Division

Region	March 2018	March 2019	March 2020	March 2021	March 2022
Atlantic	65,573	63,873	65,335	66,782	68,277
Quebec	72,151	72,882	74,346	76,085	79,715
Ontario	210,295	212,176	215,751	218,784	223,709
Manitoba	155,850	157,325	159,862	160,954	162,588
Saskatchewan	152,324	154,323	157,162	158,785	161,518
Alberta	123,812	125,209	127,098	128,230	129,657
B.C.	18,184	17,417	16,561	17,019	17,622
Yukon	7,604	7,579	7,673	7,742	7,801
N.W.T.	26,877	27,771	27,816	27,847	27,956
Nunavut	35,079	34,757	35,914	36,611	37,026
Total	**867,749**	**873,312**	**887,518**	**898,839**	**915,895**
Annual % change	**1.7%**	**0.6%**	**1.6%**	**1.3%**	**1.9%**

Table 2.2: Eligible client population by region, March 2018 to March 2022. Source: SVS adapted by Business Support, Audit and Negotiations Division

Annual population growth, Canadian population and eligible client population

2013 to 2022

From 2013 to 2022, the Canadian population increased by 10.8% while the NIHB eligible First Nations and Inuit client population decreased by 1.1%. Factoring out the impact of the removal of FNHA clients, the NIHB ten year eligible population increase was 20.0%, with an average annual growth of 1.8%.

The higher than average NIHB program client population growth rate in 2013 can be attributed to the registration of clients newly eligible under Bill C-3, and to new Qalipu Mi'kmaq First Nations clients in the Atlantic Region.

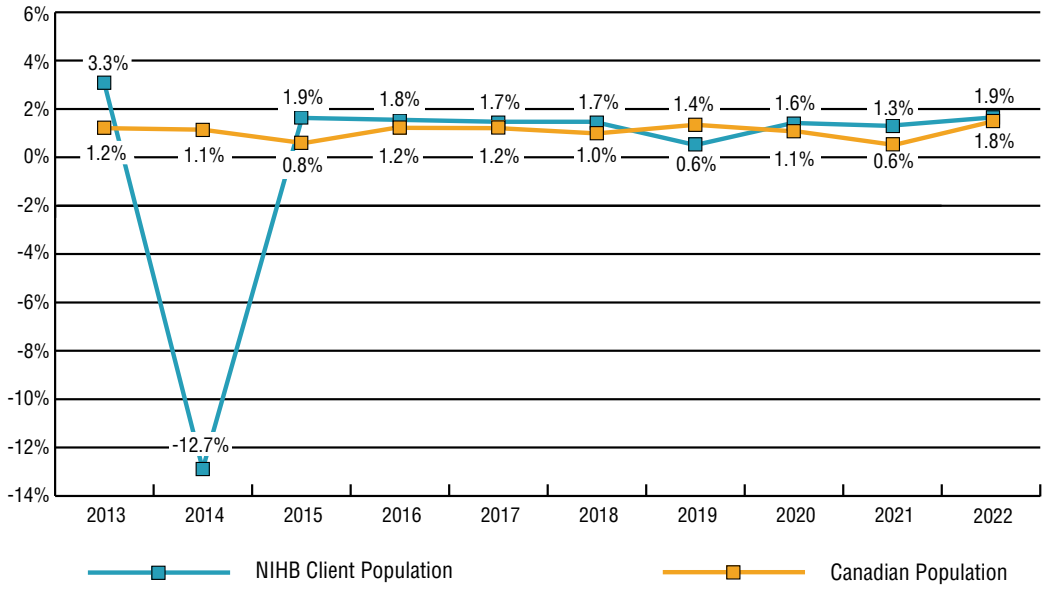


Chart 2.2: Annual population growth, Canadian population and eligible client population.
Source: SVS and Statistics Canada Catalogue No. 91-002-XWE, Quarterly Demographic Statistics, adapted by Business Support, Audit and Negotiations Division

2

Eligible client population by age group, gender and region

March 2022

The NIHB program recognizes the importance of representative data for our gender diverse client population. As of 2020, clients can choose Male, Female or Another Gender as a gender identifier when applying for or updating their registration with Indigenous Services Canada, which is captured in population and benefit utilization data. As the total number of clients who have chosen another gender to-date is low, data for clients identifying as neither male nor female are included in national population totals only this year, in keeping with government practices for safe-guarding the privacy of individuals.

Of the 915,895 NIHB eligible clients on the SVS as of March 31, 2022 49.2% were male (450,755), 50.8% were female (465,114) and a small percentage of clients selected another gender in the first year of availability for this gender designation (26).

The average age of the eligible client population was 35 years of age. By region, this average ranged from a low of 28 years of age in Nunavut to a high of 41 years of age in British Columbia.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0-4	1,153	1,063	2,216	1,141	1,076	2,217	3,068	2,781	5,849	2,908	2,672	5,580	3,472	3,374	6,846
5-9	1,944	1,928	3,872	2,556	2,408	4,964	6,713	6,559	13,272	7,796	7,420	15,216	7,296	7,133	14,429
10-14	2,585	2,541	5,126	3,033	2,898	5,931	8,330	8,036	16,366	8,741	8,568	17,309	8,675	8,361	17,036
15-19	2,565	2,429	4,994	2,991	2,752	5,743	8,589	8,104	16,693	8,033	7,814	15,847	7,985	7,931	15,916
20-24	2,681	2,531	5,212	2,976	2,910	5,886	8,947	8,666	17,613	7,623	7,201	14,824	7,625	7,573	15,198
25-29	2,776	2,806	5,582	3,384	3,293	6,677	9,610	9,336	18,946	7,692	7,440	15,132	7,675	7,595	15,270
30-34	2,684	2,571	5,255	3,126	3,093	6,219	9,081	8,952	18,033	6,973	6,942	13,915	7,288	7,127	14,415
35-39	2,400	2,366	4,766	2,747	2,793	5,540	7,908	7,796	15,704	5,564	5,443	11,007	5,841	5,842	11,683
40-44	2,175	2,250	4,425	2,567	2,494	5,061	7,105	7,421	14,526	4,755	4,636	9,391	4,957	4,801	9,758
45-49	2,204	2,265	4,469	2,315	2,451	4,766	6,823	6,935	13,758	4,437	4,532	8,969	4,346	4,536	8,882
50-54	2,366	2,415	4,781	2,469	2,590	5,059	6,932	7,321	14,253	4,411	4,657	9,068	4,200	4,440	8,640
55-59	2,208	2,426	4,634	2,460	2,790	5,250	7,074	7,699	14,773	3,957	4,152	8,109	3,575	3,945	7,520
60-64	1,833	2,187	4,020	2,264	2,640	4,904	6,083	7,082	13,165	3,031	3,385	6,416	2,724	3,169	5,893
65+	3,922	5,003	8,925	4,710	6,788	11,498	12,652	18,106	30,758	5,111	6,694	11,805	4,209	5,823	10,032
Total	**33,496**	**34,781**	**68,277**	**38,739**	**40,976**	**79,715**	**108,915**	**114,794**	**223,709**	**81,032**	**81,556**	**162,588**	**79,868**	**81,650**	**161,518**
Average age	**37**	**39**	**38**	**37**	**40**	**39**	**37**	**40**	**39**	**32**	**33**	**32**	**31**	**32**	**32**

Table 2.3: Eligible client population by age group, gender and region. Source: SVS adapted by Business Support, Audit and Negotiations Division

The average age of the male and female eligible client population was 34 years and 36 years respectively. The average age for males ranged from a low of 28 years in Nunavut to a high of 40 years in British Columbia. The average age for females varied from a low of 29 years in Nunavut to a high of 43 years in British Columbia.

The NIHB eligible client population is relatively young with nearly two-thirds (61.9%) under the age of 40. Of the total population, almost one-third (29.1%) are under the age of 20.

The senior population, defined as clients 65 years of age and over, has been slowly increasing as a proportion of the total NIHB client population. In 2012, seniors represented 6.8% of the overall NIHB population. Most recently in 2022, seniors accounted for 9.9%.

Alberta			B.C.			Yukon			N.W.T.			Nunavut			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
2,891	2,727	5,618	208	179	387	97	109	206	417	362	779	1,787	1,713	3,500	17,142	16,056	33,198
5,990	5,790	11,780	306	320	626	198	200	398	879	861	1,740	2,160	2,032	4,192	35,838	34,651	70,489
7,187	6,873	14,060	442	439	881	273	230	503	1,085	983	2,068	2,083	2,040	4,123	42,434	40,969	83,403
6,485	6,352	12,837	473	513	986	259	249	508	1,006	1,025	2,031	1,888	1,788	3,676	40,274	38,957	79,231
6,020	5,784	11,804	650	660	1,310	308	279	587	1,000	1,019	2,019	1,716	1,628	3,344	39,546	38,251	77,797
6,314	5,819	12,133	752	666	1,418	318	319	637	1,429	1,354	2,783	1,550	1,547	3,097	41,500	40,175	81,675
5,563	5,496	11,059	785	753	1,538	313	323	636	1,356	1,403	2,759	1,532	1,486	3,018	38,701	38,146	76,847
4,720	4,638	9,358	783	762	1,545	317	278	595	1,136	1,062	2,198	1,144	1,160	2,304	32,560	32,140	64,700
3,801	4,002	7,803	686	698	1,384	259	242	501	938	944	1,882	964	965	1,929	28,207	28,453	56,660
3,337	3,510	6,847	617	630	1,247	245	225	470	799	860	1,659	825	842	1,667	25,948	26,786	52,734
3,209	3,425	6,634	633	684	1,317	306	253	559	971	1,004	1,975	852	906	1,758	26,349	27,695	54,044
2,806	3,188	5,994	534	689	1,223	320	321	641	850	926	1,776	712	759	1,471	24,496	26,895	51,391
2,185	2,582	4,767	450	639	1,089	256	299	555	644	777	1,421	493	516	1,009	19,963	23,276	43,239
3,644	5,319	8,963	980	1,691	2,671	404	601	1,005	1,242	1,624	2,866	923	1,015	1,938	37,797	52,664	90,461
64,152	**65,505**	**129,657**	**8,299**	**9,323**	**17,622**	**3,873**	**3,928**	**7,801**	**13,752**	**14,204**	**27,956**	**18,629**	**18,397**	**37,026**	**450,755**	**465,114**	**915,895**
31	**33**	**32**	**40**	**43**	**41**	**39**	**41**	**40**	**36**	**38**	**37**	**28**	**29**	**28**	**34**	**36**	**35**

2

Population analysis by age group

March 2022

The overall NIHB client population is relatively young compared to the general Canadian population. The share of the NIHB client population under 20 years of age was 29.1% compared to 21.1% for the Canadian population. The average age of NIHB clients is 35 compared to 42 years of age for the Canadian population.

A comparison of March 2018 to March 2022 eligible client population shows an aging population. The client population 40 and above, as a proportional share of the overall client population, increased from 35.6% in 2018 to 38.1% in 2022.

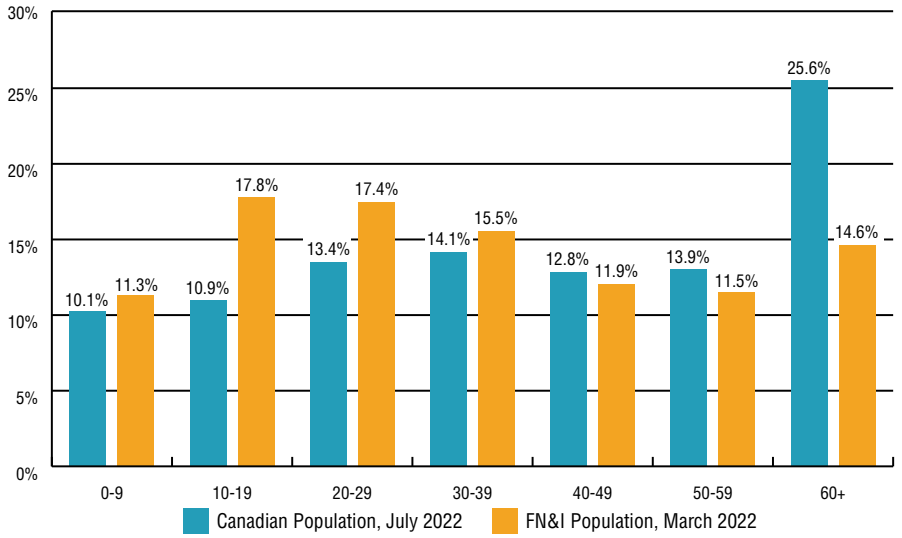


Chart 2.3: Proportion of Canadian population and of the First Nations and Inuit (FN&I) client population, by age group.
Source: SVS and Statistics Canada CANSIM table 051-0001, Population by Age and Sex Group, adapted by Business Support, Audit and Negotiations Division

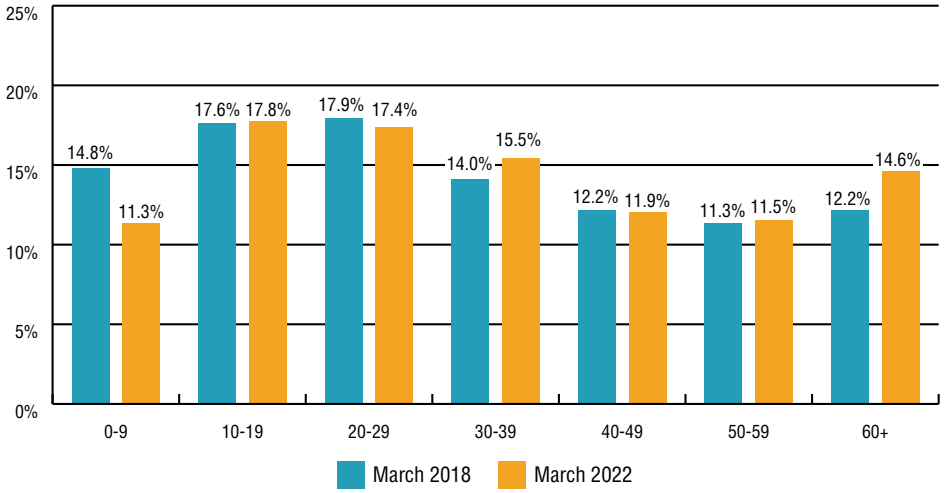


Chart 2.4: Proportion of eligible NIHB client population by age group.
Source: SVS adapted by Business Support, Audit and Negotiations Division

3 NIHB Program Benefit Expenditures

NIHB program sustainability

2021 to 2022

Cost and service pressures on the Canadian health system have been linked to factors such as an aging population and the increased demand for and utilization of health goods, particularly pharmaceuticals, and services. In addition to these factors, NIHB program expenditures are driven by the number of eligible clients and their medical needs. A significant proportion of NIHB clients live in small and remote communities, and require medical transportation to access health services that are not available locally.

Factors Influencing NIHB Program Expenditures		
Client Base	**Market Forces**	**Evidence/Input**
• Changing demographics, including high population growth, an aging population, and uncertainty about the registration of new or existing clients • Health status, including high prevalence of chronic and infectious diseases • Geographic distribution of client population and accessibility of health services	• Introduction and price of new therapies and procedures • Provincial/Territorial decisions and insurance industry dynamics • Shift from hospital treatments (insured) to non-insured coverage • Economic factors, including inflation, volatility in the price of gas and oil, and employment status • Geographic accessibility of health benefits and services • Changes in scope of practice • Relationships with health professional associations	• Prescribing and treatment decisions of regulated health professionals • Evolving evidence on treatment options • Preventive intervention versus restorative oral treatment • Input from First Nations and Inuit partner organizations

3

NIHB expenditures by benefit ($ millions)

2021 to 2022

In 2021 to 2022, total NIHB program benefit expenditures were $1,695.3 million. This represents an increase of 13.7% over NIHB expenditures of $1,490.6 million in 2020 to 2021. Medical transportation costs represented the largest proportion of expenditures at 35.5% ($602.2 million), followed by pharmacy benefit costs at 34.0% ($576.3 million) and dental benefit costs at 17.8% ($302.2 million).

NIHB medical transportation, pharmacy and dental benefit expenditures accounted for 87.3% of all NIHB expenditures in 2021 to 2022.

Not reflected in the $1,695.3 million in NIHB expenditures are approximately $69.9 million in administration costs. More detail is provided in Section 11.

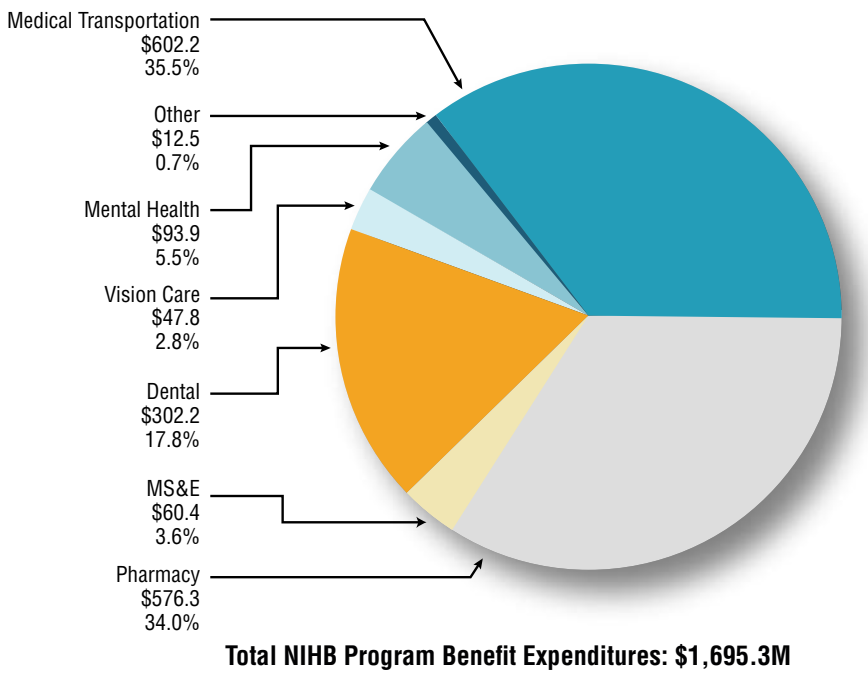


Chart 3.1: NIHB expenditures by benefit ($ millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB expenditures and growth by benefit

2021 to 2022

NIHB program benefit expenditures increased by 13.7%, or $204.7 million from fiscal year 2020 to 2021. The highest net increase in expenditures were in the NIHB medical transportation and dental benefits at $76.5 and $65.9 million respectively. Factors affecting benefit expenditure growth are discussed in subsequent sections of this report.

Expenditures in the "other" category are related to program oversight, including arrangements with the FNHA to provide funding for additional clients who became eligible after the 2013 transfer of responsibilities, due to changes in federal legislation, as well as contribution agreements with Indigenous partner organizations.

Benefit	Total Expenditures ($ 000's) 2020/21	Total Expenditures ($ 000's) 2021/22	% Change From 2020/21
Medical Transportation	$525,719	$602,208	14.5%
Pharmacy	$550,900	$576,251	4.6%
MS&E	$51,524	$60,448	17.3%
Dental	$236,293	$302,183	27.9%
Vision Care	$39,907	$47,819	19.8%
Mental Health	$73,958	$93,890	27.0%
Other	$12,314	$12,496	1.5%
Total Expenditures	**$1,490,615**	**$1,695,295**	**13.7%**

Table 3.1 NIHB expenditures and growth by benefit. Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

3

NIHB expenditures by benefit and region ($ 000's)

2021 to 2022

Manitoba accounted for the highest proportion of total expenditures at $391.2 million, or 23.1% of the national total, followed by Saskatchewan at $335.6 million (19.8%), and Ontario at $325.5 million (19.2%). By comparison, the lowest expenditures were in the Atlantic region at $84.2 million (5.0%).

Headquarters expenditures by benefit type represent costs paid for claims processing services. Headquarters expenditures in the other category are comprised of operational expenditures associated with NIHB program oversight and policy development. This includes arrangements with the FNHA to provide funding for additional clients who became eligible following the transfer of responsibilites in 2013, due to changes in federal legislation, as well as contribution agreements with Indigenous partner organizations, such as the Assembly of First Nations and Inuit Tapiriit Kanatami, and regional Indigenous organizations. Headquarters expenditures account for 1.9% ($28.1 million) of total NIHB expenditures, and do not include the $69.9 million in headquarters administration costs outlined in Section 11.

Region	Medical Transportation	Pharmacy	MS&E	Dental	Vision Care	Mental Health	Other	Total
Atlantic	$15,776	$40,657	$4,508	$11,801	$4,158	$7,001	$326	$84,227
Quebec	$26,775	$58,827	$2,855	$19,092	$3,938	$5,604	$282	$117,373
Ontario	$114,814	$112,069	$8,700	$59,326	$8,113	$21,762	$710	$325,494
Manitoba	$184,200	$112,353	$13,330	$57,381	$7,334	$16,333	$247	$391,177
Saskatchewan	$103,152	$120,000	$13,352	$63,408	$10,581	$24,881	$211	$335,584
Alberta	$67,206	$86,680	$11,658	$58,790	$9,405	$14,771	$360	$248,869
North	$90,286	$31,499	$5,647	$26,830	$4,081	$3,333	$405	$162,080
Headquarters	$0	$10,169	$399	$3,108	$210	$204	$9,954	$24,044
Total	**$602,208**	**$576,251**	**$60,448**	**$302,183**	**$47,819**	**$93,890**	**$12,496**	**$1,695,295**

Table 3.2 NIHB expenditures by benefit and region. Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB annual expenditures ($ Millions) and percentage change

In 2021 to 2022, NIHB program expenditures totalled $1,695.3 million, an increase of 13.7% from $1,490.6 million in 2020 to 2021. Since 2012 to 2013, total expenditures have grown by 53.5%. The annualized rate of growth over this period was 4.7%. There has been wide variation in growth rates between 2012 to 2013 and 2021 to 2022, from a low of -7.1% in 2013 to 2014* to a high of 13.7% in 2021 to 2022.

Fluctuations in NIHB expenditures growth rates are impacted by a number of factors as set out in figure 3.1. Changes in the eligible client population have a direct impact on growth. Notable examples include the transfer of responsibility for First Nations clients residing in B.C. to the FNHA in 2013 to 2014, the creation of the Qalipu Mi'kmaq band in 2011, and an increase in eligible clients as a result of amendments to the *Indian Act*. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of NIHB benefits in fiscal 2021 to 2022 once restrictions were ended, impacted growth in the past two years.

* If expenditures for FNHA eligible clients are excluded from 2012 to 2013 and 2013 to 2014 total NIHB expenditures, then the growth rate for 2013 to 2014 would have been 2.8%.

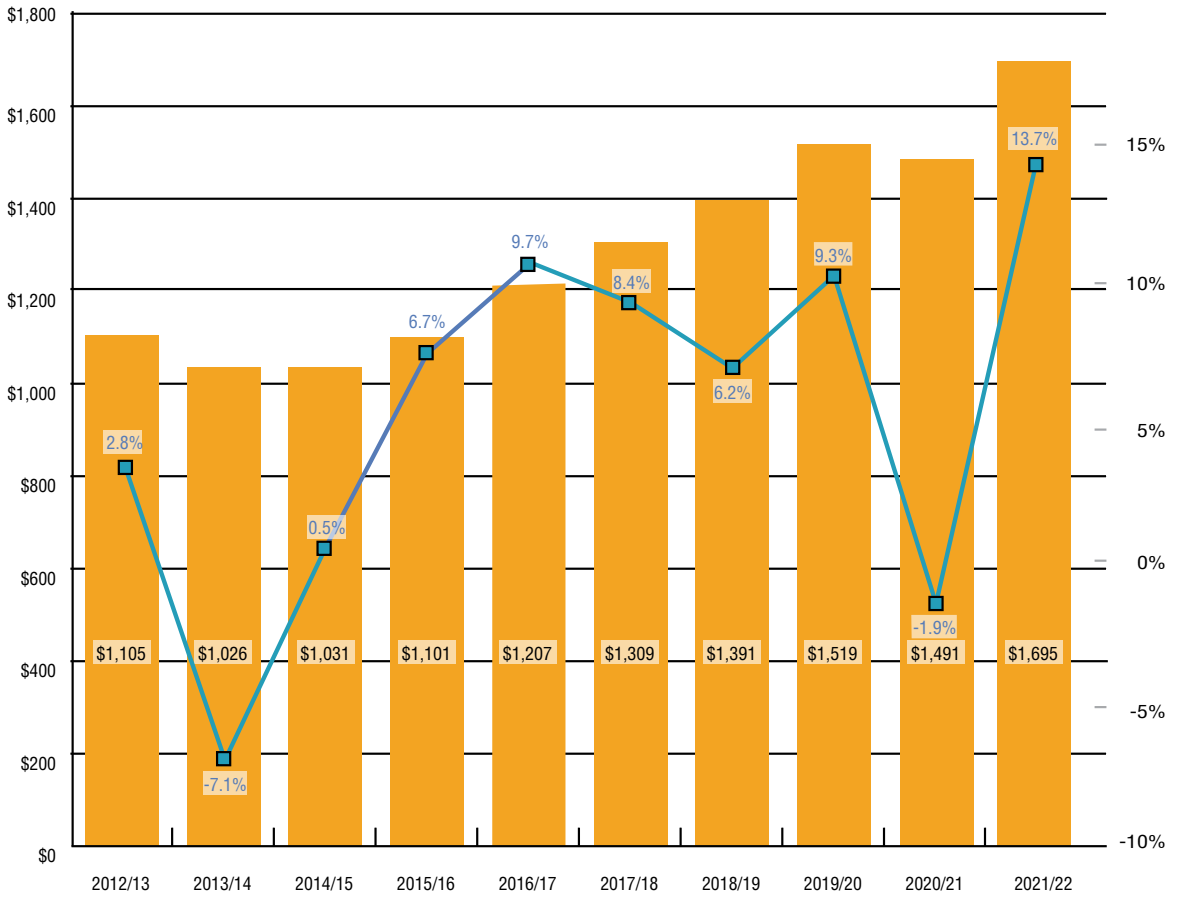


Chart 3.2 NIHB annual expenditures ($ Millions) and percentage change.
Source: FIRMS and FST adapted by by Business Support, Audit and Negotiations Division

3

NIHB annual expenditures by benefit ($ 000's)

In the 10 year period ending 2021 to 2022, expenditures for NIHB mental health services and medical transportation benefits grew more than other benefit areas. NIHB mental health expenditures had the highest percentage growth at 554.9%, from $14.3 million in 2012 to 2013 to $93.9 million in 2021 to 2022. NIHB medical transportation had the highest expenditure growth from $351.4 million in 2012 to 2013 to $602.2 million in 2021 to 2022, a change of 71.4%.

Over the same period, NIHB medical supplies and equipment (MS&E) expenditures increased by 63.3% and NIHB dental expenditures increased by 35.7%.

Decreases in the other expenditures category in 2013 to 2014 can be attributed to the transfer of responsibility for provincial health care insurance premiums for First Nations clients residing in British Columbia to the FNHA in 2013.

Benefit	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Medical Transportation	$351,424	$352,036	$357,963	$375,904	$417,035	$459,505	$495,034	$537,179	$525,719	$602,208
Pharmacy	$425,806	$383,614	$392,479	$425,773	$457,489	$482,789	$488,604	$532,045	$550,900	$576,251
MS&E	$37,009	$30,670	$29,233	$30,657	$37,031	$40,167	$47,346	$54,256	$51,524	$60,448
Dental	$222,706	$207,179	$201,886	$217,109	$235,831	$248,992	$269,008	$282,908	$236,293	$302,183
Vision Care	$32,167	$31,459	$29,704	$30,017	$32,370	$33,578	$36,467	$45,968	$39,907	$47,819
Mental Health	$14,337	$14,152	$15,581	$16,193	$21,728	$33,066	$42,656	$55,126	$73,958	$93,890
Other	$21,257	$5,406	$4,005	$4,858	$5,974	$11,143	$11,450	$12,001	$12,314	$12,496
Total	**$1,104,591**	**$1,026,397**	**$1,031,488**	**$1,100,512**	**$1,207,458**	**$1,309,240**	**$1,390,563**	**$1,519,483**	**$1,490,615**	**$1,695,295**
Annual % Change	**2.8%**	**-7.1%**	**0.5%**	**6.7%**	**9.7%**	**8.4%**	**6.2%**	**9.3%**	**-1.9%**	**13.7%**

Table 3.3: NIHB annual expenditures by benefit ($ 000's). Source: FIRMS and FST adapted by by Business Support, Audit and Negotiations Division

Per capita NIHB expenditures by region

2021 to 2022

Expenditures per capita are total NIHB expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

The national per capita expenditures for all benefits in 2021 to 2022 were $1,825. Manitoba had the highest per capita cost at $2,406. The Northern region followed with a per capita cost of $2,227. The higher than average per capita cost for these regions is partly attributable to high medical transportation costs due to the large number of First Nations and Inuit clients living in remote or fly-in only northern communities. By contrast, the Atlantic region had the lowest per capita cost of $1,234, due to the comparatively low medical transportation expenditures in the region.

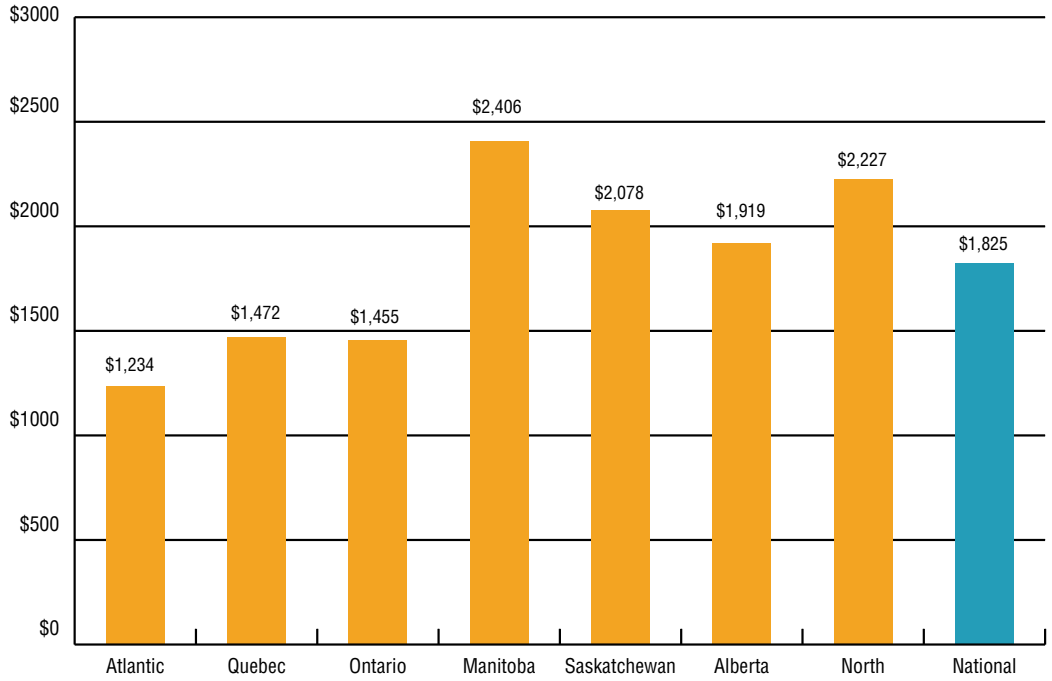


Chart 3.3: Per capita NIHB expenditures by region.
Source: FST and SVS adapted by by Business Support, Audit and Negotiations Division

4 NIHB Pharmacy Expenditure and Utilization Data

The NIHB program covers a comprehensive range of prescription drugs and over-the-counter medications listed on the NIHB Drug Benefit List (DBL). Prescription and over-the-counter medications are evidence-based and covered in accordance with program policies.

In 2021 to 2022, the NIHB program paid for pharmacy claims made by a total of 528,541 First Nations and Inuit clients. The total spent for these claims was $576.3 million or 34.0% of total NIHB expenditures.

Of all the NIHB program benefits, the pharmacy benefit accounts for the second largest share of expenditures and is the benefit most utilized by clients.

4

Distribution of NIHB pharmacy expenditures ($ Millions)

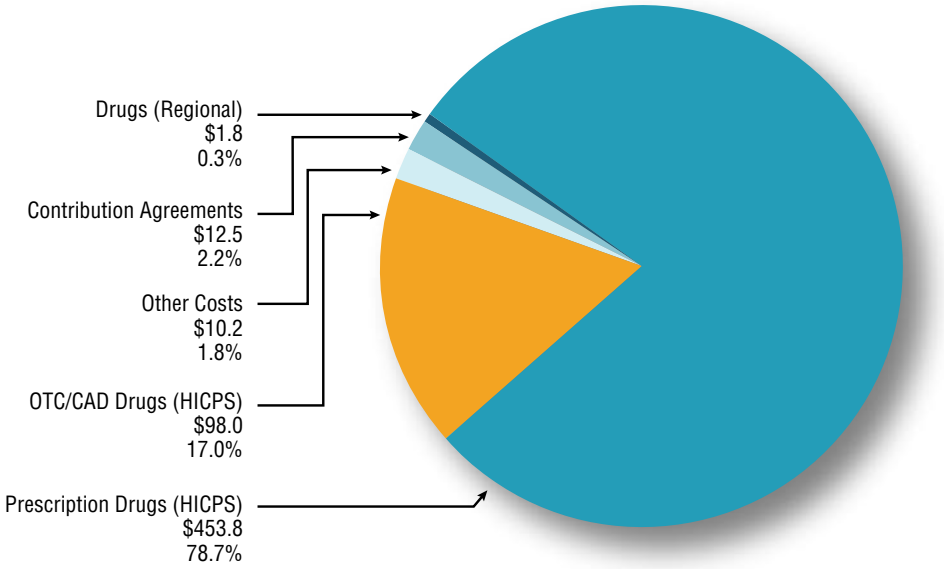
2021 to 2022

The NIHB pharmacy benefit is comprised of multiple components. Prescription drugs paid through the Health Information and Claims Processing Services (HICPS) system was the largest piece, accounting for $453.8 million or 78.7% of all NIHB pharmacy expenditures, followed by over-the-counter (OTC) and controlled access (CAD) drugs (HICPS) which totalled $98.0 million or 17.0%.

Regional Drugs, at $1.8 million or 0.3% of pharmacy benefit costs, refers to prescription drugs and OTC medications paid through Indigenous Services Canada regional offices.

Contribution agreements, which accounted for $12.5 million or 2.2% of total pharmacy benefit costs, are used to fund the provision of pharmacy benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

Other costs totalled $10.2 million or 1.8% in 2021 to 2022. Included in this total are headquarters contract and claims processing expenditures related to the HICPS system.



Total NIHB Pharmacy Expenditures: $576.3M

Chart 4.1: Distribution of NIHB pharmacy expenditures ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

Total NIHB pharmacy expenditures by type and region ($ 000's)

2021 to 2022

Prescription drug costs paid through the HICPS system represented the largest component of total NIHB Pharmacy costs accounting for $453.8 million or 78.7%. The Saskatchewan region had the largest proportion of these costs at 21.3%, followed by Ontario at 19.9% and Manitoba at 19.8%.

The next highest component was over-the-counter (OTC) and controlled access drug (CAD) costs at $98.0 million or 17.0%. The regions of Manitoba (22.9%), Saskatchewan (22.3%) and Ontario (16.9%) had the largest proportions of these costs in 2021 to 2022.

Region	Operating				Total Operating Costs	Total Contribution Costs	Total Costs
	Prescription Drugs	OTC/CAD Drugs	Drugs Regional	Other Costs			
Atlantic	$33,197	$7,460	$0	$0	$40,657	$0	$40,657
Quebec	$48,352	$10,474	$0	$0	$58,827	$0	$58,827
Ontario	$90,167	$16,605	$0	$0	$106,772	$5,297	$112,069
Manitoba	$89,930	$22,422	$0	$0	$112,353	$0	$112,353
Saskatchewan	$96,744	$21,854	$1,359	$0	$119,957	$42	$120,000
Alberta	$65,568	$13,961	$0	$0	$79,529	$7,151	$86,680
North	$26,356	$4,716	$427	$0	$31,499	$0	$31,499
Headquarters	$0	$0	$0	$10,169	$10,169	$0	$10,169
Total	**$453,767**	**$98,038**	**$1,787**	**$10,170**	**$563,761**	**$12,490**	**$576,251**

Table 4.1: Total NIHB pharmacy expenditures by type and region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

4

Annual NIHB pharmacy expenditures

NIHB pharmacy expenditures increased by 4.6% during fiscal year 2021 to 2022. Over the past five years, growth in pharmacy expenditures has ranged from a high of 8.3% in 2019 to 2020 to a low of 1.0% in 2018 to 2019.

The five year annualized growth rate for NIHB pharmacy expenditures is 4.3%. The introduction of lower cost generic drugs as they become available on the market have kept pharmacy benefit growth moderate. As well, NIHB has negotiated Product Listing Agreements (PLA) with drug manufacturers to allow for the coverage of certain medications at a reduced price through the use of rebates. On March 31, 2022, NIHB had 272 PLA in effect.

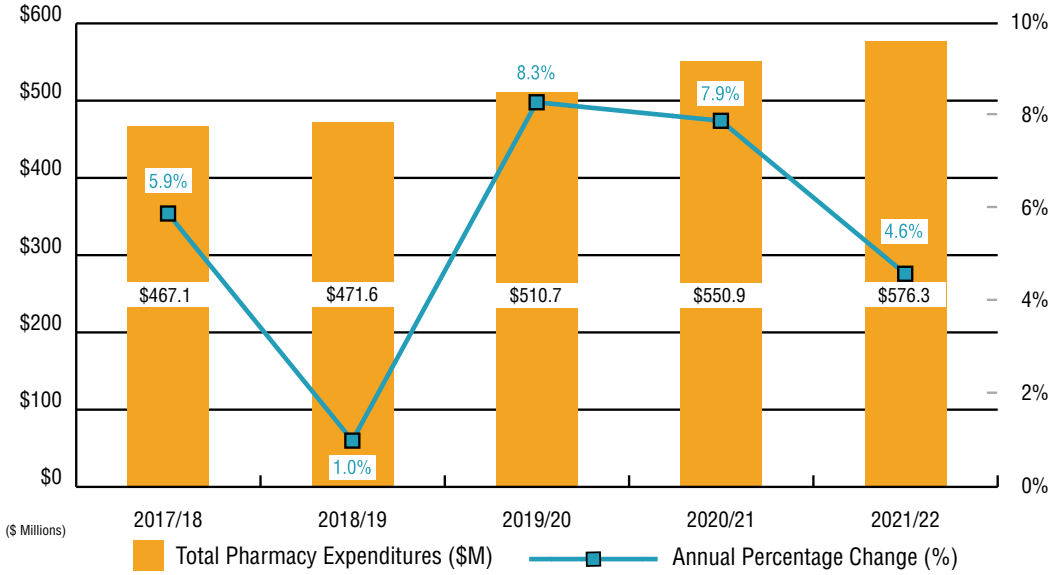


Chart 4.2: Annual NIHB pharmacy expenditures and percentage change.
Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Annual NIHB pharmacy expenditures

NIHB Pharmacy Expenditures ($ 000's)					
Region	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022
Atlantic	$29,741	$30,448	$35,365	$37,323	$40,657
Quebec	$46,227	$46,623	$50,747	$53,282	$58,827
Ontario	$93,635	$93,896	$97,437	$105,300	$112,069
Manitoba	$91,060	$92,084	$100,059	$106,851	$112,353
Saskatchewan	$109,900	$107,487	$115,074	$116,188	$120,000
Alberta	$71,083	$73,976	$83,526	$84,920	$86,680
North	$25,355	$27,042	$28,337	$29,479	$31,499
Headquarters	$15,696	$16,963	$21,354	$14,220	$10,169
Total	**$467,094**	**$471,641**	**$510,691**	**$550,901**	**$576,251**

Table 4.2: NIHB pharmacy expenditures ($ 000's) by region. Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Per capita NIHB pharmacy expenditures by region

2021 to 2022

Per capita expenditures are total NIHB pharmacy expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

In 2021 to 2022, the national per capita expenditure for NIHB Pharmacy benefits was $618. This was an increase of 3.5% from the $597 recorded in 2020 to 2021.

Saskatchewan had the highest per capita NIHB Pharmacy expenditures at $743, followed by Quebec at $738.

The Northern region had the lowest per capita expenditures at $433 followed by Ontario at $501. Relatively low per capita expenditures in the North are attributed to lower than average utilization rates and also a younger population utilizing lower cost medications.

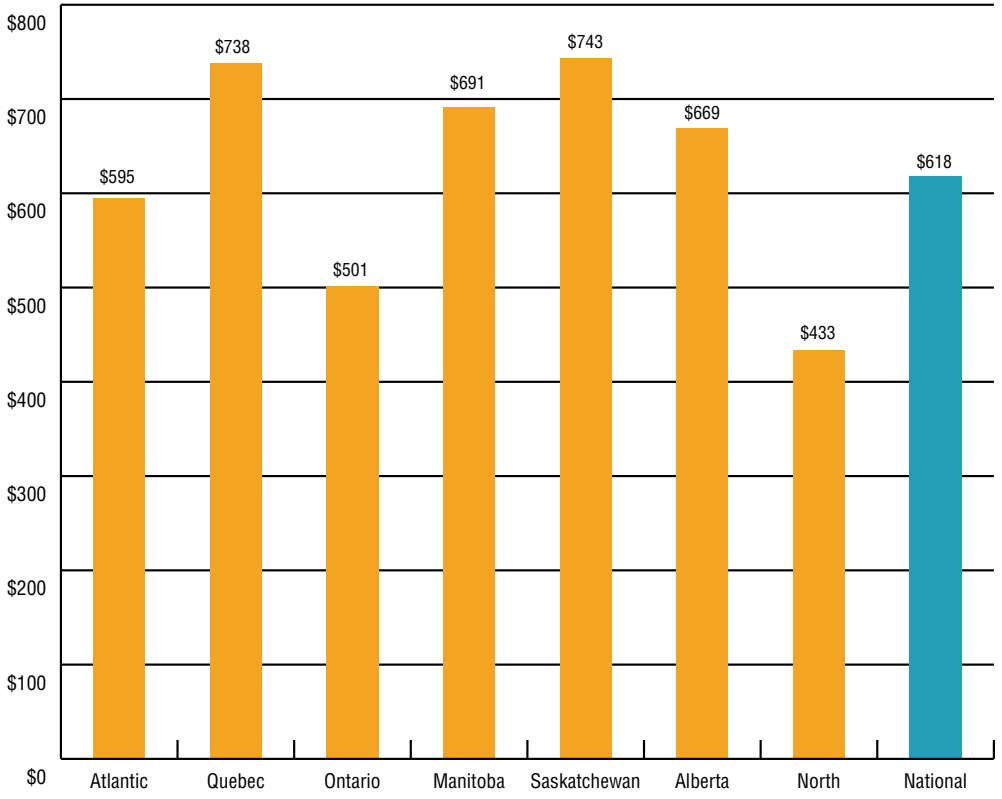


Chart 4.3 Per capita NIHB pharmacy expenditure by region.
Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB pharmacy utilization rates by region

Utilization rates represent the number of clients who received at least one pharmacy benefit paid through the HICPS system in the fiscal year, as a proportion of the total number of eligible clients. In 2021 to 2022, the national utilization rate was 58% for NIHB Pharmacy benefits paid through the HICPS system.

The rates understate the actual level of utilization as the data do not include pharmacy services provided through contribution agreements and benefits provided through community health facilities. For example, the HICPS system does not capture any data on services used by the Bigstone Cree Nation client population in Alberta and the Akwesasne client population in Ontario. If these populations were removed, the utilization rate for pharmacy benefits in Alberta would have been 65.1% and for Ontario the utilization rate for pharmacy benefits would have been 51.8% in 2021 to 2022. If both the Bigstone and Akwesasne client populations were removed from the overall NIHB population, the national utilization rate for pharmacy benefits would have been 59.0%.

Region	Pharmacy Utilization				
	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022
Atlantic	63%	67%	63%	60%	61%
Quebec	62%	61%	62%	58%	59%
Ontario	54%	49%	52%	48%	49%
Manitoba	69%	67%	68%	62%	65%
Saskatchewan	71%	69%	70%	63%	65%
Alberta	67%	65%	67%	60%	61%
Yukon	60%	60%	60%	58%	57%
N.W.T.	58%	55%	55%	54%	54%
Nunavut	49%	49%	49%	46%	46%
National	62%	60%	61%	57%	58%

Table 4.3: NIHB pharmacy utilization rates by region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

4

NIHB pharmacy claimants by age group, gender and region

2021 to 2022

Of the 915,895 clients eligible to receive benefits under the NIHB program, a total of 528,541 claimants received at least one pharmacy item paid through the Health Information and Claims Processing Services (HICPS) system in 2021 to 2022. Of this total, 302,298 were female (57%) and 226,243 were male (43%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of pharmacy claimants was 38 years. The average age for female and male claimants was 38 and 37 years of age, respectively.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	568	497	1,065	616	608	1,224	723	632	1,355	1,721	1,629	3,350	1,874	1,874	3,748
5-9	887	944	1,831	1,155	1,209	2,364	1,648	1,704	3,352	3,809	3,968	7,777	3,610	3,918	7,528
10-14	1,004	1,079	2,083	1,248	1,355	2,603	2,129	2,269	4,398	3,953	4,365	8,318	3,879	4,222	8,101
15-19	1,120	1,658	2,778	1,248	1,804	3,052	2,601	3,891	6,492	3,769	5,071	8,840	3,687	5,343	9,030
20-24	1,101	1,891	2,992	1,205	2,034	3,239	2,843	4,913	7,756	3,664	5,474	9,138	3,616	5,894	9,510
25-29	1,319	2,149	3,468	1,394	2,346	3,740	3,707	6,008	9,715	3,918	5,886	9,804	3,963	6,077	10,040
30-34	1,297	1,867	3,164	1,326	2,192	3,518	3,897	5,653	9,550	3,898	5,591	9,489	3,998	5,796	9,794
35-39	1,219	1,668	2,887	1,281	1,947	3,228	3,558	4,856	8,414	3,308	4,432	7,740	3,424	4,797	8,221
40-44	1,148	1,564	2,712	1,294	1,694	2,988	3,412	4,652	8,064	3,023	3,794	6,817	3,104	3,918	7,022
45-49	1,233	1,657	2,890	1,281	1,742	3,023	3,453	4,467	7,920	3,019	3,729	6,748	2,881	3,721	6,602
50-54	1,500	1,763	3,263	1,485	1,822	3,307	3,759	4,736	8,495	3,149	3,852	7,001	3,010	3,669	6,679
55-59	1,481	1,806	3,287	1,531	2,028	3,559	4,056	5,068	9,124	2,936	3,508	6,444	2,630	3,280	5,910
60-64	1,296	1,672	2,968	1,524	1,982	3,506	3,606	4,671	8,277	2,412	2,894	5,306	2,120	2,717	4,837
65+	2,782	3,600	6,382	3,157	4,473	7,630	6,584	9,731	16,315	3,574	4,956	8,530	3,244	4,567	7,811
Total	**17,955**	**23,815**	**41,770**	**19,745**	**27,236**	**46,981**	**45,976**	**63,251**	**109,227**	**46,153**	**59,149**	**105,302**	**45,040**	**59,793**	**104,833**
Average age	**41**	**41**	**41**	**41**	**42**	**41**	**43**	**43**	**43**	**35**	**35**	**35**	**34**	**35**	**35**

Table 4.4: NIHB pharmacy claimants by age group, gender and region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1,462	1,408	2,870	764	721	1,485	7,768	7,408	15,176
2,738	2,954	5,692	1,021	951	1,972	14,934	15,723	30,657
3,150	3,262	6,412	970	1,012	1,982	16,430	17,673	34,103
2,906	3,964	6,870	895	1,678	2,573	16,353	23,601	39,954
2,777	4,199	6,976	954	1,998	2,952	16,291	26,676	42,967
3,164	4,331	7,495	1,159	2,156	3,315	18,783	29,255	48,038
2,969	4,078	7,047	1,212	2,144	3,356	18,804	27,658	46,462
2,713	3,501	6,214	1,024	1,649	2,673	16,695	23,129	39,824
2,364	2,963	5,327	978	1,471	2,449	15,480	20,325	35,805
2,215	2,702	4,917	932	1,345	2,277	15,166	19,608	34,774
2,157	2,602	4,759	1,173	1,550	2,723	16,408	20,250	36,658
1,959	2,501	4,460	1,080	1,434	2,514	15,839	19,901	35,740
1,621	2,070	3,691	877	1,191	2,068	13,561	17,381	30,942
2,486	3,732	6,218	1,754	2,371	4,125	23,731	33,710	57,441
34,681	**44,267**	**78,948**	**14,793**	**21,671**	**36,464**	**226,243**	**302,298**	**528,541**
34	**35**	**35**	**38**	**38**	**38**	**37**	**38**	**38**

4

Distribution of eligible NIHB population, pharmacy expenditures and pharmacy incidence by age group

2021 to 2022

In 2021 to 2022, 3.6% of all clients were in the 0 to 4 age group, but this group accounted for only 0.4% of all pharmacy claims made and only 0.6% of total pharmacy expenditures. In contrast, 9.9% of all eligible clients were in the 65+ age group, but accounted for 24.4 % of all pharmacy claims submitted and 17.9% of total pharmacy expenditures.

During 2021 to 2022, the average claimant aged 65 or more submitted 91 claims compared to 70 claims for their counterpart in the 60 to 64 age group and 5 claims for the average claimant in the 0 to 4 age group.

An examination of pharmacy benefit cost per NIHB claimant indicates that these expenditures vary according to age. For example, in 2021 to 2022 the average cost per child aged 0 to 9 years was $213. The cost increased steadily for every age group, with claimants aged 35-39 having an average cost of $1,126, comparable to the total average claimant cost of $1,044. Claimants aged 60-64 years had the highest cost per claimant with an average of $1,804 for all pharmacy claims received throughout the fiscal year.

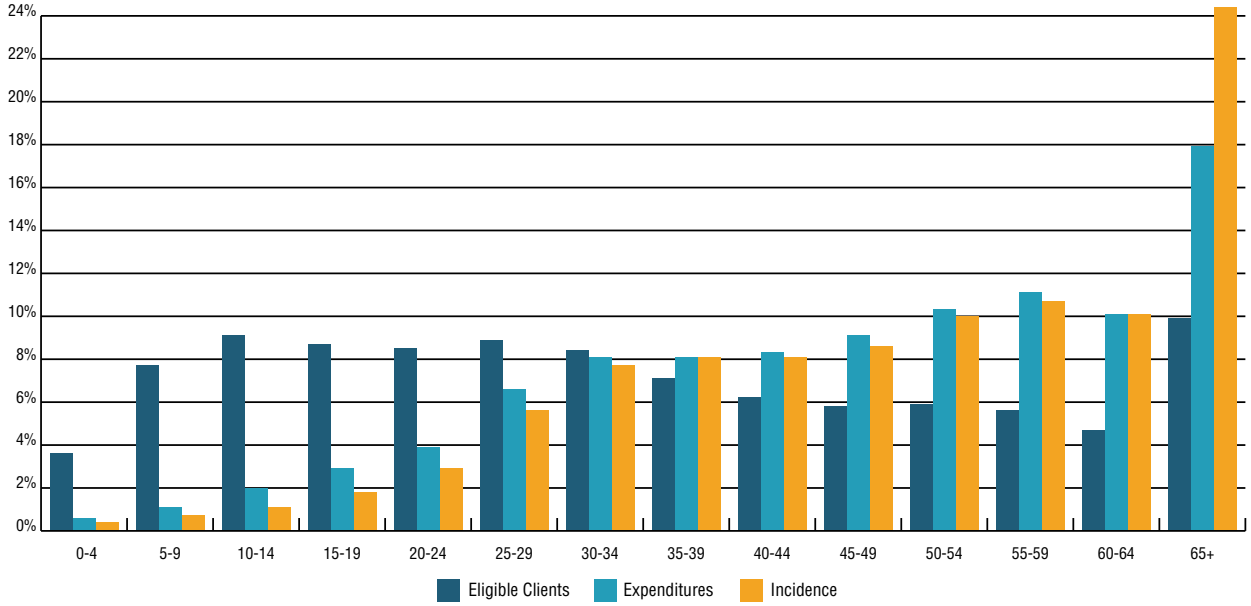


Chart 4.4: Distribution of eligible NIHB population, pharmacy expenditures and pharmacy incidence by age group.
Source: HICPS, FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB top ten therapeutic classes by number of claimants

2021 to 2022

Table 4.5 ranks the top ten therapeutic classes according to number of claimants. In 2021 to 2022, Non-Steroidal Anti-Inflammatory Drugs (NSAID) had the highest number of distinct claimants at 179,640. Penicillins ranked second in number of claimants with 125,355 followed by Miscellaneous Analgesics and Antipyretics with 124,546 claimants.

Therapeutic classification	Claimants	% Change from 2020/21	Examples of Product in the Therapeutic Class
Non-Steroidal Anti-Inflammatory Drugs (NSAID)	179,640	6.4%	Voltaren (Diclofenac)
Penicillins	125,355	9.9%	Amoxil (Amoxicillin)
Miscellaneous Analgesics and Antipyretics	124,546	8.6%	Tylenol (Acetaminophen)
Antidepressants	115,809	7.8%	Effexor (Venlafaxine)
Proton Pump Inhibitors	108,494	3.4%	Losec (Omeprazole)
Opioid Agonists	95,978	-0.2%	Statex (Morphine Sulphate)
HMG-COA Reductase Inhibitors (Statins)	78,313	5.5%	Lipitor (Atorvastatin)
Beta-Adrenergic Agonists	76,002	11.1%	Ventolin (Salbutamol)
Angiotensin-Converting Enzyme Inhibitors	70,001	2.1%	Altace (Ramipril)
Vitamins	68,655	6.4%	Vitamin D (Cholecalciferol)

Table 4.5: NIHB top ten therapeutic classes by number of claimants. Source: HICPS adapted by Business Support, Audit and Negotiations Division

NIHB OTC (including CAD) drug claims incidence by therapeutic class

2021 to 2022

Table 4.6 looks at the number of claims by therapeutic classification for over-the-counter (OTC) drugs.

Vitamins accounted for the largest number of OTC drug claims in 2021 to 2022 at 1.4 million paid claims, or 32.2% of all OTC claims. Central nervous systems agents had the next highest share of OTC claims at 960,399 (22.2%) followed by gastrointestinal drugs at 340,960 claims (7.9%).

Category	Claims	% Change from 2020/21	Examples
Vitamins	1,395,495	5.1%	Vitamin D (Cholecalciferol)
Central Nervous System Agents	960,399	1.6%	Tylenol (Acetaminophen)
Gastrointestinal Drugs	340,960	6.8%	Senokot (Sennosides)
Blood Formation and Coagulation	318,465	6.3%	Iron (Ferrous Gluconate)
Diabetic Devices	287,573	1.0%	Lancets
Hormone & Synthetic Substitutes	222,518	-2.2%	Lantus (Insulin Glargine)
Skin & Mucous Membrane Agents	170,110	8.9%	Nix (Permethrin)
Diagnostic Agents	140,366	-6.5%	Blood Glucose Test Strips
Antihistamines	124,383	3.2%	Reactine (Cetirizine)
Autonomic Drugs	85,608	9.6%	Nicoderm (Nicotine)

Table 4.6: NIHB OTC (including CAD) drug claims incidence by therapeutic class. Source: HICPS adapted by Business Support, Audit and Negotiations Division

5 NIHB MS&E Expenditure and Utilization Data

A range of medical supplies and equipment (MS&E) items are covered by the NIHB program. Items covered through the MS&E benefit are intended to address NIHB clients' medical needs in relation to basic activities of daily living (ADL) such as eating, bathing, dressing, toileting and transferring, and include:

- **Audiology supplies and equipment**
- **Limb and body orthotics supplies and equipment**
- **Footwear supplies and equipment**
- **Oxygen supplies and equipment**
- **Pressure devices supplies and equipment**
- **Prosthetics supplies and equipment**
- **Respiratory supplies and equipment**
- **Self-care supplies and equipment**
- **Low vision supplies and equipment**
- **Mobility supplies and equipment**
- **Communication supplies and equipment**
- **Medical surgical supplies and equipment**

MS&E benefits are evidence-based and covered in accordance with program policies. Most items must be approved in advance by the NIHB regional office before they are distributed by an NIHB provider.

Prior to the 2020 to 2021 NIHB Annual Report, expenditure and utilization data for the MS&E benefit were combined with pharmacy benefits in reporting.

In 2021 to 2022, the NIHB program paid for MS&E claims made by a total of 97,834 First Nations and Inuit clients. The total spent for these claims was $60.4 million or 3.6% of total NIHB expenditures.

5

Distribution of NIHB MS&E expenditures ($ Millions)

2021 to 2022

The NIHB MS&E benefit is comprised of multiple components. The cost of medical equipment paid through the HICPS system was the largest component, accounting for $40.9 million or 67.7% of all NIHB MS&E expenditures, followed by medical supplies paid through HICPS which totalled $17.7 million or 29.3%.

Contribution agreements, which accounted for $0.7 million or 1.2% of total MS&E benefit costs, are used to fund the provision of benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

Regional MS&E, which refers to MS&E items paid through Indigenous Services Canada regional offices, accounted for $0.7 million or 1.1%.

Other costs totalled $0.4 million or 0.7% of MS&E expenditures in 2021 to 2022. Included in this total are headquarters contract and claims processing expenditures related to the HICPS system.

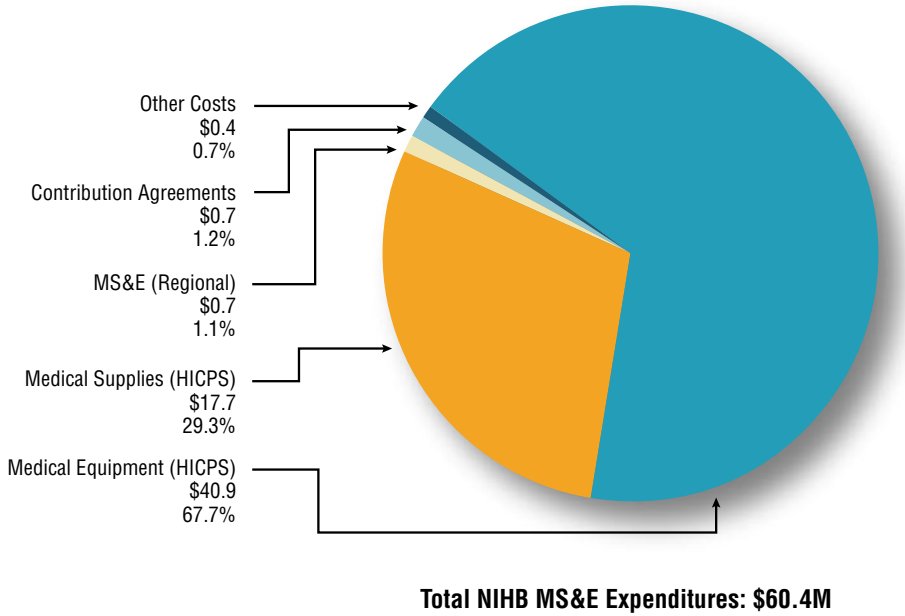


Chart 5.1: Distribution of NIHB MS&E expenditures ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

Total NIHB MS&E expenditures by type and region ($ 000's)

2021 to 2022

Medical equipment costs paid through the HICPS system represented the largest component of total NIHB MS&E costs accounting for $40.9 million or 67.7%. Manitoba had the largest proportion of these costs at 22.6%, followed by Saskatchewan at 21.9% and Alberta at 19.9%.

The next highest component was medical supplies costs at $17.7 million or 29.3%. Saskatchewan (24.6%), Manitoba (20.0%) and Alberta (19.6%) had the largest proportions of these costs in 2021 to 2022.

All other MS&E expenditures, including contribution agreement costs, account for only 3.0% of total MS&E expenditure.

Region	Operating				Total Operating Costs	Total Contribution Costs	Total Costs
	MS&E Regional	Medical Supplies	Medical Equipment	Other Costs			
Atlantic	$7	$1,210	$3,291	$0	$4,508	$0	**$4,508**
Quebec	$0	$965	$1,890	$0	$2,855	$0	**$2,855**
Ontario	$28	$2,506	$5,621	$0	$8,155	$545	**$8,701**
Manitoba	$542	$3,544	$9,244	$0	$13,330	$0	**$13,330**
Saskatchewan	$22	$4,355	$8,975	$0	$13,352	$0	**$13,352**
Alberta	$25	$3,476	$8,157	$0	$11,658	$0	**$11,658**
North	$61	$1,665	$3,738	$0	$5,464	$183	**$5,647**
Headquarters	$0	$0	$0	$399	$399	$0	**$399**
Total	**$685**	**$17,721**	**$40,915**	**$399**	**$59,721**	**$728**	**$60,449**

Table 5.1: Total NIHB MS&E expenditures by type and region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

5

Annual NIHB MS&E expenditures

NIHB MS&E expenditures increased by 17.3% during fiscal year 2021 to 2022. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the benefit in fiscal 2021 to 2022 once restrictions were ended, impacted growth in the past two years. Over the past five years, growth in MS&E expenditures has ranged from a high of 17.3% in 2021 to 2022 to a low of -3.2% in 2020 to 2021.

The five year annualized growth rate for NIHB MS&E expenditures is 8.5%.

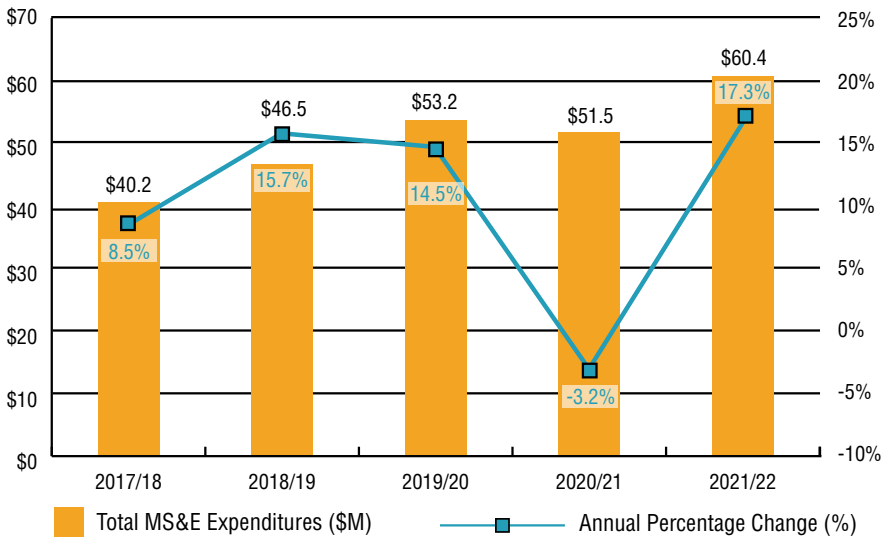


Chart 5.2: Annual NIHB MS&E expenditures.
Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Annual NIHB MS&E expenditures

Region	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022
Atlantic	$3,279	$3,900	$4,359	$4,177	$4,508
Quebec	$2,163	$2,345	$2,564	$2,379	$2,855
Ontario	$5,915	$6,662	$7,322	$7,297	$8,701
Manitoba	$6,985	$9,166	$11,966	$11,146	$13,330
Saskatchewan	$9,426	$10,762	$11,889	$11,908	$13,352
Alberta	$8,260	$9,127	$10,250	$9,647	$11,658
North	$4,018	$4,529	$4,884	$4,024	$5,647
Headquarters	$120	-$10	-$12	$592	$399
Total	**$40,167**	**$46,481**	**$53,222**	**$51,525**	**$60,449**

Table 5.2: Annual MS&E expenditures by region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

5

Per capita NIHB MS&E expenditures by region

2021 to 2022

Per capita expenditures are total NIHB MS&E expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

In 2021 to 2022, the national per capita expenditure for NIHB MS&E benefits was $66. This was an increase of 16.5% from the $56 recorded in 2020 to 2021.

Alberta had the highest per capita NIHB MS&E expenditures at $90, followed by Saskatchewan and Manitoba at $83 and $82.

Quebec had the lowest per capita MS&E expenditures at $36 followed by Ontario at $39. Relatively low per capita expenditures in Quebec and Ontaio are attributed to provincial programs which provide financial assistance for the provision of certain medical equipment items to all residents.

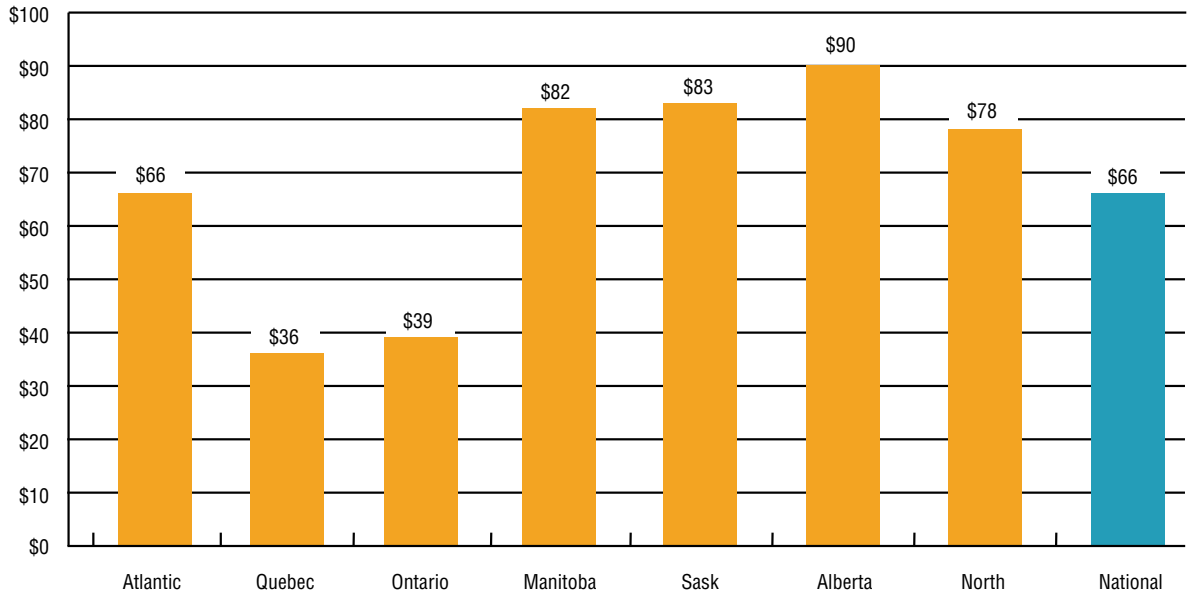


Chart 5.3: Per capita NIHB MS&E expenditures by region.
Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB MS&E utilization rates by region

Utilization rates are the number of clients who received at least one MS&E benefit paid through the HICPS system in the fiscal year, as a proportion of the total number of eligible clients.

In 2021 to 2022, the national utilization rate was 11% for NIHB MS&E benefits paid through the HICPS system.

The rates understate the actual level of utilization as the data do not include MS&E services provided through contribution agreements and benefits provided through community health facilities.

Region	MS&E Utilization				
	2017/18	2018/19	2019/20	2020/21	2021/22
Atlantic	7%	8%	10%	10%	12%
Quebec	5%	6%	7%	7%	9%
Ontario	4%	5%	5%	5%	7%
Manitoba	9%	10%	11%	12%	14%
Saskatchewan	7%	8%	10%	10%	13%
Alberta	6%	7%	8%	8%	10%
North	6%	5%	5%	8%	11%
National	**6%**	**7%**	**8%**	**8%**	**11%**

Table 5.3: NIHB MS&E utilization rates by region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

5

NIHB MS&E claimants by age group, gender and region

2021 to 2022

Of the 915,895 clients eligible to receive benefits under the NIHB program, a total of 97,834 claimants, representing 10.7% of the NIHB client population, received at least one MS&E item paid through the Health Information and Claims Processing Services (HICPS) system in 2021 to 2022. Of this total, 55,791 were female (57%) and 42,043 were male (43%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of MS&E claimants was 51 years. The average age for female and male claimants was 52 and 50 years of age, respectively.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0-4	46	27	73	20	10	30	48	28	76	141	105	246	149	113	262
5-9	90	66	156	57	46	103	137	109	246	352	306	658	334	255	589
10-14	97	73	170	76	72	148	168	145	313	419	343	762	415	351	766
15-19	89	96	185	70	83	153	173	174	347	391	417	808	428	530	958
20-24	83	119	202	37	89	126	164	241	405	346	542	888	356	793	1,149
25-29	154	184	338	86	148	234	213	344	557	429	774	1,203	455	892	1,347
30-34	166	202	368	121	149	270	275	366	641	483	790	1,273	573	919	1,492
35-39	152	209	361	131	161	292	321	422	743	554	794	1,348	525	830	1,355
40-44	178	238	416	176	150	326	375	429	804	620	777	1,397	565	748	1,313
45-49	254	333	587	204	240	444	494	602	1,096	846	1,006	1,852	641	876	1,517
50-54	348	458	806	268	302	570	605	775	1,380	953	1,273	2,226	816	1,113	1,929
55-59	378	505	883	322	394	716	812	968	1,780	1,076	1,320	2,396	884	1,132	2,016
60-64	396	527	923	371	434	805	801	1,037	1,838	1,014	1,317	2,331	876	1,169	2,045
65+	1,304	1,686	2,990	1,145	1,676	2,821	2,623	3,556	6,179	2,346	3,301	5,647	1,985	2,934	4,919
Total	**3,735**	**4,723**	**8,458**	**3,084**	**3,954**	**7,038**	**7,209**	**9,196**	**16,405**	**9,970**	**13,065**	**23,035**	**9,002**	**12,655**	**21,657**
Average age	**53**	**55**	**54**	**55**	**57**	**56**	**55**	**56**	**56**	**48**	**50**	**49**	**47**	**48**	**47**

Table 5.4: NIHB MS&E claimants by age group, gender and region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

Alberta			North			Total		
Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
78	50	128	97	83	180	581	418	999
159	126	285	189	160	349	1,320	1,073	2,393
185	183	368	156	137	293	1,523	1,308	2,831
183	200	383	129	117	246	1,467	1,625	3,092
180	289	469	93	204	297	1,264	2,287	3,551
249	357	606	109	258	367	1,699	2,963	4,662
288	405	693	161	253	414	2,077	3,109	5,186
336	396	732	144	254	398	2,171	3,079	5,250
387	369	756	175	261	436	2,494	2,992	5,486
387	503	890	188	316	504	3,022	3,895	6,917
569	607	1,176	305	447	752	3,897	5,010	8,907
560	726	1,286	344	459	803	4,405	5,556	9,961
574	744	1,318	295	417	712	4,349	5,674	10,023
1,334	2,179	3,513	1,000	1,365	2,365	11,774	16,802	28,576
5,469	**7,134**	**12,603**	**3,385**	**4,731**	**8,116**	**42,043**	**55,791**	**97,834**
49	**52**	**51**	**49**	**50**	**49**	**50**	**52**	**51**

5

Distribution of eligible NIHB population, MS&E expenditures and MS&E incidence by age group

2021 to 2022

In 2021 to 2022, 3.6% of all clients were in the 0 to 4 age group, but this group accounted for only 1.2% of all MS&E claims made and only 1.6% of total MS&E expenditures. In contrast, 9.9% of all eligible clients were in the 65+ age group, but they accounted for 36.0 % of all MS&E claims submitted and 35.2% of total MS&E expenditures.

The average MS&E claimant submitted 4 claims in 2021 to 2022, a rate that is relatively consistent over all age groups.

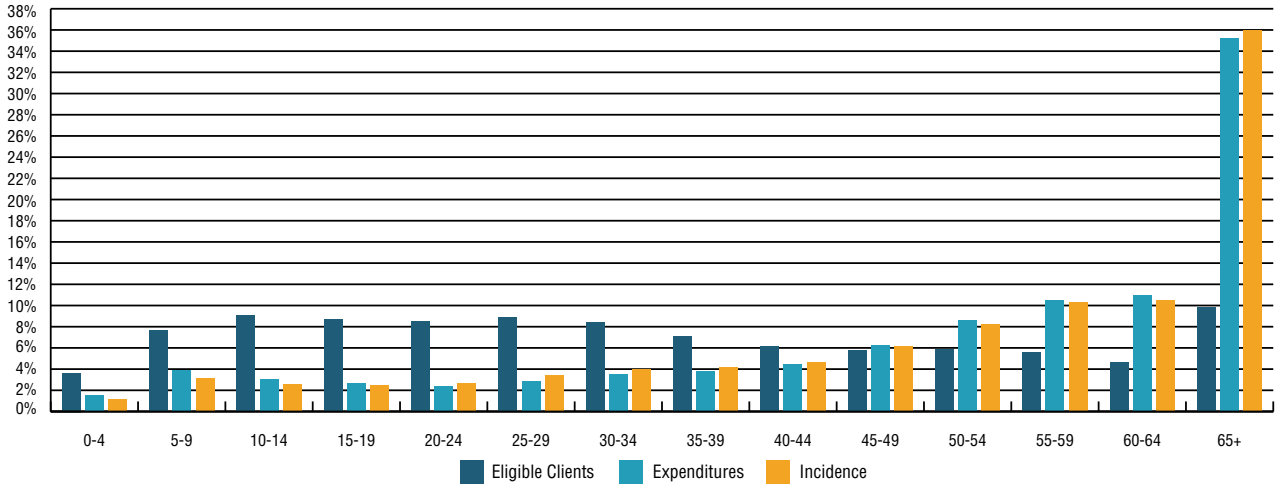


Chart 5.4: Distribution of eligible NIHB population, MS&E expenditures and MS&E incidence by age group.
Source: HICPS, FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB medical supplies expenditures by category

2021 to 2022

In 2021 to 2022, medical surgical supplies such as incontinence items accounted for 74.3% of all medical supply expenditures, a decrease from the 78.5% recorded in 2020 to 2021. Audiology supplies, such as hearing aid batteries, represented 5.2% of all medical supply expenditures, followed by self-care supplies such as enteral feeding bags at 4.8%.

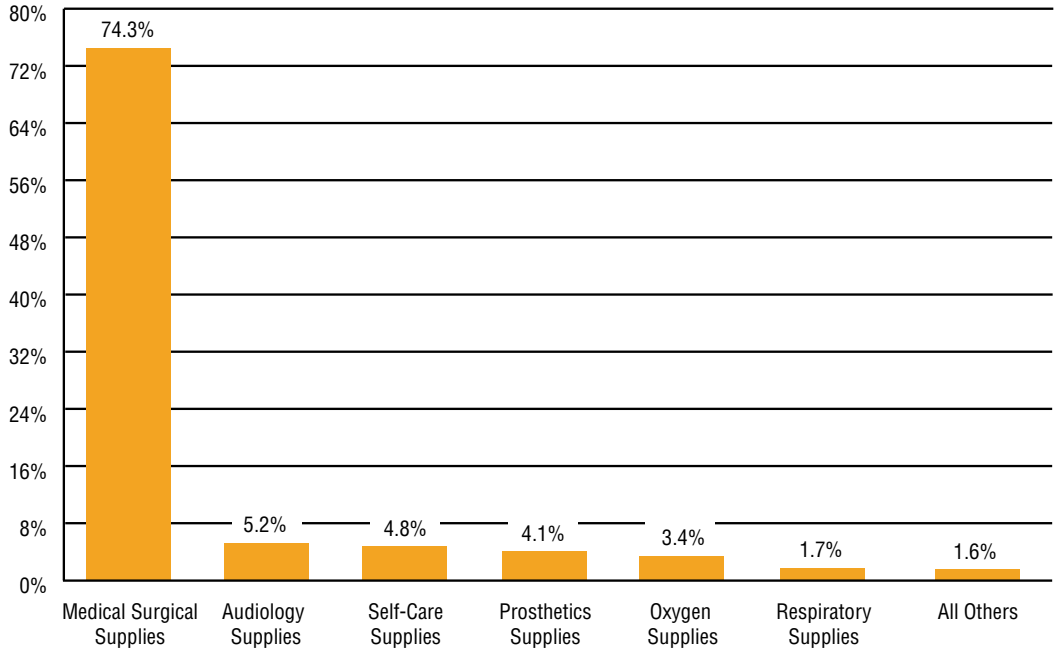


Chart 5.5: NIHB medical supplies expenditures by category.
Source: HICPS adapted by Business Support, Audit and Negotiations Division

5

NIHB medical equipment expenditures by category

2021 to 2022

In 2021 to 2022, mobility equipment such as wheelchairs accounted for 21.7% of all medical equipment expenditures, an increase from the 20.9% recorded in 2020 to 2021. Audiology equipment, such as hearing aids, represented 21.3% of all medical equipment expenditures, followed by respiratory equipment such as CPAP machines at 11.6%.

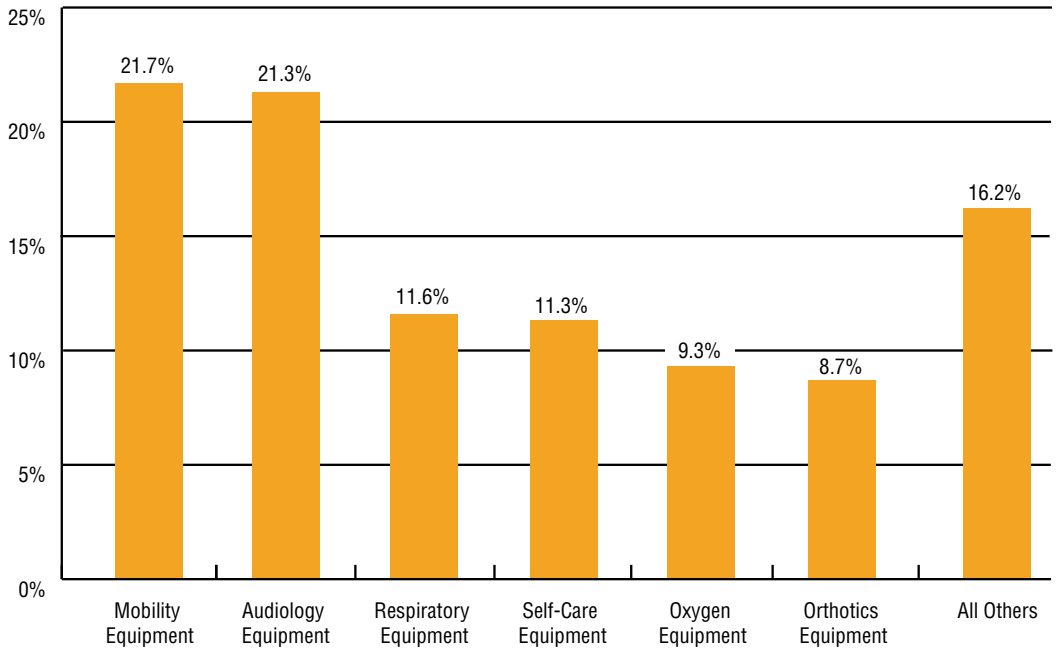


Chart 5.6: NIHB medical equipment expenditures by category.
Source: HICPS adapted by Business Support, Audit and Negotiations Division

6 NIHB Dental Expenditure and Utilization Data

The NIHB program covers a broad range of dental services including:

- **diagnostic services such as examinations and radiographs**
- **preventive services such as scaling, polishing, fluorides and sealants**
- **restorative services such as fillings and crowns**
- **endodontic services such as root canal treatments**
- **periodontal services such as deep scaling**
- **removable prosthodontic services such as partial or complete dentures**
- **oral surgery services such as extractions**
- **orthodontic services such as braces**
- **adjunctive services such as general anesthesia and sedation.**

In 2021 to 2022, a total of 314,110 First Nations and Inuit clients accessed dental benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for dental benefits was $302.2 million or 17.8% of total NIHB expenditures. The dental benefit accounts for the third largest program expenditure.

Some dental services require predetermination prior to the initiation of treatment. Predetermination is a review that determines if the proposed dental service is covered under the program's guidelines and criteria, as described in the NIHB Dental Benefits Guide. This review is undertaken by the Dental Predetermination Centre (DPC).

6

Distribution of NIHB dental expenditures ($ millions)

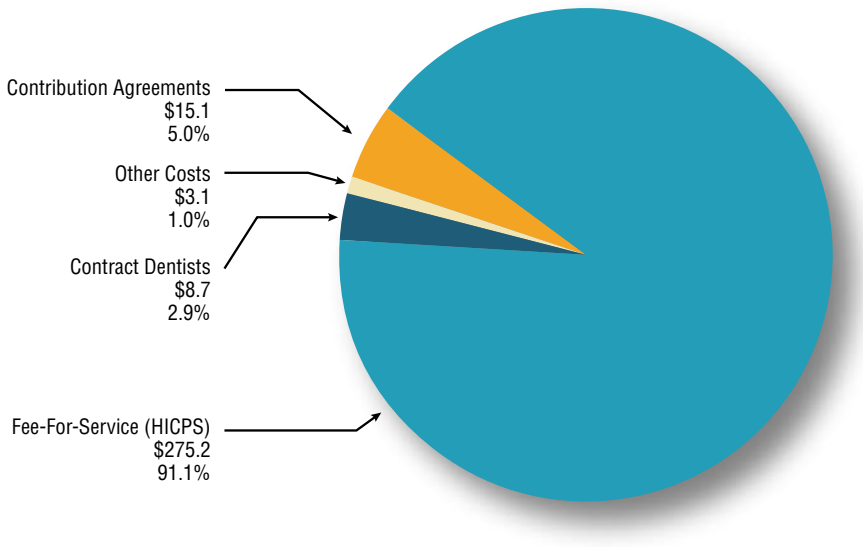
2021 to 2022

NIHB dental expenditures are comprised of multiple distinct components. Fee-for-service dental costs paid through the HICPS system represented the largest expenditure portion, accounting for $275.2 million or 91.1% of all NIHB dental costs.

The next highest component was contribution agreements, which accounted for $15.1 million or 5.0% of total dental expenditures. Contribution agreements are used to fund the provision of dental benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

Expenditures for contract dentists providing services to clients in remote communities totalled $8.7 million or 2.9% of total costs.

Other costs totalled $3.1 million or 1.0% in 2021 to 2022. The majority of these costs are related to benefit claims processing through the HICPS system.



Total NIHB Dental Expenditures: $302.2 M

Chart 6.1: Distribution of NIHB dental expenditures ($ millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

Total NIHB dental expenditures by type and region ($ 000's)

2021 to 2022

Of the $302.2 million in NIHB dental expenditures in 2021 to 2022, Saskatchewan (21.0%), Ontario (19.6%), Alberta (19.5%) and Manitoba (19.0%) had the largest overall proportion. Saskatchewan had the highest total dental expenditures at $63.4 million and the Atlantic region had the lowest total dental expenditures at $11.8 million.

Region	Operating			Total Operating Costs	Total Contribution Costs	Total Costs
	Fee-for-service	Contract dentists	Other costs			
Atlantic	$11,801	$0	$0	$11,801	$0	**$11,801**
Quebec	$19,092	$0	$0	$19,092	$0	**$19,092**
Ontario	$50,265	$2,133	$0	$52,398	$6,927	**$59,326**
Manitoba	$50,380	$6,163	$0	$56,544	$837	**$57,381**
Saskatchewan	$59,132	$0	$0	$59,132	$4,275	**$63,408**
Alberta	$55,906	$37	$0	$55,942	$2,848	**$58,790**
North	$26,221	$358	$0	$26,578	$251	**$26,830**
Headquarters	$0	$0	$3,108	$3,108	$0	**$3,108**
Total	**$275,246**	**$8,691**	**$3,108**	**$287,045**	**$15,138**	**$302,183**

Table 6.1: Total NIHB dental expenditures by type and region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

6

Annual NIHB dental expenditures

NIHB dental expenditures increased by 27.9% during fiscal year 2021 to 2022. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the benefit in fiscal 2021 to 2022 once restrictions were ended, significantly impacted growth in the past two years.

Over the last five years, annual growth rates for NIHB dental expenditures have ranged from a high of 27.9% in 2021 to 2022 to a low of negative 16.5% in 2020 to 2021.

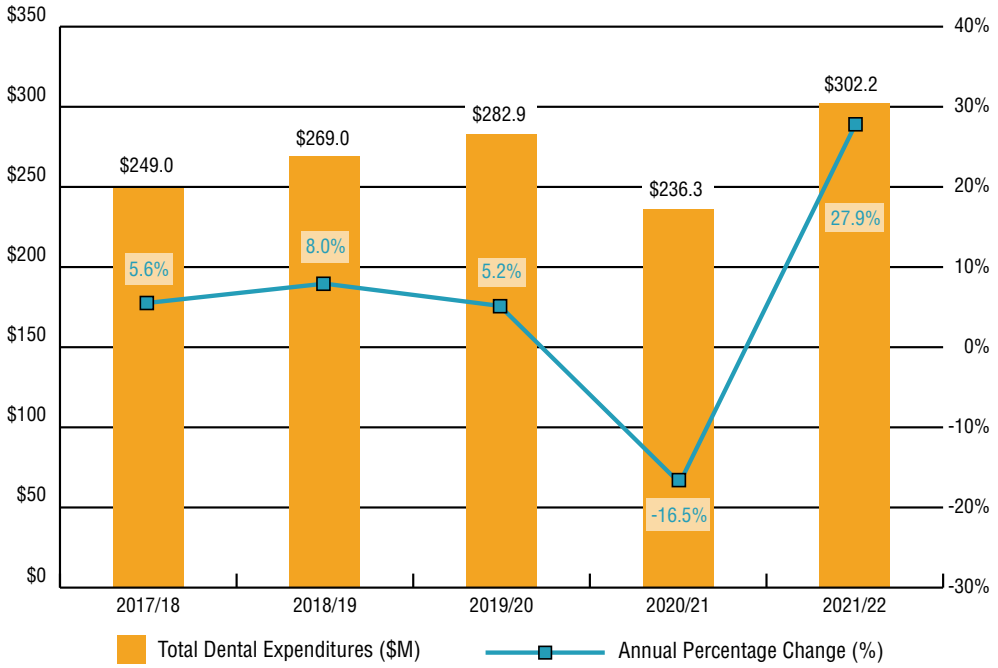


Chart 6.2: NIHB Dental expenditures and annual percentage change.
Source: FST adapted by Business Support, Audit and Negotiations Division

Annual NIHB dental expenditures

NIHB Dental Expenditures ($ 000's)					
Region	**2017 to 2018**	**2018 to 2019**	**2019 to 2020**	**2020 to 2021**	**2021 to 2022**
Atlantic	$10,610	$10,841	$11,545	$9,455	$11,801
Quebec	$17,961	$17,882	$18,733	$14,934	$19,092
Ontario	$52,101	$53,667	$55,386	$49,251	$59,326
Manitoba	$41,949	$48,099	$52,622	$49,414	$57,381
Saskatchewan	$50,635	$55,603	$57,639	$47,507	$63,408
Alberta	$47,637	$51,617	$54,993	$47,799	$58,790
North	$25,141	$26,211	$26,546	$20,703	$26,830
Headquarters	$2,770	$3,423	$5,361	$3,070	$3,108
Total	**$249,038**	**$269,008**	**$282,908**	**$236,293**	**$302,183**

Table 6.2: NIHB dental expenditures by region ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

6

Per capita NIHB dental expenditures by region

2021 to 2022

Per capita expenditures are total NIHB dental expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

In 2021 to 2022, national per capita NIHB dental expenditures were $327, an increase of 25.8% from $259 in 2020 to 2021.

Alberta had the highest per capita dental expenditures at $453, followed by Saskatchewan at $393 and the Northern region at $369. The Atlantic region had the lowest per capita dental expenditures at $173 per eligible client.

Per capita values reflect NIHB dental expenditures only, and do not include additional dental services that may be provided to First Nations and Inuit populations through other Indigenous Services Canada programs or through transfers and other arrangements.

Chart 6.3: Per capita NIHB dental expenditures by region.
Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB dental utilization rates by region

Utilization rates reflect the number of clients who, during the fiscal year, received at least one dental service paid through the HICPS system as a proportion of the total number of eligible clients.

In 2021 to 2022, the national utilization rate for dental benefits paid through the HICPS system was 34%. National NIHB dental utilization rates in 2020 to 2021 were impacted by provincial/territorial public health restrictions on the provision of in-person services due to the coronavirus (COVID-19) outbreak.

Dental utilization rates vary across the regions with the highest dental utilization rate found in Alberta and Quebec at 40% and 38% respectively. The lowest dental utilization rate was in Ontario (30%). Please note that the dental utilization rates understate the actual level of access, as these data do not include contract dental services provided in some regions or dental services provided through contribution agreements. For example, HICPS data does not capture any services utilized by the Bigstone Cree Nation. If this client population was removed from the Alberta Region's population, the utilization rate for dental benefits for Alberta would have been 43% in 2021 to 2022. The same scenario would apply for the Ontario Region. If the Akwesasne client population in Ontario were to be removed, the utilization rate for dental benefits in Ontario would have been 32%. The utilization rate also does not reflect services received through Indigenous Services Canada programs such as Community Oral Health Services which include dental therapy services and the Children's Oral Health Initiative (COHI).

Over the two year period between 2020 to 2021 and 2021 to 2022, 412,876 distinct clients received NIHB dental services through HICPS, resulting in an overall 45% utilization rate over this period.

Region	Dental Utilization					NIHB Dental Utilization Last Two Years 2020 to 2022
	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	
Atlantic	34%	37%	36%	30%	35%	**43%**
Quebec	44%	43%	42%	34%	38%	**48%**
Ontario	32%	32%	32%	26%	30%	**37%**
Manitoba	33%	39%	37%	27%	32%	**43%**
Saskatchewan	38%	39%	38%	32%	37%	**49%**
Alberta	40%	42%	42%	36%	40%	**52%**
Yukon	36%	37%	35%	29%	32%	**44%**
N.W.T.	41%	41%	39%	32%	36%	**47%**
Nunavut	38%	40%	38%	27%	32%	**44%**
National	**36%**	**37%**	**37%**	**30%**	**34%**	**45%**

Table 6.3: NIHB dental utilization rates by region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

6

NIHB dental claimants by age group, gender and region

2021 to 2022

Of the 915,895 clients eligible to receive dental benefits through the NIHB program, 314,110 claimants (34%) received at least one dental procedure paid through the HICPS system in 2021 to 2022.

Of this total, 177,607 were female (57%) and 136,503 were male (43%), compared to the total eligible NIHB population where 51% were female and 49% were male.

The average age of dental claimants was 33 years, indicating clients tend to access dental services at a slightly younger age compared to pharmacy services (38 years of age). The average age for female and male claimants was 34 and 32 years of age respectively.

Approximately 33% of all dental claimants were under 20 years of age. 36% of male claimants were in this age group compared to 30% of female claimants.

Approximately 7% of all claimants were seniors aged 65 and over in 2021 to 2022.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	97	135	232	209	222	431	618	570	1,188	796	782	1,578	1,055	1,072	2,127
5-9	497	573	1,070	1,198	1,167	2,365	2,604	2,632	5,236	2,627	2,710	5,337	2,948	3,215	6,163
10-14	756	837	1,593	1,501	1,523	3,024	3,087	3,246	6,333	2,912	3,167	6,079	3,489	3,810	7,299
15-19	1,068	1,158	2,226	1,138	1,256	2,394	2,888	3,069	5,957	2,564	3,211	5,775	2,875	3,563	6,438
20-24	827	1,077	1,904	940	1,228	2,168	2,330	2,989	5,319	1,963	2,621	4,584	2,196	3,246	5,442
25-29	910	1,275	2,185	1,101	1,505	2,606	2,389	3,408	5,797	2,031	2,851	4,882	2,153	3,312	5,465
30-34	795	1,106	1,901	963	1,319	2,282	2,153	3,046	5,199	1,799	2,602	4,401	2,048	3,183	5,231
35-39	741	981	1,722	863	1,196	2,059	1,852	2,591	4,443	1,410	2,031	3,441	1,752	2,482	4,234
40-44	654	878	1,532	838	1,080	1,918	1,643	2,397	4,040	1,257	1,711	2,968	1,478	1,938	3,416
45-49	699	936	1,635	778	1,115	1,893	1,665	2,299	3,964	1,220	1,715	2,935	1,390	1,918	3,308
50-54	781	1,016	1,797	894	1,102	1,996	1,745	2,404	4,149	1,254	1,684	2,938	1,383	1,896	3,279
55-59	740	1,031	1,771	895	1,218	2,113	1,840	2,619	4,459	1,154	1,554	2,708	1,166	1,616	2,782
60-64	653	923	1,576	822	1,082	1,904	1,599	2,477	4,076	892	1,185	2,077	886	1,205	2,091
65+	1,195	1,656	2,851	1,359	2,042	3,401	2,786	4,710	7,496	1,099	1,684	2,783	1,011	1,604	2,615
Total	**10,413**	**13,582**	**23,995**	**13,499**	**17,055**	**30,554**	**29,199**	**38,457**	**67,656**	**22,978**	**29,508**	**52,486**	**25,830**	**34,060**	**59,890**
Average age	**39**	**40**	**39**	**36**	**38**	**37**	**35**	**38**	**37**	**30**	**32**	**31**	**29**	**31**	**30**

Table 6.4: NIHB dental claimants by age group, gender and region. Source: HICPS adapted by Business Support, Audit and Negotiations Division

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
971	958	1,929	658	627	1,285	4,427	4,401	8,828
2,912	3,134	6,046	1,061	1,126	2,187	13,964	14,690	28,654
3,491	3,640	7,131	1,085	1,332	2,417	16,472	17,713	34,185
2,765	3,190	5,955	1,062	1,398	2,460	14,484	16,997	31,481
1,855	2,446	4,301	924	1,359	2,283	11,142	15,121	26,263
1,796	2,560	4,356	942	1,409	2,351	11,440	16,486	27,926
1,688	2,400	4,088	854	1,334	2,188	10,423	15,176	25,599
1,451	2,039	3,490	701	1,003	1,704	8,879	12,481	21,360
1,234	1,729	2,963	587	837	1,424	7,776	10,714	18,490
1,054	1,554	2,608	510	737	1,247	7,398	10,414	17,812
1,081	1,449	2,530	592	808	1,400	7,838	10,481	18,319
955	1,353	2,308	496	668	1,164	7,337	10,212	17,549
721	1,089	1,810	363	499	862	5,987	8,551	14,538
901	1,494	2,395	518	841	1,359	8,936	14,170	23,106
22,875	**29,035**	**51,910**	**10,353**	**13,978**	**24,331**	**136,503**	**177,607**	**314,110**
28	**31**	**29**	**30**	**32**	**31**	**32**	**34**	**33**

6

NIHB fee-for-service dental expenditures by service category

2020 to 2021

In 2021 to 2022, expenditures for restorative services (crowns, fillings, etc.) were the highest of all dental service categories at $124.4 million. Diagnostic services (examinations, radiographs, etc.) at $32.8 million and preventive services (scaling, sealants, etc.) at $30.5 million were the next highest service categories. Rounding out the top 5 were oral surgery (extractions, etc.) at $28.5 million and endodontic services (root canal treatments, etc.) at $20.4 million.

In 2021 to 2022, the three highest dental procedures by expenditure were composite restorations ($106.3 million), scaling ($22.8 million) and extractions ($20.2 million).

Fee-For-Service Top 5 Dental Service Categories ($ Millions) And Percentage Change			
Dental Sub-Benefit	**2020 to 2021**	**2021 to 2022**	**% Change from 2020 to 2021**
Restorative Services	$92.0	$124.4	35.2%
Diagnostic Services	$26.9	$32.8	21.8%
Preventive Services	$23.6	$30.5	29.3%
Oral Surgery	$22.0	$28.5	29.6%
Endodontic Services	$17.2	$20.4	18.5%

Table 6.5: NIHB fee-for-service dental expenditures by service category. Source: HICPS adapted by Business Support, Audit and Negotiations Division

Fee-For-Service Top 5 Dental Procedures ($ Millions) And Percentage Change			
Dental procedure	**2020 to 2021**	**2021 to 2022**	**% Change from 2020 to 2021**
Composite Restorations	$79.4	$106.3	33.9%
Scaling	$17.9	$22.8	27.0%
Extractions	$15.9	$20.2	26.8%
Root Canal Therapy	$15.7	$18.5	17.7%
Intraoral Radiographs	$10.0	$12.3	22.1%

Table 6.6: NIHB fee-for-service dental expenditures by procedure. Source: HICPS adapted by Business Support, Audit and Negotiations Division

Distribution of eligible NIHB population, dental expenditures and incidence by age group

2021 to 2022

The ratio of incidence to expenditures is relatively consistent across most age groupings; however, there are notable exceptions. For children aged 5 to 14, a larger number of low-cost procedures, such as fillings, are provided, so this group accounts for 25.0% of claims, but only 19.3% of expenditures.

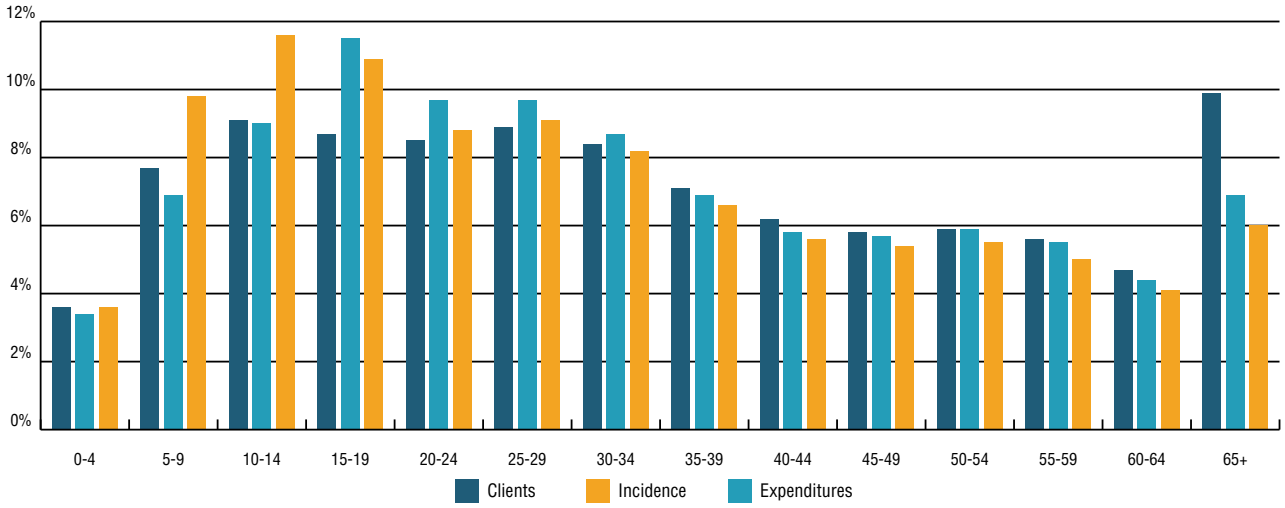


Chart 6.4: Distribution of eligible NIHB population, dental expenditures and incidence by age group.
Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

7 NIHB Medical Transportation Expenditures and Utilization Data

In 2021 to 2022, Non-Insured Health Benefits Medical Transportation expenditures were $602.2 million or 35.5% of total NIHB expenditures. The medical transportation benefit is the largest program expenditure.

NIHB medical transportation benefits are intended to assist eligible clients to access medically necessary health services that are not available on reserve or in their community of residence.

Medical transportation benefits are managed by Indigenous Services Canada regional offices, or by First Nations or Inuit Health Authorities, organizations or territorial governments who manage the benefit through contribution agreements.

Medical transportation benefits include:

- **ground travel (private vehicle, commercial taxi, fee-for-service driver and vehicle, band vehicle, bus, train, snowmobile taxi, and ground ambulance)**
- **air travel (scheduled flights; chartered flights; helicopter; and air ambulance)**
- **water travel (motorized boat; boat taxi; and ferry)**
- **living expenses (meals and accommodations)**
- **transportation costs for health professionals to provide services to isolated communities**

Medical transportation benefits may be provided for clients to access the following types of medically required health services:

- **medical services insured by provincial/territorial health plans (e.g., appointments with physician, diagnostic tests, hospital care)**
- **alcohol, solvent, drug abuse and detox treatments**
- **traditional healers**
- **eligible benefits and services covered by the NIHB program**

Medical transportation benefits may also be provided for a medical escort, such as a nurse, or a non-medical escort, such as family member or caregiver, to travel with a client who needs assistance. As of 2017, NIHB provides coverage for a non-medical escort for all pregnant women who require transportation outside their community to deliver their babies.

In addition to client travel, medical transportation expenditures also include costs associated with transporting health care professionals to under-serviced and/or remote and isolated communities to facilitate access to medically necessary services.

7

Distribution of NIHB medical transportation expenditures ($ Millions)

2021 to 2022

In 2021 to 2022, NIHB medical transportation expenditures totalled $602.2 million.

Contribution agreements for the management of medical transportation benefits by First Nations bands, territorial governments and other organizations represented the largest component, accounting for $284.7 million, or 47.3% of total benefit expenditures.

Of benefits managed by the NIHB program, living expenses at $84.5 million (14.0%), air ambulance at $73.3 million (12.2%) and scheduled flights at $66.8 million (11.1%) were the largest expenditures, accounting for a combined total of over 37%.

Rounding out medical transportation expenditures are costs for land ambulance at $54.0 million (9.0%), land and water transportation at $25.8 million (4.3%) and chartered flights at $13.2 million (2.2%).

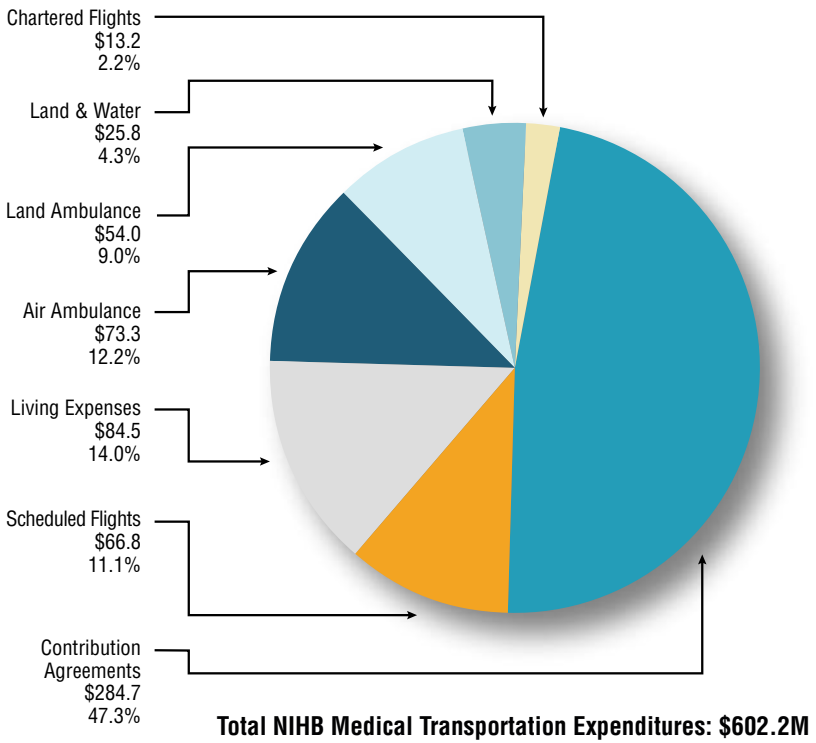


Chart 7.1: Distribution of NIHB medical transportation expenditures ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

Annual NIHB medical transportation expenditures

NIHB medical transportation expenditures increased by 14.6% in 2021 to 2022 compared to the previous year. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the medical transportation benefit in fiscal 2021 to 2022 once restrictions were ended, impacted growth in the past two years. Over the past five years, overall medical transportation costs have grown by 31.1% from $459.5 million in 2017 to 2018 to $602.2 million in 2021 to 2022.

On a regional basis, the highest 5 year growth rate was in Saskatchewan where expenditures grew by 60.3% from $64.4 million in 2017 to 2018 to $103.2 million in 2021 to 2022. This was followed by the Atlantic region with an increase of 41.5% from $11.1 million in 2017 to 2018 to $15.8 million in 2021 to 2022.

Manitoba had the highest total medical transportation expenditures at $184.2 million in 2021 to 2022, followed by Ontario at $114.8 million and Saskatchewan at $103.2 million.

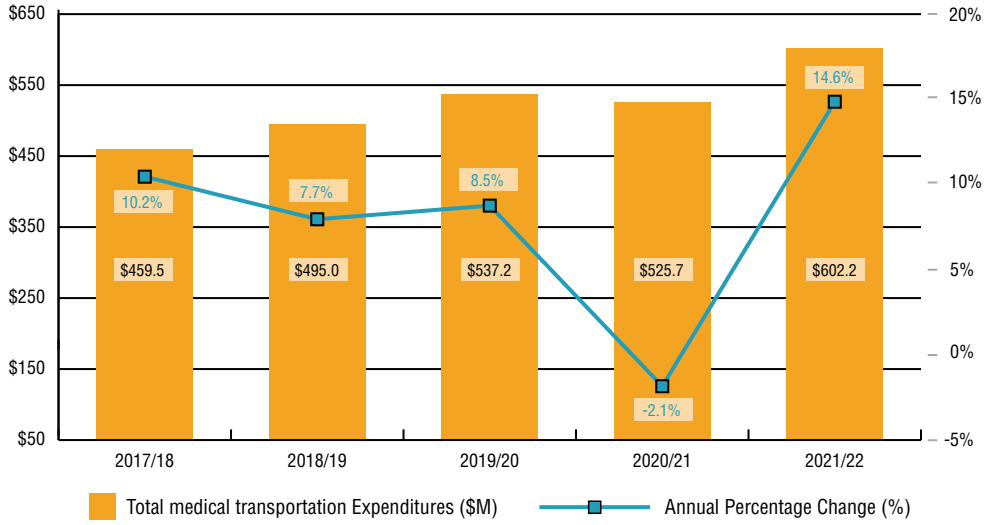


Chart 7.2: Annual NIHB medical transportation expenditures.
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB Medical Transportation Expenditures ($ 000'S)					
Region	**2017 to 2018**	**2018 to 2019**	**2019 to 2020**	**2020 to 2021**	**2021 to 2022**
Atlantic	$11,147	$11,820	$13,910	$13,263	$15,776
Quebec	$23,918	$24,642	$25,729	$25,379	$26,775
Ontario	$86,091	$98,605	$106,638	$90,646	$114,814
Manitoba	$155,370	$156,961	$168,686	$155,790	$184,200
Saskatchewan	$64,363	$75,330	$83,947	$84,951	$103,152
Alberta	$51,187	$56,870	$61,669	$59,492	$67,206
North	$67,413	$70,806	$76,601	$96,194	$90,286
Total	**$459,489**	**$495,034**	**$537,179**	**$525,715**	**$602,208**

Table 7.1: NIHB Medical transportation expenditures by region ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

7

NIHB medical transportation expenditures by type and region ($ 000's)

2021 to 2022

In 2021 to 2022 Manitoba had the highest overall NIHB medical transportation expenditures at $184.2 million, primarily as a result of air transportation, which totalled $100.5 million. High medical transportation costs in the region reflect in part the large number of First Nations clients living in remote or fly-in only northern communities.

Ontario had the second highest medical transportation expenditures total in 2021 to 2022 at $114.8 million. Saskatchewan and the Northern region followed at $103.2 million and $90.3 million, respectively.

Type	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	North	Total
Scheduled Flights	$2,365	$188	$21,346	$32,938	$7,657	$949	$1,332	$66,775
Air Ambulance	$31	$57	$41	$58,387	$9,193	$3,525	$2,104	$73,339
Chartered Flights	$1	$0	$294	$9,174	$1,285	$2,421	$0	$13,175
Land Ambulance	$440	$210	$1,021	$8,329	$29,947	$14,041	$1	$53,989
Land & Water	$952	$85	$3,254	$3,248	$15,542	$1,754	$927	$25,762
Living Expenses	$1,804	$41	$37,968	$25,639	$11,167	$6,127	$1,727	$84,473
Total Operating	$5,592	$581	$63,924	$137,716	$74,791	$28,817	$6,092	$317,513
Total Contributions	$10,184	$26,194	$50,890	$46,484	$28,361	$38,389	$84,194	$284,696
TOTAL	$15,776	$26,775	$114,814	$184,200	$103,152	$67,206	$90,286	$602,208
% Change from 2020/21	*18.9%*	*5.5%*	*26.7%*	*18.2%*	*21.4%*	*13.0%*	*-6.1%*	*14.6%*

Table 7.2: NIHB medical transportation expenditures by type and region ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

NIHB medical transportation operating expenditures by type ($ Millions)

2021 to 2022

In 2021 to 2022, living expenses, which include accommodations and meals, represented the largest portion of NIHB's medical transportation operating expenditures at $84.5 million or 26.6% of the total national operating expenditures. Air ambulance was the second highest at $73.3 million, or 23.1% of operating expenditures. Scheduled air followed at $66.8 million or 21.0%, and land ambulance made up $54.0 million or 17.0% of medical transportation operating costs.

Private vehicle expenditures ($4.2 million) are the costs reimbursed when a private vehicle used by a client to access eligible health services, based on a per kilometer allowance.

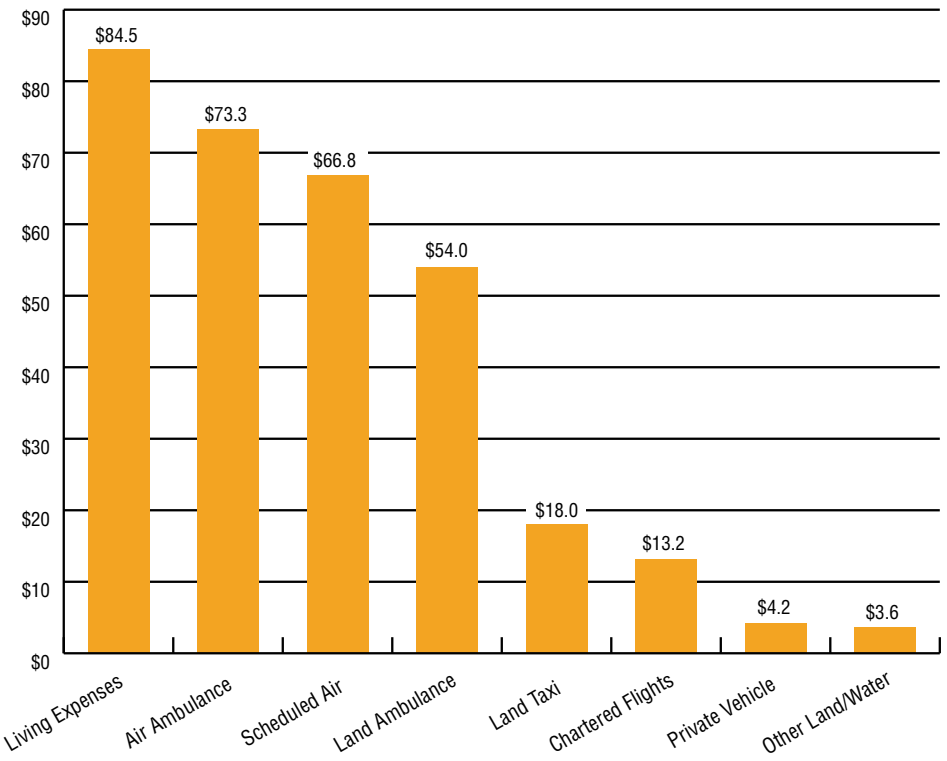


Chart 7.3: NIHB medical transportation operating expenditures by type ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

7

Per capita NIHB medical transportation expenditures by region

2021 to 2022

Expenditures per capita are total NIHB medical transportation expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

In 2021 to 2022, the national per capita expenditure for NIHB medical transportation benefits was $658, an increase of 9.2% from the $602 recorded in 2020 to 2021.

The Northern region had the highest per capita expenditure in medical transportation at $1,240, followed by Manitoba at $1,133. These expenditures reflect the large number of First Nations and Inuit clients living in remote or fly-in communities that need to fly to urban centres to access health services

In contrast, the Atlantic region had the lowest per capita expenditure at $231. Compared to other regions, this lower per capita cost is reflective of the geography of the region, which allows easier access to health services with less need for air travel.

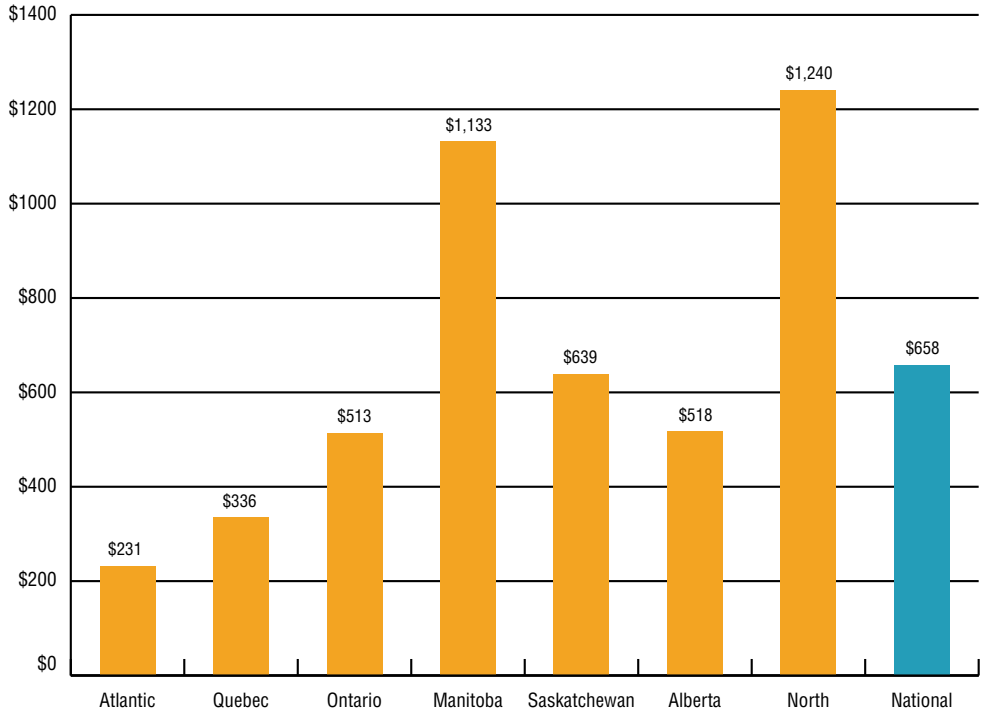


Chart 7.4: Per capita NIHB medical transportation expenditures by region.
Source: SVS and FST adapted by Business Support, Audit and Negotiations Division

8 NIHB Vision Care Benefits and Utilization Data

The NIHB program provides coverage for vision care benefits as set out in the NIHB Guide to Vision Care Benefits, including:

- **eye examinations when they are not insured by the province or territory**
- **corrective eyewear (glasses, contact lenses) when prescribed by a vision care professional**
- **eyeglass repairs**

Some items such as ocular prosthesis and low vision aids are covered by NIHB as medical supplies and equipment benefits.

In 2021 to 2022, a total of 156,680 First Nations and Inuit clients accessed vision care benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for vision care benefits was $47.8 million or 2.8% of total NIHB expenditures.

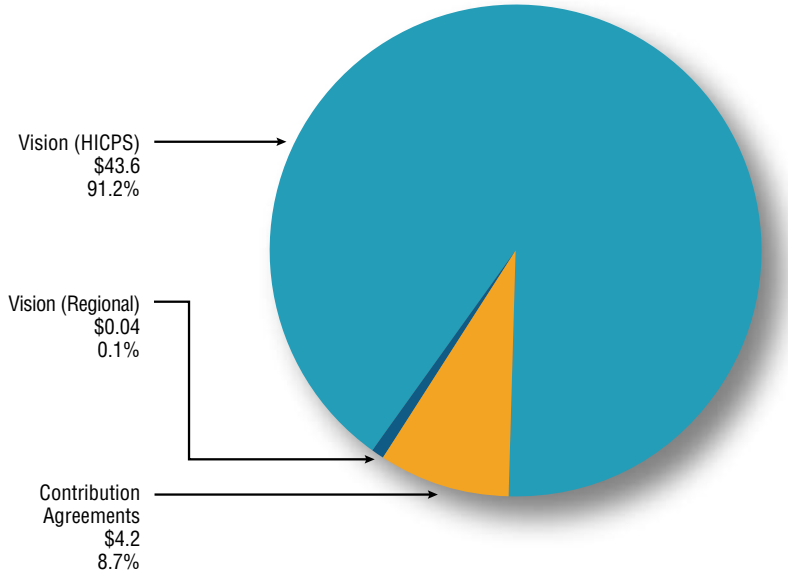
Distribution of NIHB vision care expenditures ($ millions)

2021 to 2022

NIHB vision care expenditures are comprised of several distinct components. Fee-for-service vision care costs paid through HICPS system represented the largest expenditure portion, accounting for $43.6 million or 91.2% of all NIHB vision care costs.

The next highest component was contribution agreements, which accounted for $4.2 million or 8.7% of total vision care costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of vision care benefits.

Regional vision care, at $35,300 or 0.1% of vision care benefit costs, refers to vision care claims paid through Indigenous Services Canada regional offices.



Total NIHB Vision Expenditures: $47.8M

Chart 8.1: Distribution of NIHB vision care expenditures ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB vision care expenditures and growth by region ($ 000's)

2021 to 2022

NIHB vision care expenditures totalled $47.8 million in 2021 to 2022, an increase of 20.8% from the previous year.

Saskatchewan had the highest vision care costs at $10.6 million, or 22.1% of total vision care expenditure, followed by Alberta at $9.4 million (19.7%) and Ontario at $8.1 million (17.0%). Headquarters expenditures are costs related to claims processing through the HICPS system.

Region	Operating		Total Operating Costs	Contributions	Total Costs
	Fee for-service	Regional			
Atlantic	$4,158	$0.4	$4,158	$0	$4,158
Quebec	$3,938	$0.5	$3,939	$0	$3,939
Ontario	$7,507	$0.6	$7,507	$606	$8,113
Manitoba	$6,818	$0.0	$6,818	$516	$7,334
Saskatchewan	$10,581	$0.0	$10,581	$0	$10,581
Alberta	$8,038	$0.0	$8,038	$1,367	$9,405
North	$2,384	$34.3	$2,418	$1,663	$4,081
Headquarters	$210	$0.0	$210	$0	$210
Total	**$43,633**	**$35.8**	**$43,669**	**$4,151**	**$47,819**

Table 8.1: NIHB vision care expenditures and growth by region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

Annual NIHB vision care expenditures and percentage change

NIHB vision care expenditures increased by 20.8% during fiscal year 2021 to 2022. Expenditures in 2020 to 2021 were artificially low due in large part to the impact of the coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services. Over the past five years, growth in vision care expenditures has ranged from a high of 26.1% in 2019 to 2020 to a low of -13.9% in 2020 to 2021.

The five year annualized growth rate for NIHB vision care expenditures is 7.3%.

On a regional basis, the highest growth rate over this five year period was in Quebec where expenditures grew by 116.5% from $1.8 million in 2017 to 2018 to $3.9 million in 2021 to 2022. Saskatchewan had largest net increase in expenditures over this period, where costs grew by $4.5 million.

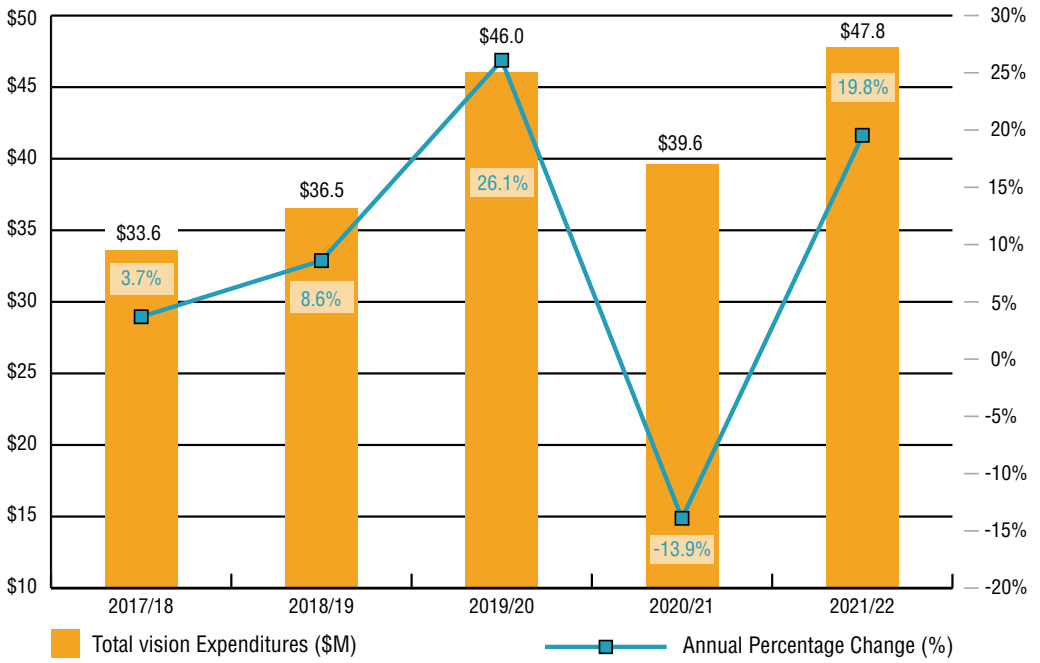


Chart 8.2: Annual NIHB vision care expenditures. Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB Vision Care Expenditures ($ 000'S)					
Region	**2017 to 2018**	**2018 to 2019**	**2019 to 2020**	**2020 to 2021**	**2021 to 2022**
Atlantic	$3,632	$3,885	$4,150	$3,436	$4,158
Quebec	$1,819	$1,908	$2,736	$2,814	$3,938
Ontario	$6,848	$6,744	$7,860	$7,346	$8,113
Manitoba	$4,479	$4,699	$6,935	$6,042	$7,334
Saskatchewan	$6,905	$7,822	$9,844	$8,493	$10,581
Alberta	$6,764	$7,696	$10,514	$8,030	$9,405
North	$3,131	$3,713	$3,929	$3,206	$4,081
Total	**$33,578**	**$36,467**	**$45,968**	**$39,594**	**$47,819**

Table 8.2: NIHB vision care expenditures ($ 000's) by region. Source: FST adapted by Business Support, Audit and Negotiations Division

Per capita NIHB vision care expenditures by region

2021 to 2022

Per capita expenditures are total NIHB vision care expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

In 2021 to 2022, the national per capita expenditure in NIHB vision care benefits was $52.

Alberta had the highest per capita expenditure at $73, followed by Saskatchewan at $66 and the Atlantic region at $61. The lowest per capita NIHB vision care benefit expenditure was in Ontario at $36.

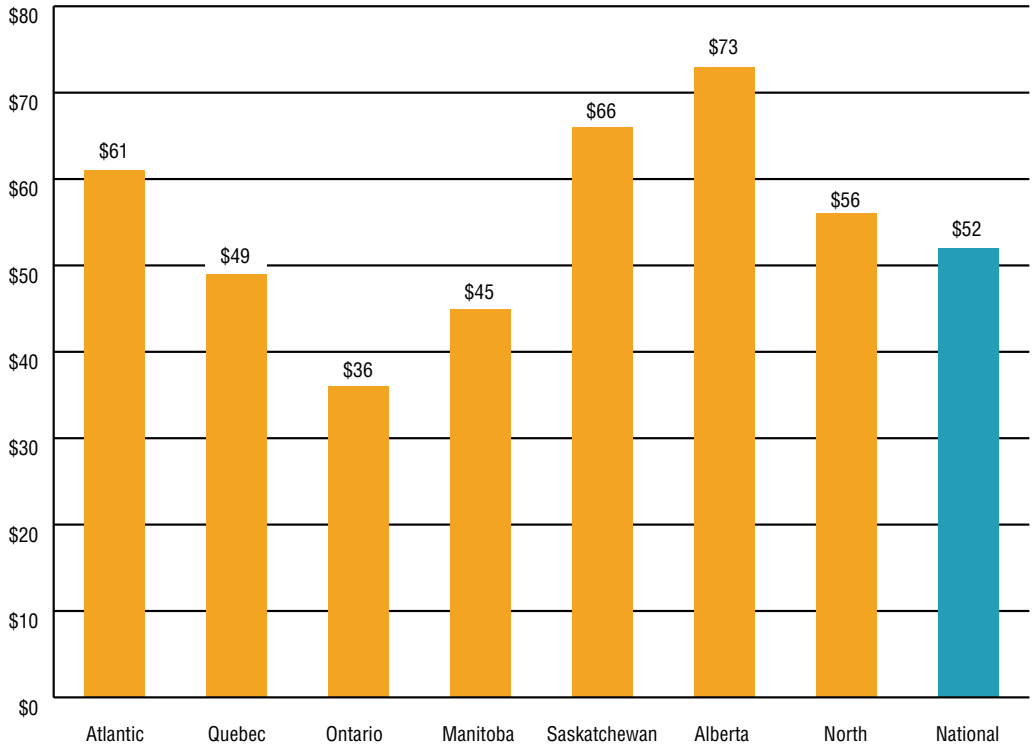


Chart 8.3: Per capita NIHB vision care expenditures by region.
Source: SVS and FST adapted by Business Support, Audit and Negotiations Division

NIHB vision care claimants by age group, gender and region

2021 to 2022

Of the 915,895 clients eligible to receive benefits under the NIHB program, a total of 156,680 claimants, representing 17.4% of the NIHB client population, had at least one vision care claim paid through the Health Information and Claims Processing Services (HICPS) system in 2021 to 2022. Of this total, 95,158 were female (60.7%) and 61,522 were male (39.3%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of vision care claimants was 37 years. The average age for female and male claimants was 37 and 36 years of age, respectively.

REGION	Atlantic			Quebec			Ontario			Manitoba		
Age Group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	81	58	139	23	15	38	42	33	75	49	32	81
5-9	448	369	817	315	242	557	570	483	1,053	738	715	1,453
10-14	762	596	1,358	565	426	991	1,124	882	2,006	1,523	1,242	2,765
15-19	745	535	1,280	630	413	1,043	1,296	922	2,218	1,699	1,135	2,834
20-24	708	422	1,130	592	356	948	1,446	863	2,309	1,277	830	2,107
25-29	736	405	1,141	688	360	1,048	1,644	876	2,520	1,411	743	2,154
30-34	621	411	1,032	645	314	959	1,451	800	2,251	1,315	708	2,023
35-39	563	318	881	588	302	890	1,241	752	1,993	1,006	576	1,582
40-44	509	358	867	525	324	849	1,273	769	2,042	939	554	1,493
45-49	608	410	1,018	674	344	1,018	1,372	843	2,215	967	652	1,619
50-54	659	471	1,130	618	419	1,037	1,441	883	2,324	1,019	588	1,607
55-59	707	478	1,185	683	414	1,097	1,543	893	2,436	970	642	1,612
60-64	663	450	1,113	681	411	1,092	1,422	836	2,258	794	530	1,324
65+	1,326	943	2,269	995	653	1,648	2,120	1,300	3,420	1,168	683	1,851
Total	**9,136**	**6,224**	**15,360**	**8,222**	**4,993**	**13,215**	**17,985**	**11,135**	**29,120**	**14,875**	**9,630**	**24,505**
Average Age	**40**	**40**	**40**	**41**	**41**	**41**	**41**	**40**	**41**	**36**	**34**	**35**

Table 8.3: NIHB mental health counselling expenditures by region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

REGION	Saskatchewan			Alberta			North			TOTAL		
Age Group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	135	84	219	96	85	181	13	17	30	440	325	765
5-9	1,287	1,032	2,319	947	840	1,787	124	129	253	4,444	3,822	8,266
10-14	2,332	1,842	4,174	1,750	1,416	3,166	321	242	563	8,417	6,673	15,090
15-19	2,525	1,774	4,299	1,722	1,259	2,981	390	270	660	9,054	6,330	15,384
20-24	2,292	1,360	3,652	1,520	994	2,514	395	210	605	8,285	5,062	13,347
25-29	2,288	1,295	3,583	1,607	1,038	2,645	425	209	634	8,855	4,955	13,810
30-34	2,144	1,277	3,421	1,510	913	2,423	415	226	641	8,167	4,680	12,847
35-39	1,696	923	2,619	1,228	782	2,010	340	179	519	6,723	3,862	10,585
40-44	1,479	959	2,438	1,107	706	1,813	326	155	481	6,205	3,857	10,062
45-49	1,479	944	2,423	1,056	670	1,726	347	192	539	6,565	4,085	10,650
50-54	1,393	964	2,357	977	699	1,676	389	269	658	6,562	4,332	10,894
55-59	1,309	875	2,184	947	599	1,546	396	260	656	6,608	4,189	10,797
60-64	1,108	674	1,782	776	505	1,281	332	238	570	5,808	3,669	9,477
65+	1,694	1,031	2,725	1,009	642	1,651	655	404	1,059	9,025	5,681	14,706
Total	**23,161**	**15,034**	**38,195**	**16,252**	**11,148**	**27,400**	**4,868**	**3,000**	**7,868**	**95,158**	**61,522**	**156,680**
Average Age	35	34	34	34	33	34	41	41	41	37	36	37

NIHB vision care expenditures by category

2021 to 2022

In 2021 to 2022, new eyewear, such as eyeglasses, accounted for $37.1 million or 85.7% of all HICPS vision care expenditures. Eye exams were $5.5 million or 12.8%, followed by repairs at $362 thousand or 0.8%.

Category	Claimants	Expenditures	% Change from previous year
New Eyewear	134,106	$37,068,360	34.8%
Eye Exams	79,762	$5,534,093	37.7%
Repairs	3,515	$361,610	32.9%
Early Replacement	946	$153,801	23.5%
Add ons	5,562	$81,491	31.6%
Other	159	$33,848	62.8%

Table 8.4: NIHB vision care claimants and expenditures ($ 000's) by category.
Source: HICPS adapted by Business Support, Audit and Negotiations Division

9 NIHB Mental Health Counseling Benefits and Utilization Data

The NIHB program provides coverage for mental health benefits as set out in the NIHB Guide to Mental Health Counselling Services. The NIHB program's mental health counselling benefit is intended to provide coverage for professional mental health counselling to complement other mental wellness services that may be available to clients or in communities. Mental health counselling is eligible for coverage when it is provided by an NIHB recognized mental health professional such as a registered psychologist. The mental health counselling benefit is offered in a way that:

- **recognizes NIHB mental health counselling benefit as a component of a mental wellness continuum that includes other Indigenous Services Canada, community-based and provincial or territorial mental health programming and services**
- **supports culturally competent mental health counselling**

In 2021 to 2022, a total of 26,450 First Nations and Inuit clients accessed mental health counselling benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for mental health counselling benefits was 93.9 million or 5.5% of total NIHB expenditures.

9

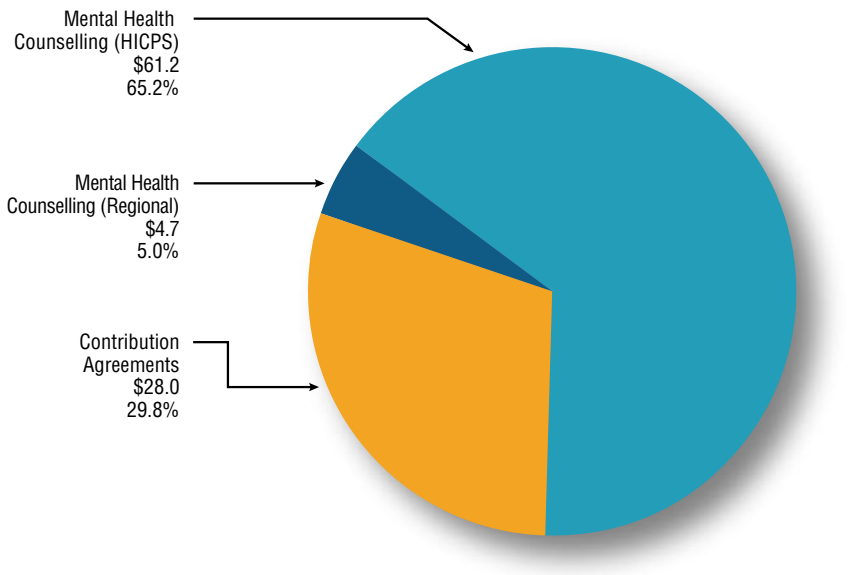
Distribution of NIHB mental health counselling expenditures ($ millions)

2021 to 2022

NIHB mental health counselling expenditures are comprised of several distinct components. Fee-for-service mental health counselling costs paid through HICPS system represented the largest expenditure portion, accounting for $61.2 million or 65.2% of all NIHB mental health counselling costs.

The next highest component was contribution agreements, which accounted for $28.0 million or 29.8% of total mental health counselling costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of mental health counselling benefits.

Regional mental health counselling, at $4.7 million or 5.0% of mental health counselling benefit costs, refers to mental health counselling claims paid through Indigenous Services Canada regional offices.



Total NIHB Mental Health Counselling Expenditures: $93.9M

Chart 9.1: Distribution of NIHB mental health counselling expenditures ($ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB mental health couselling expenditures and growth by region ($ 000's)

2021 to 2022

NIHB mental health counselling expenditures totalled $93.9 million in 2021 to 2022, an increase of 27.2% from the previous year.

Saskatchewan had the highest mental health counselling costs at $24.9 million, or 26.5% of total mental health counselling expenditures, followed by Ontario at $21.8 million (23.2%) and Manitoba at $16.3 million (17.4%). Headquarters expenditures are costs related to claims processing through the HICPS system.

Region	Operating		Total Operating Costs	Total Contributions Costs	Total Costs	% Change from 2020-2021
	Fee for-service	Regional				
Atlantic	$3,005	$193	$3,198	$3,804	$7,001	16.0%
Quebec	$4,157	$0	$4,157	$1,447	$5,604	24.7%
Ontario	$20,291	$0	$20,291	$1,471	$21,762	40.5%
Manitoba	$11,254	$0	$11,254	$5,079	$16,333	18.3%
Saskatchewan	$15,318	$0	$15,318	$9,563	$24,881	48.4%
Alberta	$5,712	$4,473	$10,185	$4,586	$14,771	15.0%
North	$1,265	$0	$1,265	$2,068	$3,333	-14.4%
Headquarters	$204	$0	$204	$0	$204	
Total	**$61,205**	**$4,666**	**$65,871**	**$28,019**	**$93,890**	**27.2%**

Table 9.1: NIHB mental health counselling expenditures by region ($ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

9

NIHB mental health counselling expenditures and annual percentage change

NIHB mental health counselling expenditures increased by 27.5% during fiscal year 2021 to 2022. Over the past five years, mental health counselling costs have grown by 183.9% from $33.1 million in 2017 to 2018 to $93.9 million in 2021 to 2022. Budget 2017 provided funding to expand the benefit by removing the requirement that counselling be provided in response to a crisis. Over the past five years, growth in mental health counselling expenditures has ranged from a high of 52.2% in 2017 to 2018 to a low of 27.5% in 2021 to 2022.

The five year annualized growth rate for NIHB mental health counselling expenditures is 23.2%.

On a regional basis, the highest growth rates over this period were in the Atlantic region where expenditures grew by 481.3% from $1.2 million in 2017 to 2018 to $6.0 million in 2021 to 2022. This was followed by Saskatchewan with an increase of 279.4% from $6.6 million in 2017 to 2018 to $16.8 million in 2021 to 2022.

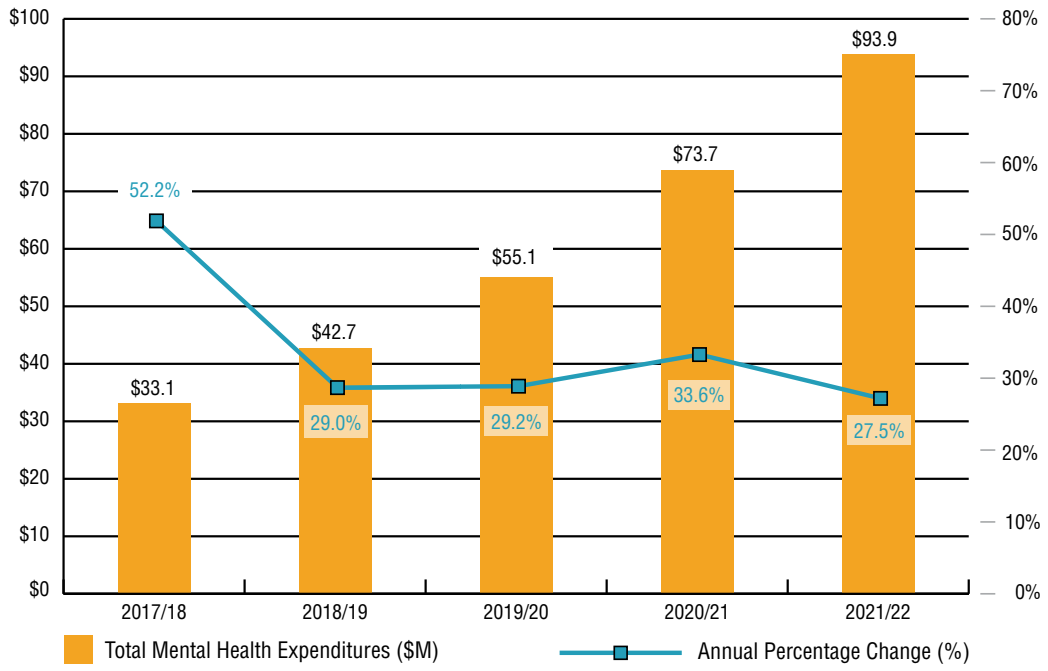


Chart 9.2: NIHB mental health counselling expenditures and annual percentage change.
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB Mental Health Expenditures ($ 000'S)					
Region	**2017 to 2018**	**2018 to 2019**	**2019 to 2020**	**2020 to 2021**	**2021 to 2022**
Atlantic	$1,204	$1,932	$3,428	$6,037	$7,001
Quebec	$1,861	$2,382	$3,138	$4,493	$5,604
Ontario	$6,028	$9,053	$12,116	$15,491	$21,762
Manitoba	$8,124	$9,705	$11,475	$13,803	$16,333
Saskatchewan	$6,559	$7,867	$11,783	$16,770	$24,881
Alberta	$7,761	$9,545	$11,020	$12,843	$14,771
North	$1,528	$2,172	$2,167	$3,895	$3,333
Total	**$33,066**	**$42,656**	**$55,126**	**$73,652**	**$93,890**

Table 9.2: NIHB mental health expenditures ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Per capita NIHB mental health counselling expenditures by region ($ 000's)

2021 to 2022

Per capita expenditures are total NIHB mental health counselling expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period. Note that mental health counselling per capita expenditures in the North are underrepresented as mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements.

In 2021 to 2022, the national per capita expenditure for the NIHB mental health counselling benefit was $108 per NIHB-eligible client.

Saskatchewan had the highest per capita expenditure at $154, followed by Alberta at $114. Per capital expenditure was lowest in the North, at $46.

Chart 9.3: Per capita NIHB mental health counselling expenditures by region ($ 000's).
Source: SVS and FST adapted by Business Support, Audit and Negotiations Division

9

NIHB mental health counselling claimants by age group, gender and region

2021 to 2022

Of the 915,895 clients eligible to receive benefits under the NIHB program, a total of 26,450 claimants, representing 2.9% of the NIHB client population, had at least one mental health counselling claim paid through the Health Information and Claims Processing Services (HICPS) system in 2021 to 2022. Of this total, 18,256 were female (69.0%) and 8,194 were male (31.0%). This compares to the total eligible population where 51% were female and 49% were male. Note that this table underrepresents mental health counselling utilization in the North as mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements. As such, claims for these regions are not captured in the HICPS system.

The average age of mental health counselling claimants was 34 years. The average age for female and male claimants was 34 and 32 years of age, respectively.

REGION	Atlantic			Quebec			Ontario			Manitoba		
Age Group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-9	28	25	53	17	15	32	196	190	386	41	42	83
10-14	106	50	156	80	44	124	506	336	842	196	129	325
15-19	133	54	187	74	37	111	732	327	1,059	282	160	442
20-24	167	63	230	131	46	177	663	279	942	301	116	417
25-29	205	71	276	140	56	196	834	359	1,193	303	130	433
30-34	141	64	205	128	51	179	710	301	1,011	253	86	339
35-39	114	51	165	127	43	170	633	283	916	219	74	293
40-44	102	23	125	96	39	135	504	221	725	147	65	212
45-49	73	26	99	79	30	109	439	198	637	100	41	141
50-54	64	26	90	48	31	79	359	141	500	87	38	125
55-59	41	11	52	76	21	97	317	126	443	63	32	95
60-64	25	12	37	47	13	60	218	77	295	37	12	49
65+	29	15	44	31	10	41	231	68	299	50	19	69
Total	**1,228**	**491**	**1,719**	**1,074**	**436**	**1,510**	**6,342**	**2,906**	**9,248**	**2,079**	**944**	**3,023**
Average Age	**32**	**31**	**32**	**35**	**34**	**35**	**34**	**31**	**33**	**31**	**29**	**30**

Table 9.3: NIHB mental health counselling claimants by age group, gender and region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

NIHB Mental Health Counseling Benefits and Utilization Data

REGION	Saskatchewan			Alberta			North			TOTAL		
Age Group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-9	70	58	128	79	74	153	28	37	65	464	448	912
10-14	288	197	485	273	178	451	43	20	63	1,506	956	2,462
15-19	465	153	618	300	173	473	48	19	67	2,049	930	2,979
20-24	444	156	600	268	124	392	61	25	86	2,063	814	2,877
25-29	523	196	719	304	119	423	70	14	84	2,408	956	3,364
30-34	539	208	747	327	139	466	53	18	71	2,186	877	3,063
35-39	377	164	541	269	104	373	44	19	63	1,812	748	2,560
40-44	299	172	471	187	102	289	24	9	33	1,376	636	2,012
45-49	274	118	392	132	64	196	27	12	39	1,136	493	1,629
50-54	235	121	356	115	50	165	27	10	37	944	423	1,367
55-59	202	94	296	99	33	132	9	11	20	818	334	1,152
60-64	133	54	187	55	17	72	17	7	24	535	195	730
65+	108	58	166	54	11	65	451	201	652	959	384	1,343
Total	**3,957**	**1,749**	**5,706**	**2,462**	**1,188**	**3,650**	**902**	**402**	**1,304**	**18,256**	**8,194**	**26,450**
Average Age	**34**	**34**	**34**	**32**	**29**	**31**	**50**	**46**	**49**	**33**	**31**	**32**

9

NIHB mental health counselling expenditures by category

2021 to 2022

In 2021 to 2022, individual counselling sessions accounted for $28.6 million or 63.1% of all HICPS mental health counselling expenditures. Telehealth counselling sessions were $15.5 million or 34.2%, followed by family counselling sessions at $499 thousand or 1.1%.

Category	Claimants	Expenditures	% Change from previous year
Individual Counselling Session	19,210	$28,614,042	37.6%
Telehealth Counselling Session	8,400	$15,530,770	34.8%
Family Counselling Session	395	$498,583	58.4%
Other	1,662	$378,027	39.6%
Group Counselling Session	429	$358,979	19.2%

Table 9.3: NIHB mental health counselling claimants and expenditures ($ 000's) by category.
Source: HICPS adapted by Business Support, Audit and Negotiations Division

10 Ten Year Regional Expenditure Trends

Atlantic region

Annual expenditures in the Atlantic Region for 2021 to 2022 totalled $84.2 million, an increase of 13.8% over the $74.0 million spent in 2020 to 2021. Pharmacy expenditures in 2021 to 2022 increased by 8.9% to $40.7 million, medical transportation costs increased by 18.9% to $15.8 million and dental expenditures increased by 24.8% to $11.8 million. Mental health expenditures increased by 16.0%, MS&E expenditures increased by 8.9% and vision care expenditures increased by 21.0%.

Pharmacy expenditures accounted for almost half of NIHB expenditures in the Atlantic Region 48.3%. Medical transportation expenditures ranked second at 18.7%, followed by dental at 14.8%. MS&E, vision care and mental health counselling expenditures accounted for 5.4%, 8.3% and 4.9% of total expenditures respectively.

Over the ten year period from fiscal year 2012 to 2013 to fiscal year 2021 to 2022, NIHB expenditures in the Atlantic Region were impacted by changes to the NIHB eligible client population. The creation of the Qalipu Mi'kmaq First Nation band in 2011 resulted in a 2 year surge in expenditures in the Atlantic Region. As of March 31, 2022, a total of 24,484 Qalipu clients were eligible to receive benefits through the NIHB program. The decrease in expenditures in 2013 to 2014 can be attributed to the transfer of authority to the First Nations Health Authority for clients registered to First Nations in the Atlantic region but residing in British Columbia.

10

Atlantic Region

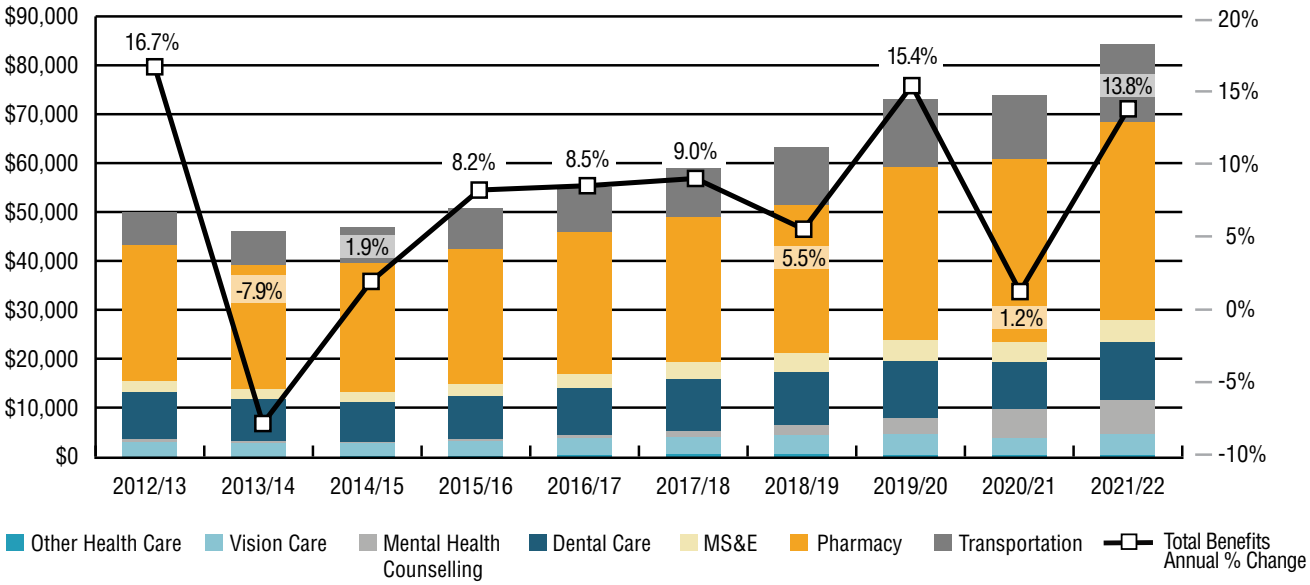


Chart 10.1: Percentage change in Atlantic region NIHB expenditures ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Atlantic region	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$6,875	$6,916	$7,419	$8,380	$9,277	$11,147	$11,820	$13,910	$13,263	$15,776
Pharmacy	$27,832	$25,453	$26,278	$27,665	$28,976	$29,741	$30,448	$35,365	$37,323	$40,657
MS&E	$2,147	$2,064	$2,120	$2,449	$2,990	$3,279	$3,900	$4,359	$4,177	$4,508
Dental	$9,660	$8,609	$8,238	$8,846	$9,593	$10,610	$10,841	$11,545	$9,455	$11,801
Mental Health Counselling	$512	$235	$169	$419	$601	$1,204	$1,932	$3,428	$6,037	$7,001
Vision Care	$2,969	$2,757	$2,666	$3,021	$3,502	$3,632	$3,885	$4,150	$3,436	$4,158
Other	$0	$0	$21	$44	$207	$427	$516	$314	$293	$326
Total	**$49,995**	**$46,033**	**$46,912**	**$50,773**	**$55,079**	**$60,040**	**$63,342**	**$73,071**	**$73,984**	**$84,227**

Table 10.1: Atlantic region annual expenditures by benefit ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Quebec

Annual expenditures in Quebec for 2021 to 2022 totalled $117.4 million, an increase of 13.1% from the $103.8 million spent in 2020 to 2021.

Medical transportation expenditures increased by 5.5% to $26.8 million in 2021 to 2022, pharmacy expenditures increased by 10.4% to $58.8 million and dental expenditures increased by 27.8% to $14.9 million. MS&E costs increased by 20.0%, mental health expenditures increased by 24.7% and vision care expenditures increased by 40.0%.

Pharmacy expenditures accounted for half of total NIHB expenditures in Quebec in 2021 to 2022 at 50.1%. Medical transportation expenditures ranked second at 22.8%, followed by dental at 16.3%. Mental health counselling, MS&E and vision care expenditures accounted for 4.8%, 3.4% and 2.4% of total expenditures respectively.

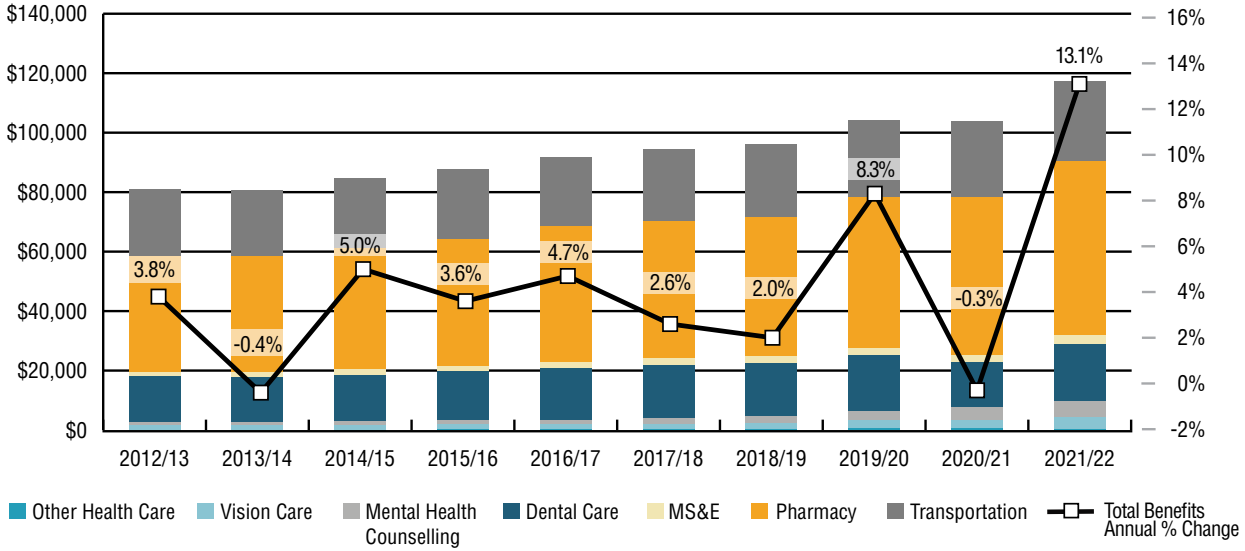


Chart 10.2: Percentage change in Quebec NIHB expenditures ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Quebec	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$22,578	$21,945	$23,506	$23,687	$23,501	$23,918	$24,642	$25,729	$25,379	$26,775
Pharmacy	$39,043	$39,324	$40,897	$42,554	$45,554	$46,227	$46,623	$50,747	$53,282	$58,827
Dental	$15,239	$15,216	$15,799	$16,641	$17,569	$17,961	$17,882	$18,733	$14,934	$19,092
MS&E	$1,350	$1,501	$1,684	$1,752	$1,994	$2,163	$2,345	$2,564	$2,379	$2,855
Mental Health Counselling	$1,135	$1,003	$1,148	$1,148	$1,292	$1,861	$2,382	$3,138	$4,493	$5,604
Vision Care	$1,570	$1,619	$1,622	$1,749	$1,762	$1,819	$1,908	$2,736	$2,814	$3,938
Other	$0	$0	$10	$258	$263	$260	$339	$490	$493	$282
Total	**$80,915**	**$80,608**	**$84,666**	**$87,690**	**$91,831**	**$94,210**	**$96,120**	**$104,136**	**$103,773**	**$117,373**

Table 10.2: Quebec Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

10

Ontario

Annual expenditures in Ontario for 2021 to 2022 totalled $325.5 million, an increase of 18.8% from the $274.0 million spent in 2020 to 2021.

In 2021 to 2022, pharmacy expenditures in Ontario increased by 6.4% to $112.1 million, while medical transportation costs increased by 26.7% to $114.8 million. Dental expenditures increased by 25.6% to $59.3 million. Mental health counselling expenditures increased by 40.5%, while MS&E increased by 19.2% and vision care expenditures increased by 10.4%.

Medical transportation expenditures accounted for 35.3% of total expenditures for Ontario. Pharmacy costs ranked second at 34.4%, followed by dental at 18.2%. Mental health, MS&E and vision care expenditures accounted for 6.7%, 2.7% and 2.5% of total expenditures respectively.

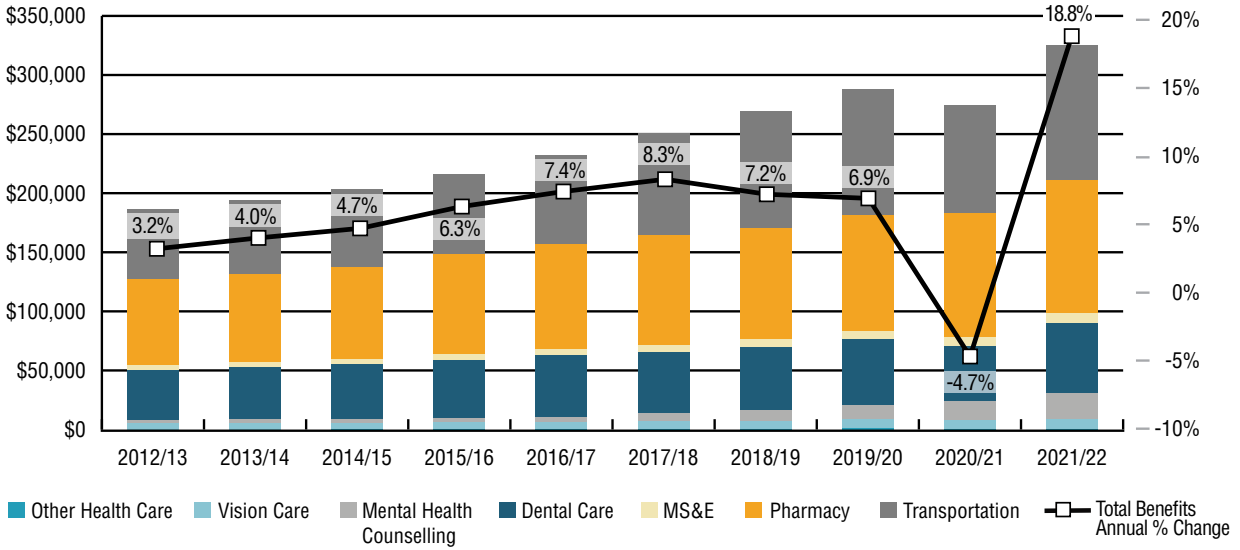


Chart 10.3: Percentage change in Ontario NIHB expenditures ($ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Ontario	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$59,251	$62,865	$65,781	$67,772	$74,890	$86,091	$98,605	$106,638	$90,646	$114,814
Pharmacy	$72,490	$74,004	$77,728	$84,232	$88,466	$93,635	$93,896	$97,437	$105,300	$112,069
MS&E	$4,640	$4,505	$4,255	$4,811	$5,825	$5,915	$6,662	$7,322	$7,297	$8,700
Dental	$42,259	$43,972	$46,759	$49,903	$52,105	$52,055	$53,667	$55,386	$47,218	$59,326
Mental Health Counselling	$2,490	$2,862	$2,803	$3,021	$4,091	$6,028	$9,053	$12,116	$15,491	$21,762
Vision Care	$5,412	$5,721	$5,717	$6,160	$6,223	$6,848	$6,744	$7,860	$7,346	$8,113
Other	$0	$0	$2	$11	$254	$375	$500	$883	$688	$710
Total	**$186,544**	**$193,929**	**$203,043**	**$215,738**	**$231,663**	**$250,947**	**$269,127**	**$287,643**	**$273,987**	**$325,494**

Table 10.3: Ontario Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Manitoba

Annual expenditures in Manitoba for 2021 to 2022 totalled $391.2 million, an increase of 15.9% from the $337.5 million spent in 2020 to 2021. Medical transportation expenditures in 2021 to 2022 increased by 18.2% to $184.2 million, while pharmacy costs increased by 5.1% to $112.4 million. Dental expenditures increased by 30.0% to $57.4 million. Mental health counselling, MS&E and vision care expenditures increased by 18.3%, 19.6% and 32.6% respectively.

Due to the higher proportion of clients living in northern or remote communities in Manitoba, medical transportation expenditures comprised almost half of total expenditures in Manitoba at 47.1%. Pharmacy costs ranked second at 28.7%, followed by dental at 14.7%. Mental health couselling, MS&E and vision care expenditures accounted for 4.2%, 3.4% and 1.9% of total expenditures respectively.

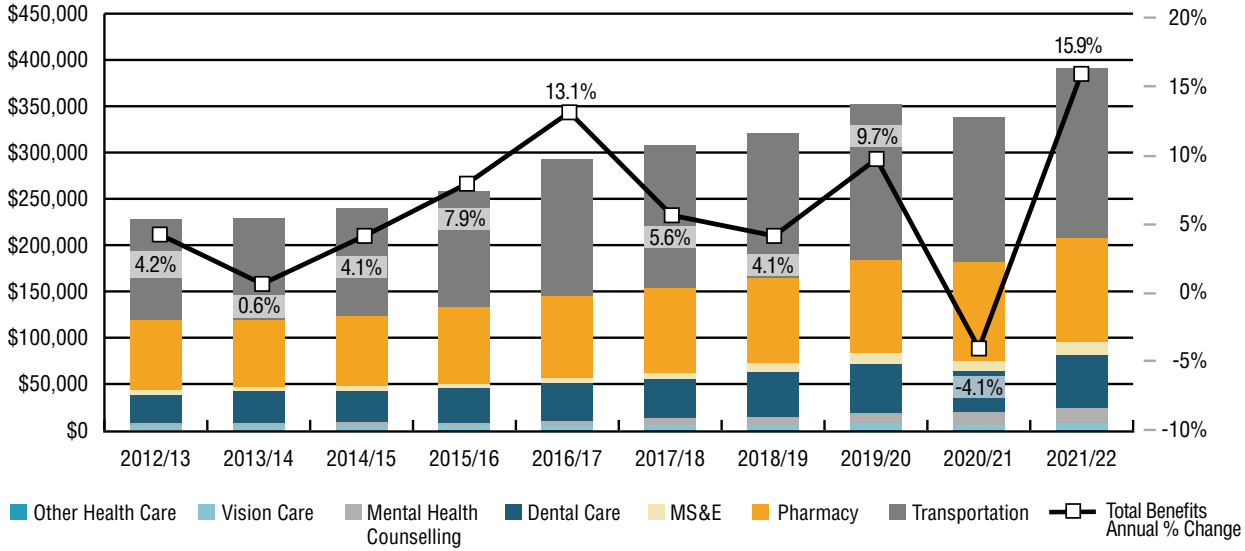


Chart 10.4: Percentage change in Manitoba NIHB expenditures ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Manitoba	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$109,409	$111,016	$115,705	$125,308	$147,167	$155,370	$156,961	$168,686	$155,794	$184,200
Pharmacy	$75,879	$72,127	$76,014	$82,922	$88,639	$91,060	$92,084	$100,059	$106,851	$112,353
MS&E	$4,801	$4,908	$5,045	$5,300	$6,341	$6,985	$9,166	$11,966	$11,145	$13,330
Dental	$30,734	$33,649	$33,527	$36,764	$39,986	$41,949	$48,099	$52,622	$44,149	$57,381
Mental Health Counselling	$3,429	$3,622	$4,099	$3,780	$5,635	$8,124	$9,705	$11,475	$13,803	$16,333
Vision Care	$4,048	$4,348	$4,800	$4,212	$4,204	$4,479	$4,699	$6,935	$5,529	$7,334
Other	$0	$0	$0	$17	$240	$240	$240	$240	$245	$247
Total	**$228,295**	**$229,670**	**$239,190**	**$258,077**	**$291,989**	**$308,208**	**$320,953**	**$351,983**	**$337,517**	**$391,177**

Table 10.4: Manitoba Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Saskatchewan

Annual expenditures in Saskatchewan for 2021 to 2022 totalled $335.6 million, an increase of 17.3% from the $286.0 million spent in 2020 to 2021.

NIHB pharmacy expenditures increased in Saskatchewan by 3.3% to $120.0 million, while medical transportation costs increased by 21.4% to $103.2 million. Dental cost increased by 33.5% to $63.4 million. Mental health counselling, MS&E and vision care costs increased by 48.4%, 12.1% and 24.6% respectively.

Pharmacy expenditures comprised the largest portion of total NIHB expenditures in Saskatchewan at 35.8%, medical transportation costs ranked second at 30.7%, followed by dental at 18.9%. Mental health, MS&E and vision care expenditures accounted for 7.4%, 4.0% and 3.2% of total expenditures respectively.

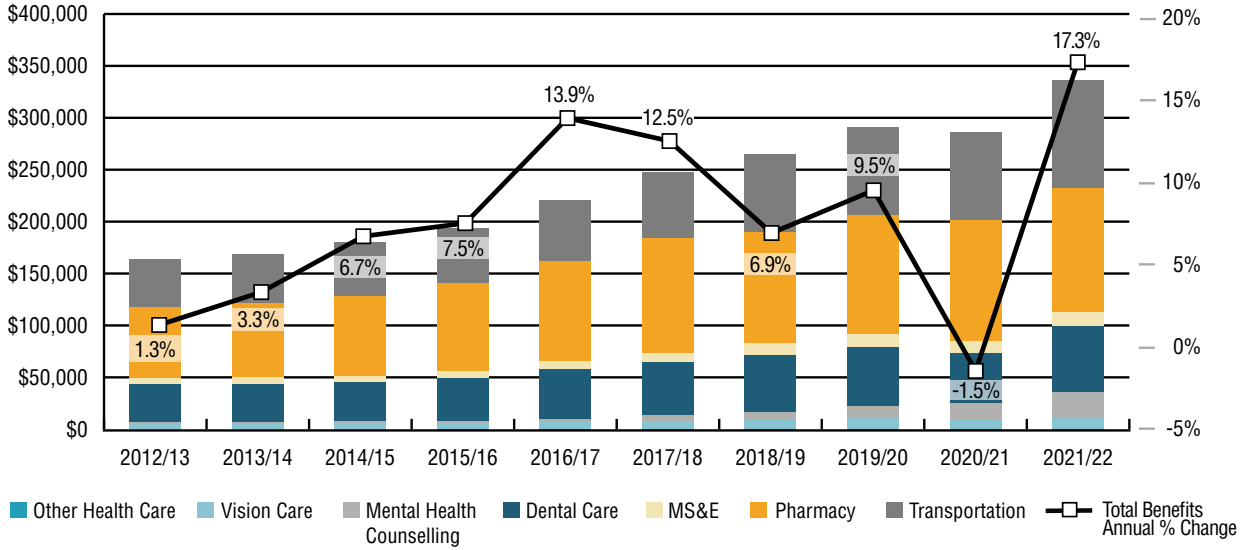


Chart 10.5: Percentage change in Saskatchewan NIHB expenditures ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Saskatchewan	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$45,793	$47,180	$51,543	$53,566	$58,902	$64,363	$75,330	$83,947	$84,951	$103,152
Pharmacy	$68,756	$71,635	$76,819	$84,129	$95,937	$109,900	$107,487	$115,074	$116,188	$120,000
MS&E	$5,891	$6,911	$6,542	$7,260	$8,382	$9,426	$10,762	$11,889	$11,908	$13,352
Dental	$36,219	$36,399	$37,679	$41,028	$47,321	$50,635	$55,603	$57,639	$47,507	$63,408
Mental Health Counselling	$1,038	$1,017	$1,351	$1,631	$3,304	$6,559	$7,867	$11,783	$16,770	$24,881
Vision Care	$5,676	$5,611	$6,066	$6,104	$6,533	$6,905	$7,822	$9,844	$8,493	$10,581
Other	$0	$0	$0	$4	$210	$210	$210	$210	$211	$211
Total	**$163,372**	**$168,752**	**$180,000**	**$193,502**	**$220,352**	**$247,997**	**$265,082**	**$290,386**	**$286,028**	**$335,584**

Table 10.5: Saskatchewan Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Alberta

Annual expenditures in Alberta for 2021 to 2022 totalled $248.9 million, an increase of 11.6% from the $223.0 million spent in 2020 to 2021. Medical transportation expenditures increased by 13.0% to $67.2 million, while pharmacy costs increased by 2.1% to $86.6 million. Dental expenditures increased by 23.1% to $58.8 million. Mental health counselling, MS&E and vision care expenditures increased by 15.0%, 20.8% and 17.1% respectively

Pharmacy expenditures accounted for 34.8% of total NIHB expenditures in Alberta. Medical transportation costs ranked second at 27.0%, followed by dental at 23.6%. Mental health counselling, MS&E and vision care expenditures accounted for 5.9%, 4.7% and 3.8% of total expenditures respectively.

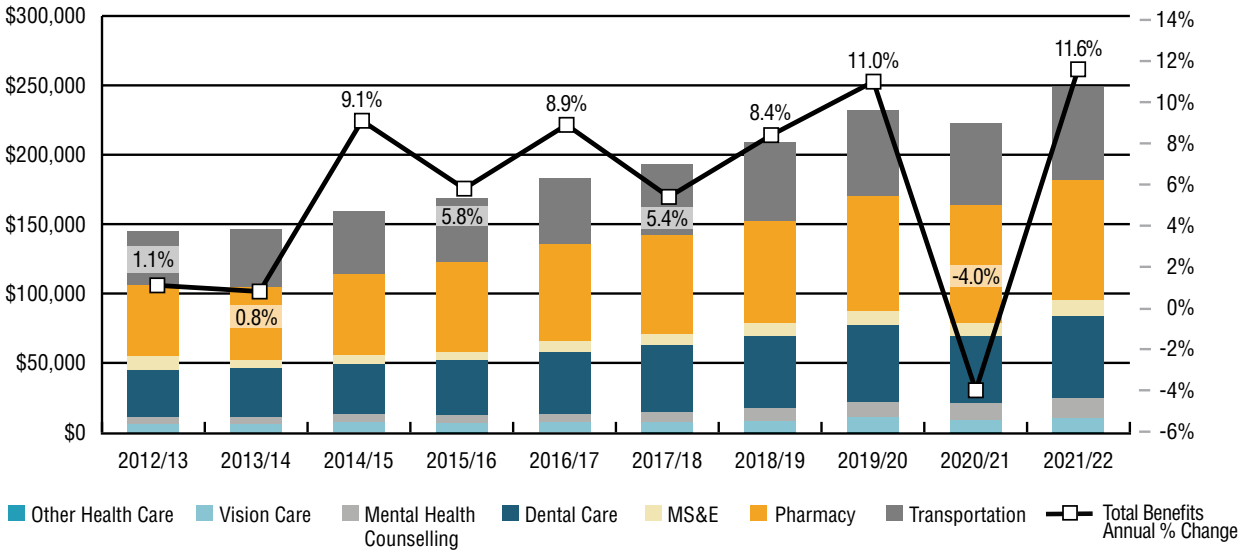


Chart 10.6: Percentage change in Alberta NIHB expenditures ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Alberta	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$39,216	$41,451	$45,756	$46,252	$48,157	$51,187	$56,870	$61,669	$59,492	$67,206
Pharmacy	$50,564	$52,641	$57,999	$64,370	$69,362	$71,083	$73,976	$83,526	$84,920	$86,680
MS&E	$10,019	$6,136	$6,487	$5,938	$8,236	$8,260	$9,127	$10,250	$9,647	$11,658
Dental	$34,501	$34,928	$35,974	$39,753	$44,315	$47,637	$51,617	$54,993	$47,741	$58,790
Mental Health Counselling	$4,791	$4,959	$6,010	$6,003	$6,444	$7,761	$9,545	$11,020	$12,843	$14,771
Vision Care	$5,836	$5,936	$7,084	$6,207	$6,928	$6,764	$7,696	$10,514	$8,030	$9,405
Other	$0	$0	$0	$3	$0	$291	$291	$204	$280	$360
Total	**$144,928**	**$146,051**	**$159,310**	**$168,211**	**$183,108**	**$192,983**	**$209,122**	**$232,177**	**$222,953**	**$248,869**

Table 10.6: Alberta Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Northern region

Annual expenditures in the Northern region for 2021 to 2022 totalled $162.1 million, an increase of 2.8 % from the $157.7 million spent in 2020 to 2021.

Medical transportation expenditures decreased by 2.8% to $90.3 million in 2021 to 2022 while pharmacy costs increased by 6.9% to $31.5 million. Dental expenditures increased by 31.9% to $26.8 million. Mental health counselling expenditures decreased by 14.4%, while MS&E and vision care expenditures increased by 40.3% and 27.3% respectively.

Similar to Manitoba, medical transportation expenditures comprised the largest portion of total NIHB expenditures in the Northern region at 55.7%. Pharmacy costs ranked second at 19.4%, followed by dental at 16.6%. MS&E, vision care, and mental health counselling expenditures accounted for 3.5%, 2.5% and 2.1% of total expenditures respectively.

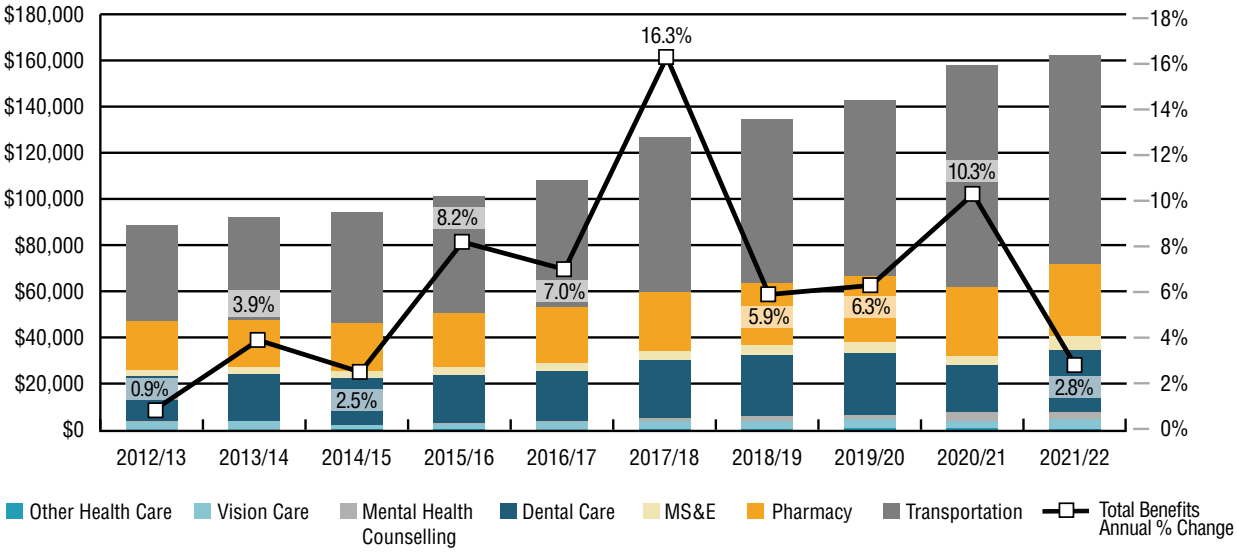


Chart 10.7: Percentage change in Northern Region NIHB expenditures ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Northern region	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Transportation	$41,727	$44,703	$48,246	$50,940	$55,125	$67,413	$70,806	$76,601	$96,194	$90,286
Pharmacy	$21,238	$20,195	$20,840	$23,528	$24,283	$25,355	$27,042	$28,337	$29,479	$31,499
MS&E	$2,564	$2,949	$3,101	$3,146	$3,263	$4,018	$4,529	$4,884	$4,024	$5,647
Dental	$19,773	$20,415	$20,413	$20,936	$21,966	$25,141	$26,211	$26,546	$20,342	$26,830
Mental Health Counselling	$4	$2	$0	$191	$362	$1,528	$2,172	$2,167	$3,895	$3,333
Vision Care	$3,370	$3,763	$1,743	$2,564	$3,217	$3,131	$3,713	$3,929	$3,206	$4,081
Other	$0	$0	$1	$1	$0	$346	$1	$498	$524	$405
Total	**$88,557**	**$92,027**	**$94,343**	**$102,040**	**$109,157**	**$126,933**	**$134,474**	**$142,961**	**$157,664**	**$162,080**

Table 10.7: Northern Region Annual Expenditures by Benefit ($ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

11 NIHB Program Administration

Non-insured health benefits administration costs ($ 000's)

2021 to 2022

This table outlines program administration expenditures by region as well as NIHB headquarters (HQ) costs. In 2021 to 2022, total NIHB administration costs were $69.9 million representing a decrease of 4.8% over the previous fiscal year.

The roles of NIHB headquarters include:

- program policy development and determination of eligible benefits
- development and maintenance of the HICPS system and other national systems such as the Medical Transportation Reporting System (MTRS)
- claims verification and provider negotiations
- adjudicating benefit requests through the NIHB Drug Exception Centre and the Dental Predetermination Centre
- providing expert advice through the MS&E Review Centre
- producing national Program communications for NIHB clients and providers and
- maintaining relationships with partner organizations at the national level as well as with other federal departments and agencies

The roles of the NIHB regional offices include:

- adjudicating benefit requests for medical transportation, mental health counselling, vision care and medical supplies and equipment
- maintaining relationships with partner organizations at the provincial/territorial level as well as with provincial/territorial officials
- managing contribution agreements (CA)

Claims processing contract costs are related to the administration of pharmacy, medical supplies and equipment, dental benefits, mental health counselling and vision care benefits through the Health Information and Claims Processing Services (HICPS) system, and include:

- claim processing and payment operations
- claim adjudication and reporting systems development and maintenance
- provider registration and communications
- provider verification programs and recoveries and
- standard and ad hoc reporting

Categories	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Northern region	HQ	Total
Salaries	$1,674	$2,312	$5,186	$3,556	$4,139	$4,167	$1,586	$19,137	$41,756
EBP	$452	$624	$1,390	$960	$1,117	$1,125	$428	$5,155	$11,252
Operating	$88	$18	$31	$49	$240	$16	$28	$2,313	$2,782
Subtotal	**$2,214**	**$2,954**	**$6,607**	**$4,566**	**$5,496**	**$5,307**	**$2,043**	**$26,605**	**$55,791**
Claims processing contract costs									**$14,090**
Total administration costs									**$69,881**

Table 11.1: NIHB program administration expenditures by region ($ 000's). Source: FST adapted by by Business Support, Audit and Negotiations Division

11

Non-Insured Health Benefits administration costs as a proportion of benefit expenditures ($ Millions)

In 2021 to 2022, total NIHB benefit expenditures were $1,695.3 million, of which direct benefit expenditures totaled $1,625.4 million and expenditures for claims processing administration amounted to $14.1 million. An additional $55.8 million was spent on salaries and operating costs associated with program administration.

Total NIHB program administration costs ($69.9 million, including claims processing and other program administration) as a proportion of direct benefit expenditures ($1.7 billion), was 4.2% in 2021 to 2022. Over the past five fiscal years, the percentage of NIHB program administration costs as a proportion of total benefit expenditures has ranged from a high of 5.1% in 2019 to 2020 to a low of 4.2% in 2021 to 2022.

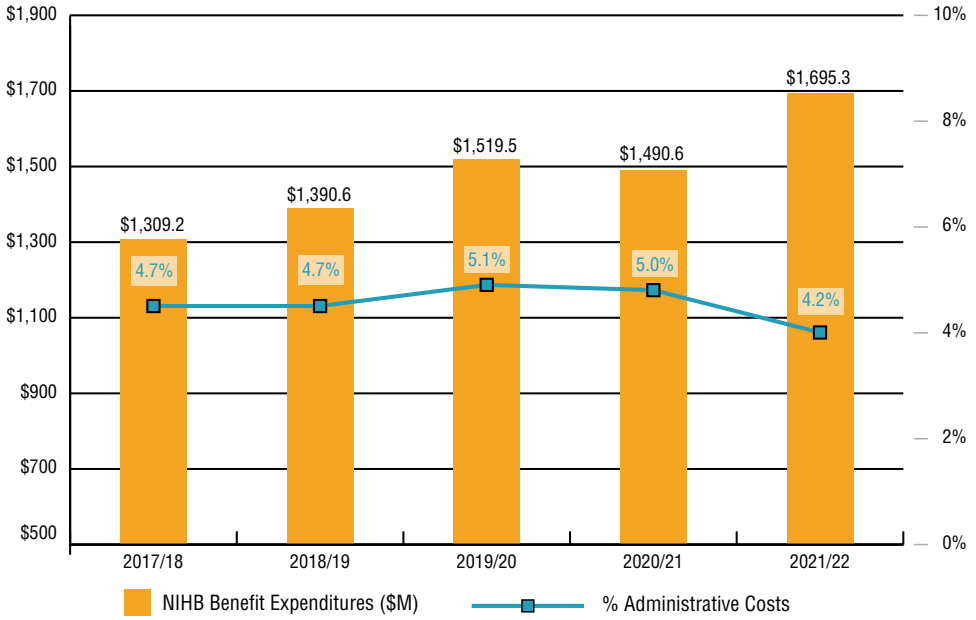


Chart 11.1: Non-Insured Health Benefits administration costs as a proportion of benefit expenditures ($ Millions).
Source: FST and FIRMS, adapted by by Business Support, Audit and Negotiations Division

Health Information and Claims Processing Services (HICPS)

2021 to 2022

Claims for NIHB pharmacy, dental, MS&E, as well as most mental health counselling and vision care benefits provided to eligible First Nations and Inuit clients are processed via the Health Information and Claims Processing Services (HICPS) system. HICPS includes administrative services and programs, technical support and automated information management systems used to process and pay claims in accordance with NIHB program client/benefit eligibility and pricing policies.

Since 1990, the NIHB program has retained the services of a private sector contractor to administer the following core claims processing services on its behalf:

- **claim processing and payment operations**
- **claim adjudication and reporting systems development and maintenance**
- **provider registration and communications**
- **provider audit programs and audit recoveries and**
- **standard and ad hoc reporting**

The current HICPS contract is with Express Scripts Canada. This contract came into force on June 28, 2020, following a competitive contracting process led by Public Services and Procurment Canada (PSPC). The NIHB program manages the HICPS contract as the project authority in conjunction with PSPC, the contract authority.

As of March 31, 2022, there were 35,829 active* pharmacy, dental, MS&E, mental health counselling and vision care providers registered with the HICPS claims processor to deliver NIHB benefits. The number of active providers by region and by benefit is outlined in the table below.

* An active provider refers to a provider who has submitted at least one claim in the 24 months prior to March 31, 2022.

Region	Pharmacy	MS&E	Dental	Vision	Mental Health
Atlantic	831	235	1,134	469	399
Quebec	1,815	191	2,676	822	350
Ontario	4,065	697	6,628	1,987	1,115
Manitoba	461	90	1,033	165	202
Saskatchewan	450	145	775	244	299
Alberta	1,653	330	3,265	918	387
British Columbia	824	37	541	199	2
North	30	25	278	30	32
Total	**10,129**	**1,750**	**16,330**	**4,834**	**2,786**

Table 11.2: Number of NIHB providers by region and benefit April 2020 to March 2022. Source: HICPS adapted by Business Support, Audit and Negotiations Division

11

Number of claim lines settled through the Health Information and Claims Processing Services (HICPS) system

2021 to 2022

Table 10.3 sets out the total number of pharmacy, dental, MS&E, mental health counselling and vision care claims settled through the HICPS system in fiscal year 2021 to 2022. During this period, a total of 31,087,244 claim lines were processed through HICPS. Ontario had the highest volume of total claims processed at 8.4 million, followed by Manitoba at 5.7 million and Saskatchewan at 5.3 million.

Claim Lines vs. Prescriptions or Visits

It is important to note that the program reports annually on claim lines. This is an administrative unit of measure as opposed to a health care unit of measure. A claim line represents a transaction in the claims processing system and is not equivalent to a prescription or health practitioner visit. Prescriptions can contain a number of different drugs with each one represented by a separate claim line. Prescriptions for a number of drugs may be repeated and refilled many times throughout the year. In the case of repeating prescriptions, each time a prescription is refilled, the system will log another transaction (claim line).

Therefore, it is possible for an individual who has a prescription that repeats multiple times in a year to have numerous related claim lines associated with the single prescription. Likewise, an appointment with a dental or MS&E practitioner may result in multiple claim lines as several procedures are performed at the same time.

Mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements, as such, claim lines are not captured in the HICPS system.

Region	Pharmacy	Dental	MS&E	Mental Health	Vision Care	Total
Atlantic	1,768,589	183,802	55,915	26,089	32,118	2,066,513
Quebec	3,278,569	231,067	47,187	15,414	21,524	3,593,761
Ontario	7,534,749	655,702	71,061	131,569	50,118	8,443,199
Manitoba	4,916,359	570,538	122,543	31,393	38,056	5,678,889
Saskatchewan	4,389,316	650,157	124,396	49,469	62,542	5,275,880
Alberta	3,674,960	612,998	81,248	49,591	64,627	4,483,424
British Columbia	192,846	35,811	2,928	80	278	231,943
North	1,004,455	254,395	43,818	3,310	7,657	1,313,635
Total Claim Lines	**26,759,843**	**3,194,470**	**549,096**	**306,915**	**276,920**	**31,087,244**

Table 11.3: Number of claim lines processed through HICPS by region and benefit. Source: HICPS adapted by Business Support, Audit and Negotiations Division

12 NIHB Policy and Program Initiatives

NIHB Drug Benefit Listing and Review

The NIHB Drug Benefits List (DBL) is a listing of all of the drugs provided as benefits by the NIHB program. Drugs considered for, or currently listed on, the DBL must meet established criteria. For example, they must be legally available for sale in Canada with a Notice of Compliance (NOC) and Drug Identification Number (DIN) or Natural Product Number (NPN), and be dispensed in a pharmacy. The drugs must also demonstrate evidence of therapeutic efficacy, safety, and incremental benefit in proportion to incremental cost.

The review process for drug products that are considered for inclusion as a benefit under the NIHB program varies depending on the type of drug submitted. Submissions for new chemical entities, new combination drug products and existing chemical entities with new indications, must be sent to the Canadian Agency for Drugs and Technologies in Health (CADTH), an independent organization that provides research and information about the effectiveness of drugs and other medical treatments.

Through the Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) processes, CADTH conducts objective evaluations of the clinical, economic, and patient evidence on drugs and medical technologies. Based on this information, the CADTH expert committees provide coverage recommendations and advice to Canada's public drug plans, including the NIHB program. The CDR and pCODR were established by federal, provincial and territorial public drug plans to reduce duplication of effort in reviewing drug submissions, to maximize the use of resources and expertise, and to enhance the consistency and quality of drug reviews.

NIHB Drugs and Therapeutics Advisory Committee (DTAC)

The NIHB DTAC is an advisory body of highly qualified health professionals who bring impartial and practical expert medical and pharmaceutical advice to the NIHB program to promote improvement in the health outcomes of First Nations and Inuit clients through effective use of pharmaceuticals. The approach is evidence-based and the advice reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and client healthcare needs.

More information on DTAC and its members can be found on the Government of Canada's website at https://www.sac-isc.gc.ca/eng/1576436698232/1576436761446

NIHB Oral Health Advisory Committee (NOHAC)

The NIHB Oral Health Advisory Committee (NOHAC) is an independent advisory body of highly qualified oral health professionals and academic specialists. They bring impartial and practical expert views, advice, and recommendations to the NIHB program to support the improvement of oral health outcomes for First Nations and Inuit clients. The advice and recommendations provided by the Committee follow an evidence-based approach and reflect scientific knowledge, as well as clinical and oral health care delivery and disease prevention best practices.

More information on NOHAC and its members can be found on the Government of Canada's website at https://www.sac-isc.gc.ca/eng/1634916354457/1634916416104

NIHB Medical Supplies and Equipment Advisory Committee (MSEAC)

The NIHB MSEAC is a multidisciplinary advisory committee of highly qualified health professionals and academic specialists who bring evidence-informed impartial and practical expert advice and recommendations to the NIHB program regarding both medical supplies and equipment and vision care benefits. The approach reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and client healthcare needs and is intended to promote improvement in the health outcomes of First Nations and Inuit clients.

Drug Exception Centre (DEC)

The Drug Exception Centre is a call centre that provides efficient responses to all requests for drugs that are not on the NIHB Drug Benefit List or require prior approval, for extemporaneous mixtures containing exception or Limited Use (LU) drugs, for prescriptions on which prescribers have indicated "no substitution," and for claims that exceed $1,999.99. The table below shows the volume of requests made to the DEC in 2021 to 2022 by benefit listing type.

Benefit listing type refers to a drug product's status on the NIHB Drug Benefit List (DBL), and are defined as follows:

- **Open benefit (unrestricted):** Drugs included on the DBL which do not have established criteria or prior approval requirements. The DEC reviews claims for open benefit drugs only where the total dollar value is more than the point of sale limit, a pre-determined frequency limit has been reached or more than a three-month supply is requested.
- **Open benefit (restricted):** Drugs included on the DBL which have been restricted due to safety concerns. These drugs are part of the Problematic Substance Use Strategy, such as opioids, benzodiazepines, stimulants and gabapentin.
- **Exceptions:** Exception drugs are drug products which are not listed in the Drug benefit list. These drug products may be approved in special circumstances upon receipt of a completed "Exception Drugs Request Form" from the licensed prescriber.
- **Limited use:** Limited use benefits are drug products listed on the Drug benefit list that may not be appropriate for general listing, but have value in specific circumstances. These products will have specific criteria for provision as a benefit under the NIHB program.

The DEC also supports the implementation of the Problematic Substance Use Strategy to address and prevent potential misuse of prescription drugs. The program has set limits on medications of concern, and developed a structured approach towards client safety which includes the implementation of the Client Safety Program across the country.

Dental Predetermination Centre

The Dental Predetermination Centre (DPC) is a call centre that provides efficient adjudication of all dental and orthodontic predetermination requests, post-determination requests and appeals. In addition, the DPC is responsible for addressing client and provider inquiries, and for assisting clients and providers with the submission of the predetermination, post-determination, client reimbursement and appeal requests.

Medical Supplies and Equipment Review Centre

NIHB staff at the regional level manage prior approval of medical supplies and equipment benefit requests, with support from the MS&E Review Centre (MSERC) at the NIHB national office. The MSERC is staffed in-house by various health professionals, including registered nurses. In cases where advice is required by a particular specialist, such as an audiologist or an orthotist, information is forwarded to the appropriate specialist consultant for review. Consultants make their recommendations based upon the current standards of practice, best practices, current scientific evidence, program policy and recommended guidelines within their field of specialty.

Client and provider communications

NIHB is continually seeking ways to improve communications with clients, providers and partners regarding benefit coverage and administration.

The NIHB program regularly produces newsletters and updates to inform clients and providers about any changes to NIHB policy and benefit coverage. For example, NIHB enrolled providers for dental, pharmacy, MS&E, vision care and mental health counselling receive notification of policy updates and relevant information regarding benefits through regular provider newsletters, periodic bulletins and broadcast messages.

These communications are distributed to enrolled providers by Express Scripts Canada (ESC), Indigenous Services Canada's claims processing contractor, and are available via the ESC website at: nihb-ssna.express-scripts.ca.

The NIHB website is a key venue for disseminating program information to clients. NIHB program updates are produced quarterly and as needed to provide information for clients regarding changes to benefit coverage. They can be found on the Canada.ca website at: www.canada.ca/nihb-update. Clients can subscribe to receive email notifications when these updates are published, and those who have set up

Status	Open Benefit (Unrestricted)	Open Benefit (Restricted)	Exceptions	Limited Use	Total
Total requested	7,394	12,223	15,192	54,821	**89,630**
Total approved	5,571	11,332	8,939	41,979	**67,821**

Table 12.1: Volume of requests and approvals made to the DEC by benefit listing type. Source: HICPS adapted by Business Support, Audit and Negotiations Division

web accounts through Express Scripts Canada also receive notification of new updates. Client-focused communications are also promoted through social media on the Government of Canada's Healthy First Nations and Inuit Facebook Page and GCIndigenous Twitter account. Additional social media posts promote client awareness of benefit coverage, often in conjunction with broader public health promotion campaigns. For example, a post on diabetes awareness will include a reminder about NIHB coverage of diabetes medications and supplies, and a post on vision health may include a reminder about NIHB coverage of eye exams.

NIHB strives to be accessible and responsive to clients. Clients can contact NIHB directly by calling Indigenous Services Canada regional offices, the NIHB Dental Predetermination Centre, or the NIHB Drug Exception Centre. The "Contact Us" web page for the NIHB program also provides an email address for direct inquiries to the NIHB program.

NIHB Navigators

NIHB Navigators help eligible clients to navigate and access the NIHB program. They are a resource for communities, organizations or individuals who need support or information on NIHB-related issues. Navigators are employed by regional First Nations and Inuit organizations. Their roles and activities are adapted to meet regional needs, and generally include the following:

- **increase understanding of the NIHB program and share information on eligible benefits**
- **help clients and communities to resolve NIHB-related issues**
- **link with health departments and agencies to help improve client access to NIHB benefits and related health services.**

Collaboration with First Nations and Inuit partners

Indigenous Services Canada (ISC) is engaged in a multi-year Joint Review of the NIHB program in partnership with the Assembly of First Nations (AFN). The overall objectives of the review are to identify and implement actions that enhance client access to benefits, identify gaps in benefits, streamline service delivery to be more responsive to client needs, and increase program efficiencies. The AFN conducted a robust program of client, provider and stakeholder engagement activities to gather broad input and perspectives that will inform recommendations for program improvements. The Joint Review is guided by a Steering Committee comprised of First Nations and ISC representatives.

As of March 31, 2022, joint reviews of the mental health counselling, dental, vision care, pharmacy and medical supplies and equipment benefits are complete, and the review of the medical transportation benefit is in progress. Meanwhile, the NIHB Program continues to implement many improvements to benefit coverage and administration. More information on the Joint Review, including highlights of changes and improvements made by NIHB throughout the process, can be found at https://www.sac-isc.gc.ca/eng/1664819343076/1664819370161

Indigenous Services Canada continues to work with the Inuit Tapiriit Kanatami (ITK) to improve the quality, access, and delivery of NIHB benefits to Inuit clients. NIHB and ITK representatives meet regularly to discuss issues of concern, and identify opportunities for improvement. NIHB shares information and updates Inuit partners regularly on progress made to advance priorities identified by Inuit partners.

13 Technical notes

Information contained in the 2021 to 2022 NIHB Annual Report has been extracted from several databases. All tables and charts are footnoted with the appropriate data sources. These data sources are considered to be of very high quality but, as in any administrative data set, some data may be subject to coding errors or other anomalies. For this reason, users of the data should always refer to the most current edition of the NIHB Annual Report. Please note that some table totals may not add due to rounding procedures.

To address reporting challenges related to NIHB clients registered to British Columbia bands but living elsewhere, and Inuit clients living in BC, select financial and utilization data relating to the British Columbia Region have been suppressed. National totals, however, include these values.

To address reporting challenges related to the small number of NIHB clients choosing a non-binary gender designation at this time and in respect of departmental privacy obligations, population and utilization data relating to these individuals at the provincial/territorial level have been suppressed. National totals, however, include these values. As such, the sum of the provincial/territorial totals will not match the national total.

Starting in 2020 to 2021, expenditures for the NIHB MS&E benefit are being reported separately from NIHB pharmacy benefit expenditures. As such, values reported for NIHB pharmacy will not match those reported in previous editions as those values included MS&E.

Population data

First Nations and Inuit population data are drawn from the Status Verification System (SVS) which is operated by NIHB. SVS data on First Nations clients are based on information provided by Indigenous Services Canada (ISC). SVS data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

Pharmacy, MS&E, dental, mental health counselling and vision care data

Two Indigenous Services Canada data systems provide information on the expenditures and utilization of the NIHB pharmacy, MS&E, dental, meantal health counselling and vision care benefits. Financial Services and Training (FST) is the source of most of the expenditures data, while the Health Information and Claims Processing Services (HICPS) system provides detailed information on utilization. Expenditure data prior to fiscal year 2019 to 2020 were collected from the Framework for Integrated Resource Management System (FIRMS).

Medical transportation data

Medical transportation financial data are provided through FST. Medical transportation data are also collected regionally through other electronic systems. Operational data at the regional level are tracked through the Medical Transportation Reporting System (MTRS). Contribution agreement data are also collected, but in a limited manner. In some communities, MTRS is used to collect contribution agreement data, while other communities report data using spreadsheet templates, in-house data management systems, or through paper reports.

The Medical Transportation Data Store (MTDS) serves as a repository for selected operational data, as well as the data collected from medical transportation contribution agreements, and ambulance data systems. The objective of the MTDS is to enable aggregate reporting on medical transportation at a national level in order to further strengthen program management, provide enhanced data analysis and reporting and aid in decision making.

Notes