

Annual Report
2020/2021

First Nations and
Inuit Health Branch
**NON-INSURED
HEALTH BENEFITS
PROGRAM**



Indigenous Services
Canada

Services aux
Autochtones 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 (MS&E), 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 2020 to 2021 fiscal year. A fiscal year runs from April 1 to March 31. During 2020 to 2021, NIHB provided access to benefits coverage to 898,839 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-seventh edition, the 2020 to 2021 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 the 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 18 months old whose parent is a registered First Nations person or a recognized Inuk

As of March 31, 2021, there were 898,839 First Nations and Inuit clients eligible to receive benefits under the NIHB program, an increase of 1.6% from March, 2020.

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 a greater number of individuals are able to claim or restore their status as registered Indians. Bill C-3, *The Gender Equity in Indian Registration Act*, which came into force on January 31, 2011, and Bill S-3, *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. Because of this, many people became entitled to be registered as an Indian in accordance with the *Indian Act*. Once registered under the *Indian Act*, these individuals are eligible to receive benefits through the NIHB program.

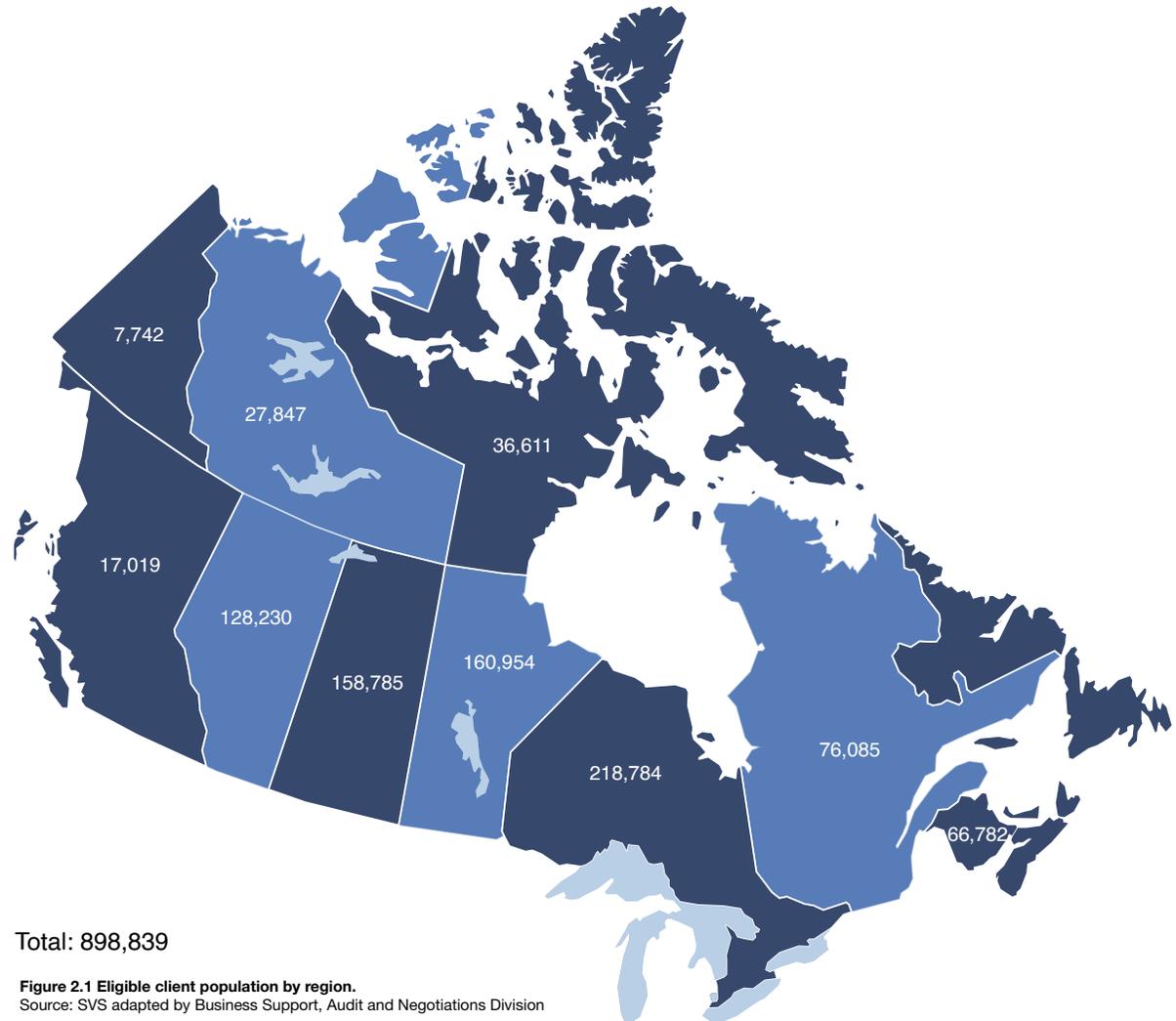
The creation of the Qalipu Mi'kmaq First Nations band was announced on September 26, 2011 as a result of a settlement agreement that was negotiated between the Government of Canada and the Federation of Newfoundland Indians (FNI). Through the formation of this band, members of the Qalipu Mi'kmaq became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

Eligible client population by region

March 2021

The Ontario region had the largest proportion of the eligible population, representing 24.3% of the national total, followed by the Manitoba Region at 17.9% and the Saskatchewan region at 17.7%.

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.



Eligible population by client type and region

March 2020 and March 2021

Of the 898,839 total eligible clients at the end of the 2020 to 2021 fiscal year, 848,247 (94.4%) were First Nations clients while 50,592 (5.6%) were Inuit clients. The number of First Nations clients increased by 1.2% and the number of Inuit clients increased by 1.8%

From March 2020 to March 2021, British Columbia had the highest percentage change in total eligible clients with a 2.8% increase, followed by Quebec and the Atlantic region with increases of 2.3% and 2.2% respectively.

Region	First Nations		Inuit		Total		% Change
	March 2020	March 2021	March 2020	March 2021	March 2020	March 2021	2020 to 2021
Atlantic	64,924	66,351	411	431	65,335	66,782	2.2%
Quebec	72,652	74,319	1,694	1,766	74,346	76,085	2.3%
Ontario	214,893	217,907	858	877	215,751	218,784	1.4%
Manitoba	159,634	160,719	228	235	159,862	160,954	0.7%
Saskatchewan	157,073	158,693	89	92	157,162	158,785	1.0%
Alberta	126,381	127,490	717	740	127,098	128,230	0.9%
British Columbia	16,182	16,628	379	391	16,561	17,019	2.8%
Yukon	7,545	7,598	128	144	7,673	7,742	0.9%
N.W.T.	18,523	18,542	9,293	9,305	27,816	27,847	0.1%
Nunavut	0	0	35,914	36,611	35,914	36,611	1.9%
National	837,807	848,247	49,711	50,592	887,518	898,839	1.3%

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

Eligible client population over time

March 2012 to March 2021

Over the past 10 years, the total number of eligible clients in the SVS has increased by 0.2%, from 896,624 in March 2012 to 898,839 in March 2021.

The NIHB program client population was significantly impacted during this period by amendments to the Indian Act affecting client eligibility and 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 5.4% from 853,088 in March 2017 to 898,839 in March 2021. Quebec had the largest increase in eligible clients over this period, with a growth rate of 7.3%. Saskatchewan and Nunavut followed with growth rates of 6.6% and 6.0% respectively.

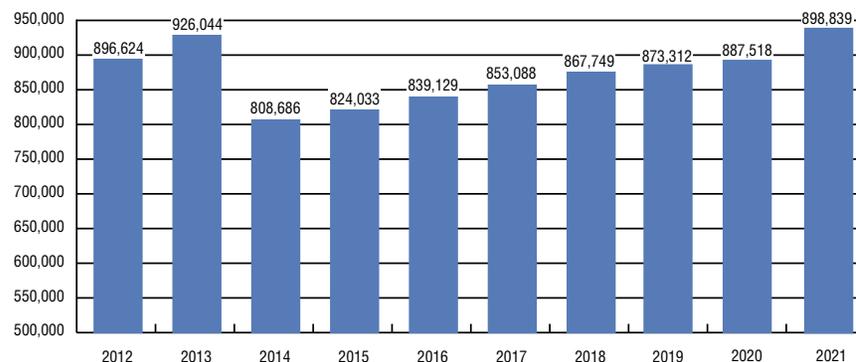


Chart 2.1: Eligible client population, March 2012 to March 2021.

Source: SVS adapted by Business Support, Audit and Negotiations Division

Region	March 2017	March 2018	March 2019	March 2020	March 2021
Atlantic	64,733	65,573	63,873	65,335	66,782
Quebec	70,930	72,151	72,882	74,346	76,085
Ontario	207,266	210,295	212,176	215,751	218,784
Manitoba	152,874	155,850	157,325	159,862	160,954
Saskatchewan	148,953	152,324	154,323	157,162	158,785
Alberta	121,095	123,812	125,209	127,098	128,230
B.C.	18,607	18,184	17,417	16,561	17,019
Yukon	7,490	7,604	7,579	7,673	7,742
N.W.T.	26,616	26,877	27,771	27,816	27,847
Nunavut	34,524	35,079	34,757	35,914	36,611
Total	853,088	867,749	873,312	887,518	898,839
Annual % change	1.7%	1.7%	0.6%	1.6%	1.3%

Table 2.2: Eligible client population by region, March 2017 to March 2021. Source: SVS adapted by Business Support, Audit and Negotiations Division

Annual population growth, Canadian population and eligible client population 2012 to 2021

From 2012 to 2021, the Canadian population increased by 10.6% while the NIHB eligible First Nations and Inuit client population increased by 0.2%. Factoring out the impact of the removal of FNHA clients, the NIHB ten year eligible population increase was 17.8%, with an average annual growth of 1.7%.

The higher than average NIHB program client population growth rate of 6.0% in 2012 and 3.3% 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.

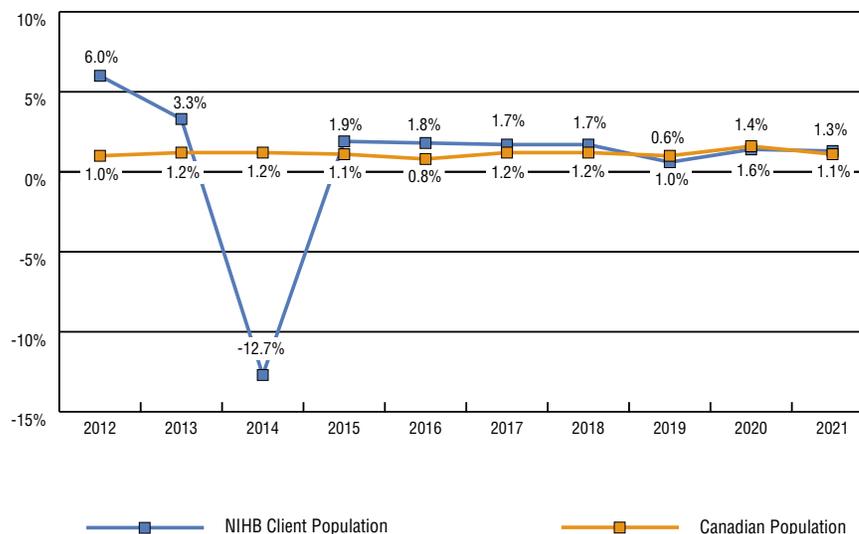


Chart 2.2: Annual population growth, Canadian population and eligible client population.
Source: SVS and Statistics Canada Catalogue No. 91-002-XWE, Quarterly Demographic Statistics, adapted by Business Support, Audit and Negotiations Division

Eligible client population by age group, gender and region

March 2021

Of the 898,839 NIHB eligible clients on the SVS as of March 31, 2021 49.2% were male (442,332) and 50.8% were female (456,507).

The average age of the eligible client population was 34 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.

The average age of the male and female eligible client population was 33 years and 35 years respectively. The average age for males ranged from a low of 27 years in Nunavut to a high of 39 years in British Columbia. The average age for females varied from a low of 28 years in Nunavut to a high of 43 years in British Columbia.

The NIHB eligible client population is relatively young with nearly two-thirds (62.5%) under the age of 40. Of the total population, almost one-third (29.9%) are under the age of 20.

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	1,147	1,082	2,229	1,302	1,194	2,496	3,225	3,049	6,274	3,631	3,428	7,059	3,832	3,687	7,519
5-9	2,103	2,100	4,203	2,443	2,335	4,778	6,991	6,794	13,785	7,969	7,606	15,575	7,348	7,254	14,602
10-14	2,631	2,473	5,104	2,957	2,776	5,733	8,254	7,891	16,145	8,754	8,576	17,330	8,735	8,304	17,039
15-19	2,544	2,412	4,956	2,746	2,603	5,349	8,324	7,843	16,167	7,754	7,469	15,223	7,717	7,744	15,461
20-24	2,606	2,547	5,153	2,887	2,777	5,664	8,818	8,588	17,406	7,552	7,184	14,736	7,552	7,451	15,003
25-29	2,750	2,748	5,498	3,213	3,141	6,354	9,425	9,173	18,598	7,658	7,496	15,154	7,629	7,536	15,165
30-34	2,561	2,457	5,018	2,876	2,872	5,748	8,694	8,507	17,201	6,616	6,528	13,144	6,955	6,882	13,837
35-39	2,331	2,318	4,649	2,563	2,550	5,113	7,557	7,572	15,129	5,393	5,206	10,599	5,622	5,584	11,206
40-44	2,092	2,172	4,264	2,338	2,347	4,685	6,910	7,158	14,068	4,610	4,554	9,164	4,777	4,631	9,408
45-49	2,234	2,219	4,453	2,265	2,431	4,696	6,809	6,919	13,728	4,490	4,559	9,049	4,223	4,535	8,758
50-54	2,293	2,408	4,701	2,356	2,526	4,882	6,836	7,265	14,101	4,367	4,532	8,899	4,197	4,351	8,548
55-59	2,106	2,345	4,451	2,461	2,749	5,210	6,984	7,574	14,558	3,759	4,113	7,872	3,410	3,881	7,291
60-64	1,746	2,069	3,815	2,108	2,563	4,671	5,818	6,867	12,685	2,870	3,171	6,041	2,551	2,994	5,545
65+	3,635	4,653	8,288	4,378	6,328	10,706	11,853	17,086	28,939	4,787	6,322	11,109	3,980	5,423	9,403
Total	32,779	34,003	66,782	36,893	39,192	76,085	106,498	112,286	218,784	80,210	80,744	160,954	78,528	80,257	158,785
Average age	37	39	38	37	40	39	37	39	38	31	33	32	30	32	31

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

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 6.6% of the overall NIHB population. Most recently in 2021, seniors accounted for 9.4%.

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
3,172	3,018	6,190	265	224	489	107	116	223	477	410	887	1,942	1,876	3,818	19,100	18,084	37,184
6,226	5,965	12,191	295	301	596	227	199	426	908	891	1,799	2,097	1,998	4,095	36,607	35,443	72,050
7,114	6,874	13,988	405	421	826	269	231	500	1,091	995	2,086	2,099	2,045	4,144	42,309	40,586	82,895
6,308	6,095	12,403	455	491	946	260	268	528	959	1,030	1,988	1,840	1,754	3,595	38,907	37,709	76,616
6,096	5,796	11,892	640	615	1,255	312	264	576	1,063	1,051	2,114	1,688	1,607	3,295	39,214	37,880	77,094
6,136	5,790	11,926	722	698	1,420	307	323	630	1,480	1,400	2,880	1,524	1,543	3,067	40,844	39,848	80,692
5,412	5,320	10,732	773	704	1,477	318	301	619	1,324	1,366	2,690	1,491	1,408	2,899	37,020	36,345	73,365
4,553	4,519	9,072	738	742	1,480	300	287	587	1,085	1,021	2,106	1,117	1,113	2,230	31,259	30,912	62,171
3,679	3,796	7,475	623	679	1,302	263	224	487	897	921	1,818	945	975	1,920	27,134	27,457	54,591
3,371	3,555	6,926	626	585	1,211	255	232	487	845	885	1,730	800	854	1,654	25,918	26,774	52,692
3,149	3,422	6,571	584	698	1,282	301	245	546	966	980	1,946	860	871	1,731	25,909	27,298	53,207
2,771	3,096	5,867	525	690	1,215	340	343	683	826	933	1,759	661	729	1,390	23,843	26,453	50,296
2,041	2,494	4,535	420	604	1,024	214	272	486	586	742	1,328	466	476	942	18,820	22,252	41,072
3,448	5,014	8,462	910	1,586	2,496	388	576	964	1,197	1,518	2,714	872	960	1,833	35,448	49,466	84,914
63,476	64,754	128,230	7,981	9,038	17,019	3,861	3,881	7,742	13,704	14,143	27,847	18,402	18,209	36,611	442,332	456,507	898,839
30	32	31	39	43	41	38	40	39	36	37	36	27	28	28	33	35	34

Population analysis by age group

March 2021

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 29.9% compared to 21.4% for the Canadian population. The average age of NIHB clients is 34 compared to 42 years of age for the Canadian population.

A comparison of March 2017 to March 2021 eligible client population shows an aging population. The client population 40 and above, as a proportional share of the overall client population, increased from 35.2% in 2017 to 37.5% in 2021.

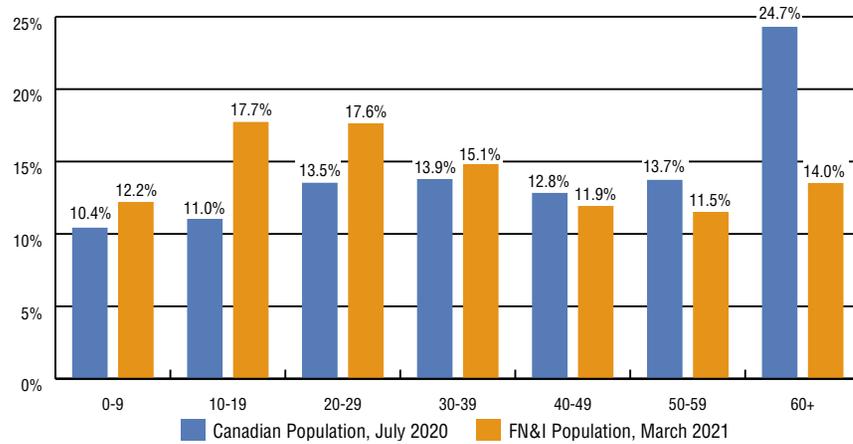


Chart 2.3: Proportion of Canadian population and of the NIHB client population by age group.
 Source: SVS and Statistics Canada CANSIM table 051-0001, Population by Age and Sex Group, adapted by Business Support, Audit and Negotiations Division

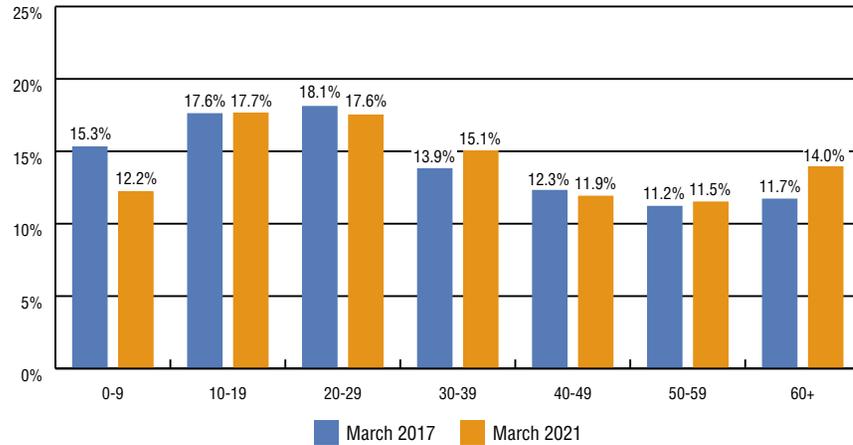


Chart 2.4: Proportion of eligible NIHB client population by age group.
 Source: SVS adapted by Business Support, Audit and Negotiations Division





3 NIHB Program Benefit Expenditures

NIHB program sustainability 2020 to 2021

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. The NIHB client population is growing at approximately two times the Canadian population growth rate. 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
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)

2020 to 2021

In 2020 to 2021, total NIHB program benefit expenditures were \$1,490.6 million. This represents a decrease of 1.9% over NIHB expenditures of \$1,519.5 million in 2019 to 2020. Of the 2020 to 2021 total, Pharmacy benefit costs represented the largest proportion at 37.0% of expenditures (\$550.9 million), followed by Medical Transportation costs at 35.3% (\$525.7 million) and Dental benefit costs at 15.9% (\$236.3 million).

NIHB Pharmacy, Dental and Medical Transportation benefit expenditures accounted for 88.1% of NIHB expenditures in 2020 to 2021.

Not reflected in the \$1,490.6 million in NIHB expenditures are approximately \$73.4 million in administration costs. More detail is provided in Section 10.

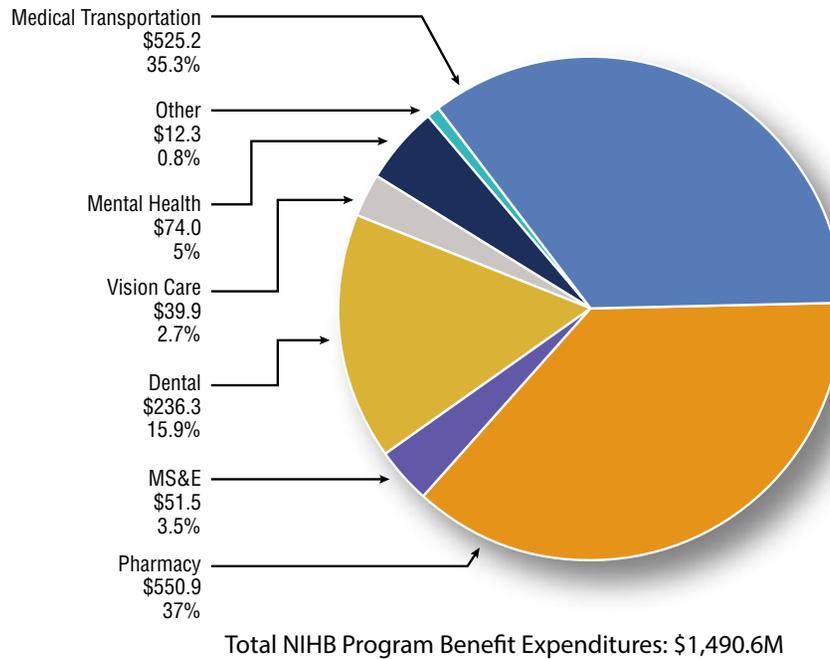


Chart 3.1: NIHB expenditures by benefit (\$ millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB expenditures and growth by benefit

2020 to 2021

NIHB program benefit expenditures decreased by 1.9%, or \$28.9 million from fiscal year 2019 to 2020, due in large part to the effects of the coronavirus (COVID-19) outbreak. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year because of provincial/territorial public health restrictions on travel and on the provision of in-person services. The highest

net increase in expenditures over fiscal year 2019 to 2020 were in the NIHB pharmacy and mental health benefits at \$18.9 and \$18.8 million respectively. The NIHB Dental benefit saw the largest decrease at \$46.6 million. Factors affecting benefit expenditure growth are discussed in subsequent sections of this report.

Expenditures in the “other” category are related to program oversight, including funding arrangements with the FNHA for clients eligible under Bills C-3, S-3, and Qalipu clients, as well as contribution agreements with Indigenous partner organizations.

Benefit	Total Expenditures (\$ 000's) 2019/20	Total Expenditures (\$ 000's) 2020/21	% Change From 2019/20
Medical Transportation	\$537,179	\$525,719	-2.1%
Pharmacy	\$532,045	\$550,900	3.5%
MS&E	\$54,256	\$51,524	-5.0%
Dental	\$282,908	\$236,293	-16.5%
Vision Care	\$45,968	\$39,907	-13.2%
Mental Health	\$55,126	\$73,958	34.2%
Other	\$12,001	\$12,314	2.6%
Total Expenditures	\$1,519,483	\$1,490,615	-1.9%

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

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

2020 to 2021

Manitoba accounted for the highest proportion of total expenditures at \$338.0 million, or 22.7% of the national total, followed by Saskatchewan at \$286.0 million (19.2%), and Ontario at \$274.0 million (18.4%). By comparison, the lowest expenditures were in the Atlantic region at \$74.0 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 the program oversight and policy development of the NIHB Program, include funding arrangements with the FNHA for clients eligible under Bills C-3 and S-3, and Qalipu clients, as well as with national client 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 \$73.4 million in headquarters administrative costs outlined in Section 10.

Region	Medical Transportation	Pharmacy	MS&E	Dental	Vision Care	Mental Health	Other	Total
Atlantic	\$13,263	\$37,323	\$4,177	\$9,455	\$3,436	\$6,037	\$293	\$73,984
Quebec	\$25,379	\$53,282	\$2,379	\$14,934	\$2,814	\$4,493	\$493	\$103,773
Ontario	\$90,646	\$105,300	\$7,297	\$47,218	\$7,346	\$15,491	\$688	\$273,987
Manitoba	\$155,794	\$106,851	\$11,145	\$44,149	\$6,042	\$13,803	\$245	\$338,030
Saskatchewan	\$84,951	\$116,188	\$11,908	\$47,507	\$8,493	\$16,770	\$211	\$286,028
Alberta	\$59,492	\$84,920	\$9,647	\$47,741	\$8,030	\$12,843	\$280	\$222,953
North	\$96,194	\$29,479	\$356	\$20,342	\$3,206	\$3,895	\$524	\$157,664
Headquarters	\$0	\$14,220	\$4,024	\$3,070	\$313	\$305	\$9,580	\$28,080
Total	\$525,719	\$550,900	\$51,524	\$236,293	\$39,907	\$73,958	\$12,314	\$1,490,615

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

Proportion of NIHB expenditures by region

2020 to 2021

In 2020 to 2021, Manitoba had the highest proportion of total NIHB expenditures (22.7%) and accounted for 29.6% of total NIHB Medical Transportation expenditures. This can be attributed to the large number of First Nations clients living in remote or fly-in only northern communities in the Manitoba region.

Saskatchewan had the highest proportion of NIHB Pharmacy expenditures at 21.1%, followed by Manitoba and Ontario at 19.4% and 19.1% respectively.

The proportion of NIHB Vision Care expenditures was highest in Saskatchewan at 21.3%, followed by 20.1% in Alberta and 18.4% in Ontario.

Alberta, which accounted for 15.0% of total NIHB expenditures in 2020 to 2021, recorded the highest proportion of total NIHB Dental expenditures at 20.2%, followed by Saskatchewan and Ontario at 20.1% and 20.0% respectively.

Region	Medical Transportation	Pharmacy	MS&E	Dental	Vision Care	Mental Health	Other	Proportion of NIHB Expenditure	Proportion of NIHB Population
Atlantic	2.5%	6.8%	8.1%	4.0%	8.6%	8.2%	2.4%	5.0%	7.4%
Quebec	4.8%	9.7%	4.6%	6.3%	7.1%	6.1%	4.0%	7.0%	8.5%
Ontario	17.2%	19.1%	14.2%	20.0%	18.4%	20.9%	5.6%	18.4%	24.4%
Manitoba	29.6%	19.4%	21.6%	18.7%	15.1%	18.7%	2.0%	22.7%	17.9%
Saskatchewan	16.2%	21.1%	23.1%	20.1%	21.3%	22.7%	1.7%	19.2%	17.7%
Alberta	11.3%	15.4%	18.7%	20.2%	20.1%	17.4%	2.3%	15.0%	14.3%
North	18.3%	5.4%	7.8%	8.6%	8.0%	5.3%	4.3%	10.6%	8.0%
Headquarters	0.0%	2.6%	1.1%	1.3%	0.8%	0.4%	77.8%	1.9%	0.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 3.3 Proportion of NIHB expenditures by region. Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

Proportion of NIHB regional expenditures by benefit

2020 to 2021

At the national level, nearly three-quarters (72.2%) of total program expenditures occurred in two benefit areas: pharmacy (37.0%) and medical transportation (35.3%). Dental expenditures accounted for almost one-fifth (15.9%) of total NIHB expenditures.

Medical transportation expenditures accounted for half of benefit expenditures in the Northern region and Manitoba (61.0% and 46.1%, respectively). Conversely, in the Atlantic region only 17.9% of benefit expenditures were spent on medical transportation.

The proportion of dental expenditures ranged from 12.8% in Manitoba to 21.4% in Alberta.

In the Atlantic region, 50.4% of total expenditures were spent on pharmacy benefits. Pharmacy costs represented the highest percentage of total expenditures in all regions except in the Northern region and in Manitoba, where transportation accounted for the largest share of costs.

Region	Medical Transportation	Pharmacy	MS&E	Dental	Vision Care	Mental Health	Other	Total
Atlantic	17.9%	50.4%	5.6%	12.8%	4.6%	8.2%	0.4%	100%
Quebec	24.5%	51.3%	2.3%	14.4%	2.7%	4.3%	0.5%	100%
Ontario	33.1%	38.4%	2.7%	17.2%	2.7%	5.7%	0.3%	100%
Manitoba	46.1%	31.6%	3.3%	13.1%	1.8%	4.1%	0.1%	100%
Saskatchewan	29.7%	40.6%	4.2%	16.6%	3.0%	5.9%	0.1%	100%
Alberta	26.7%	38.1%	4.3%	21.4%	3.6%	5.8%	0.1%	100%
North	61.0%	18.7%	2.6%	12.9%	2.0%	2.5%	0.3%	100%
Headquarters	0.0%	50.6%	2.1%	10.9%	1.1%	1.1%	34.1%	100%
National	35.3%	37.0%	3.5%	15.9%	2.7%	5.0%	0.8%	100%

Table 3.4 Proportion of NIHB regional expenditures by benefit. Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB annual expenditures (\$ Millions) and percentage change

In 2020 to 2021, NIHB program expenditures totalled \$1,490.6 million, a decrease of 1.9% from \$1,519.5 million in 2019 to 2020. Since 2011 to 2012, total expenditures have grown by 38.8%. The annualized rate of growth over this period was 3.8%. There has been wide variation in growth rates between 2011 to 2012 and 2020 to 2021, from a low of -7.1% in 2013 to 2014* to a high of 9.7% in 2016 to 2017.

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*.

* 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%.

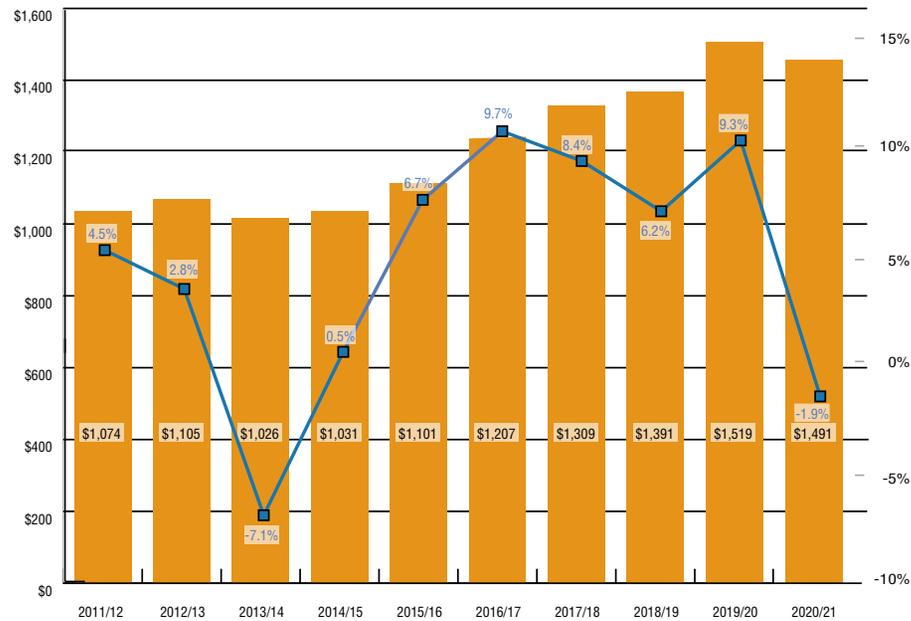


Chart 3.2 NIHB annual expenditures (\$ Millions) and percentage change.
Source: FIRMS and FST adapted by by Business Support, Audit and Negotiations Division

NIHB annual expenditures by benefit (\$ 000's)

In the 10 year period ending 2020 to 2021, expenditures for NIHB mental health services and medical transportation benefits have grown more than other benefit areas. NIHB mental health expenditures had the highest percentage growth at 471.7%, from \$12.9 million in 2011 to 2012 to \$74.0 million in 2020 to 2021. NIHB medical transportation had the highest expenditure growth from \$333.3 million in 2011 to 2012 to \$525.7 million in 2020 to 2021, a change of 57.7%.

Over the same period, NIHB medical supplies and equipment (MS&E) expenditures increased by 67.1% and NIHB pharmacy expenditures increased by 28.6%.

The Other expenditure category includes funding arrangements with regional First Nations and Inuit organizations that employ NIHB Navigators to act as a resource for communities, organizations or individuals who need assistance or information on the NIHB

program. As well, it includes funding arrangements with the First Nations Health Authority for clients eligible under Bills C-3 and S-3 and for Qalipu clients. Decreases in other expenditures 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	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Medical Transportation	\$333,304	\$351,424	\$352,036	\$357,963	\$375,904	\$417,035	\$459,505	\$495,034	\$537,179	\$525,719
Pharmacy	\$428,520	\$425,806	\$383,614	\$392,479	\$425,773	\$457,489	\$482,789	\$488,604	\$532,045	\$550,900
MS&E	\$30,833	\$37,009	\$30,670	\$29,233	\$30,657	\$37,031	\$40,167	\$47,346	\$54,256	\$51,524
Dental	\$219,057	\$222,706	\$207,179	\$201,886	\$217,109	\$235,831	\$248,992	\$269,008	\$282,908	\$236,293
Vision Care	\$29,780	\$32,167	\$31,459	\$29,704	\$30,017	\$32,370	\$33,578	\$36,467	\$45,968	\$39,907
Mental Health	\$12,936	\$14,337	\$14,152	\$15,581	\$16,193	\$21,728	\$33,066	\$42,656	\$55,126	\$73,958
Other	\$19,868	\$21,257	\$5,406	\$4,005	\$4,858	\$5,974	\$11,143	\$11,450	\$12,001	\$12,314
Total	\$1,074,304	\$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
Annual % Change	4.5%	2.8%	-7.1%	0.5%	6.7%	9.7%	8.4%	6.2%	9.3%	-1.9%

Table 3.5: 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
2020 to 2021

The national per capita expenditures for all benefits in 2020 to 2021 were \$1,627. The Northern region had the highest per capita cost at \$2,184. Manitoba followed with a per capita cost of \$2,100. 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 \$1,108, due to the comparatively low medical transportation expenditures in the region.

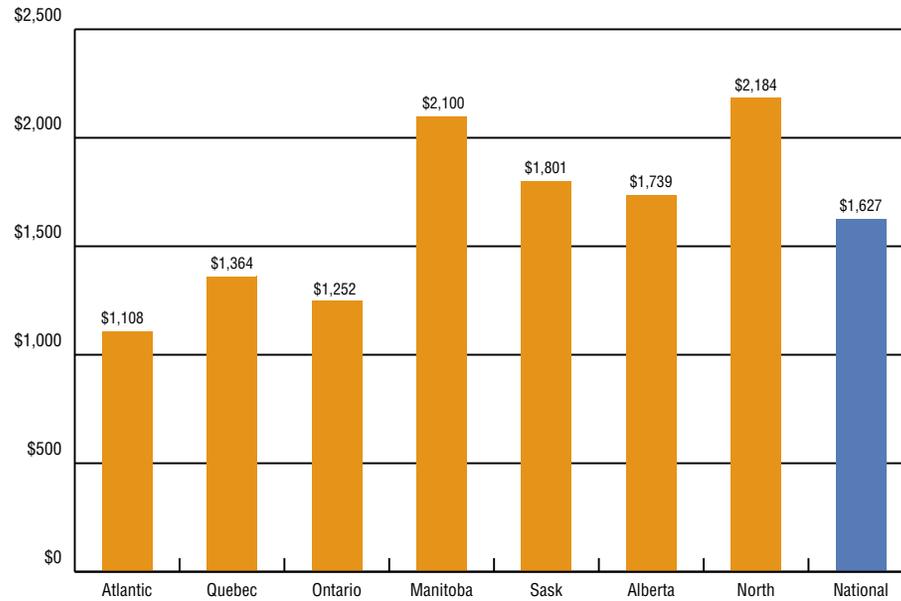


Chart 3.3: Per capita NIHB expenditures by region.
Source: FST and SVS adapted by Business Support, Audit and Negotiations Division



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.

New for the 2020 to 2021 NIHB Annual Report, expenditure and utilization data for the medical supplies and equipment benefit are being reported in section 5.

In 2020 to 2021, the NIHB program paid for pharmacy claims made by a total of 508,596 First Nations and Inuit clients. The total spent for these claims was \$550.9 million or 37.0% of total NIHB expenditures. Of all the NIHB program benefits, the pharmacy benefit accounts for the largest share of expenditures and is the benefit most utilized by clients.

Distribution of NIHB pharmacy expenditures (\$ Millions)

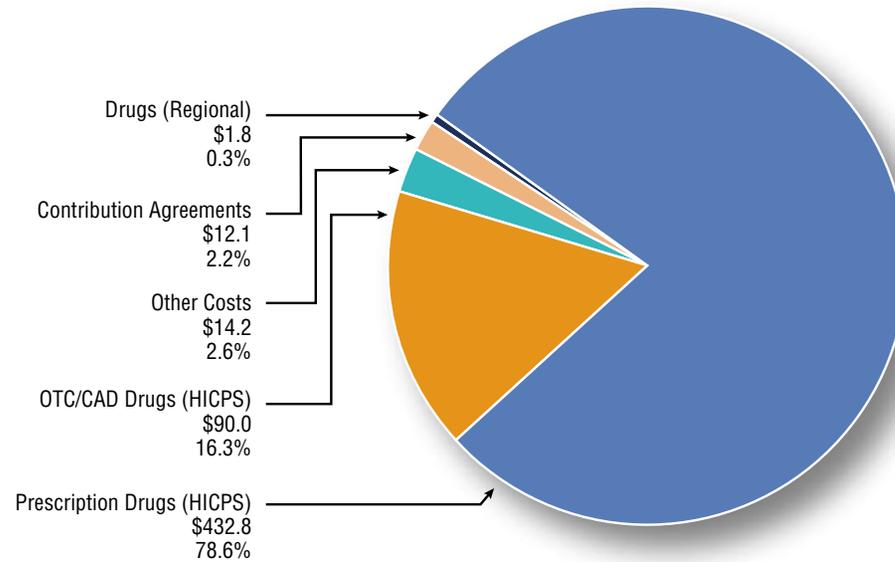
2020 to 2021

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 \$432.8 million or 78.6% of all NIHB pharmacy expenditures, followed by over-the-counter (OTC) drugs and controlled access drugs (CAD) which totalled \$90.0 million or 16.3%.

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 \$12.1 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 \$14.2 million or 2.6% in 2020 to 2021. Included in this total are headquarters contract and claims processing expenditures related to the HICPS system.



Total NIHB Pharmacy Expenditures: \$550.9M

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)

2020 to 2021

Prescription drug costs paid through the HICPS system represented the largest component of total NIHB Pharmacy costs accounting for \$432.8 million or 78.6%. The Saskatchewan region had the largest proportion of these costs at 21.1%, followed by Manitoba at 19.4% and Ontario at 19.1%.

The next highest component was over-the-counter (OTC) and controlled access drug (CAD) costs at \$90.0 million or 16.4%. The regions of Manitoba (23.5%), Saskatchewan (20.8%) and Ontario (17.8%) had the largest proportions of these costs in 2020 to 2021.

Region	Operating				Total Operating Costs	Total Contribution Costs	Total Costs
	Prescription Drugs	OTC/CAD Drugs	Drugs Regional	Other Costs			
Atlantic	\$30,470	\$6,851	\$2	\$0	\$37,323	\$0	\$37,323
Quebec	\$43,641	\$9,637	\$3	\$0	\$53,282	\$0	\$53,282
Ontario	\$84,185	\$15,972	\$0	\$0	\$100,158	\$5,143	\$105,300
Manitoba	\$85,663	\$21,188	\$0	\$0	\$106,851	\$0	\$106,851
Saskatchewan	\$96,080	\$18,673	\$1,393	\$0	\$116,146	\$42	\$116,188
Alberta	\$65,176	\$12,849	\$0	\$0	\$78,025	\$6,895	\$84,920
North	\$24,660	\$4,442	\$377	\$0	\$29,479	\$0	\$29,479
Headquarters	\$0	\$0	\$0	\$14,220	\$14,220	\$0	\$14,220
Total	\$432,843	\$89,981	\$1,776	\$14,221	\$538,821	\$12,080	\$550,901

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

Annual NIHB pharmacy expenditures

NIHB pharmacy expenditures increased by 7.9% during fiscal year 2020 to 2021. 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 4.5%. The introduction of lower cost generic drugs as they become available on the market and optimized drug utilization 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, medications which would otherwise not be considered cost-effective or affordable. On March 31, 2021, NIHB had 224 PLA in effect.

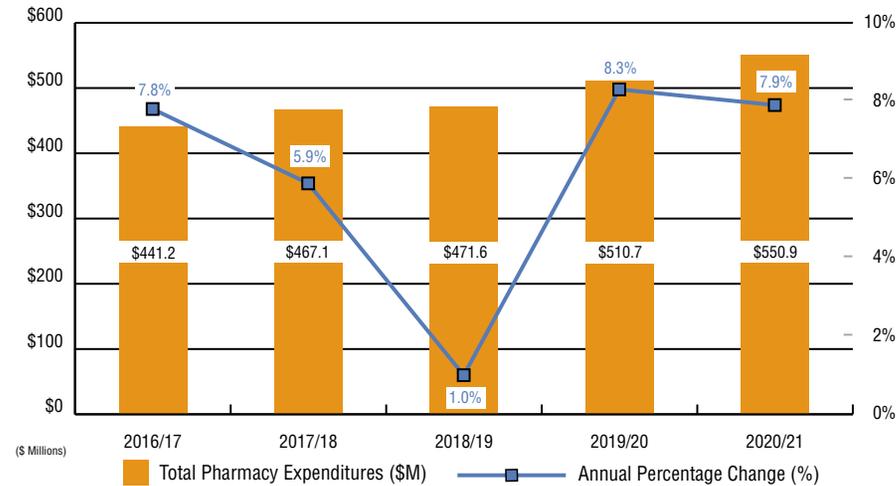


Chart 4.2: Annual NIHB pharmacy expenditures and percentage change.
Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

NIHB Pharmacy Expenditures (\$ 000's)					
Region	2015/16	2016/17	2017/18	2018/19	2019/20
Atlantic	\$28,976	\$29,741	\$30,448	\$35,365	\$37,323
Quebec	\$45,554	\$46,227	\$46,623	\$50,747	\$53,282
Ontario	\$88,466	\$93,635	\$93,896	\$97,437	\$105,300
Manitoba	\$88,639	\$91,060	\$92,084	\$100,059	\$106,851
Saskatchewan	\$95,937	\$109,900	\$107,487	\$115,074	\$116,188
Alberta	\$69,362	\$71,083	\$73,976	\$83,526	\$84,920
North	\$24,283	\$25,355	\$27,042	\$28,337	\$29,479
Headquarters	\$16,302	\$15,696	\$16,963	\$21,354	\$14,220
Total	\$441,186	\$467,094	\$471,641	\$510,691	\$550,901

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

2020 to 2021

In 2020 to 2021, the national per capita expenditure for NIHB Pharmacy benefits was \$597. This was an increase of 3.8% from the \$575 recorded in 2019 to 2020.

Saskatchewan had the highest per capita NIHB Pharmacy expenditures at \$732, followed by Quebec at \$700.

The Northern region had the lowest per capita expenditures at \$408 followed by Ontario at \$481. 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.

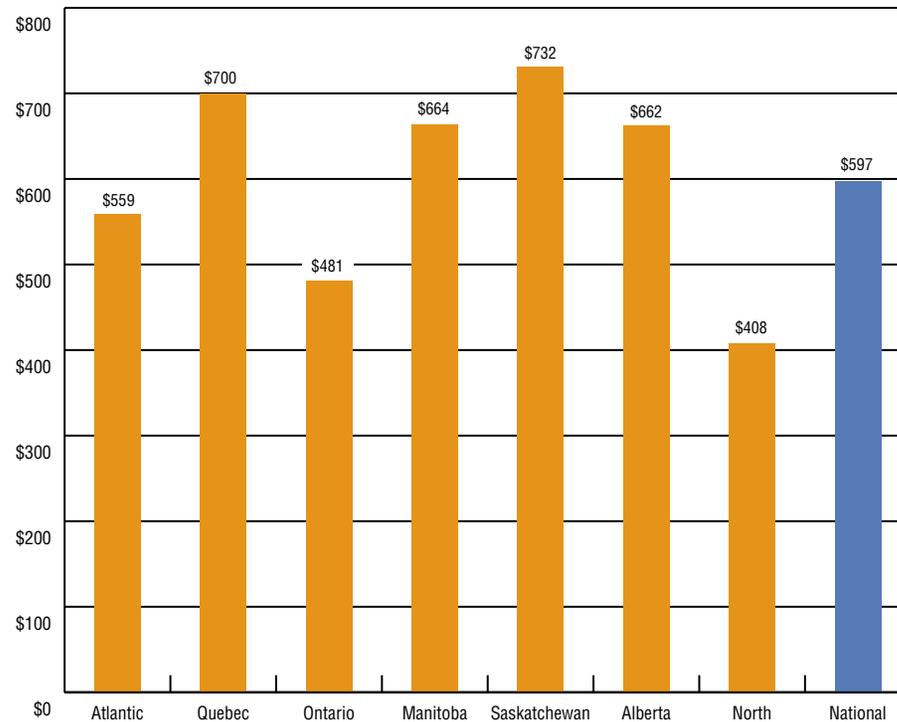


Chart 4.3 Per capita NIHB pharmacy expenditure by region.
Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB pharmacy operating expenditures per claimant by region

2020 to 2021

Expenditures per claimant are based on the total cost of pharmacy claims processed through the HICPS system, divided by the number of clients who submitted at least one pharmacy claim.

In 2020 to 2021, the national average per claimant expenditures were \$1,028.

The Quebec Region had the highest average NIHB Pharmacy operating expenditures per claimant at \$1,204, followed by Saskatchewan at \$1,142.

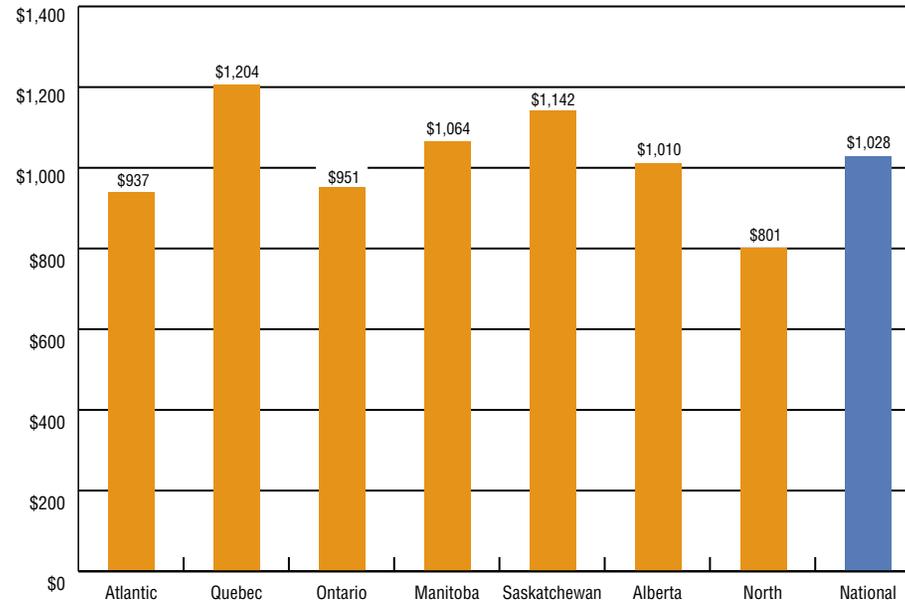


Chart 4.4: NIHB pharmacy operating expenditures per claimant by region.

Source: HICPS 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 2020 to 2021, the national utilization rate was 57% for NIHB Pharmacy benefits paid through the HICPS system. Utilization rates were impacted by provincial/territorial public health restrictions on travel and on the provision of in-person services due to the coronavirus (COVID-19) outbreak.

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 64.4% and for Ontario the utilization rate for pharmacy

benefits would have been 51.1% in 2020 to 2021. 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 58.0%.

Region	Pharmacy Utilization				
	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	63%	63%	67%	63%	60%
Quebec	62%	62%	61%	62%	58%
Ontario	55%	54%	49%	52%	48%
Manitoba	70%	69%	67%	68%	62%
Saskatchewan	72%	71%	69%	70%	63%
Alberta	68%	67%	65%	67%	60%
Yukon	61%	60%	60%	60%	58%
N.W.T.	56%	58%	55%	55%	54%
Nunavut	48%	49%	49%	49%	46%
National	63%	62%	60%	61%	57%

Table 4.2: NIHB pharmacy utilization rates by region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

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

2020 to 2021

Of the 898,839 clients eligible to receive benefits under the NIHB program, a total of 508,596 claimants received at least one pharmacy item paid through the Health Information and Claims Processing Services

(HICPS) system in 2020 to 2021. Of this total, 292,017 were female (57%) and 216,579 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	523	491	1,014	613	606	1,219	717	654	1,371	2,021	1,972	3,993	1,915	1,935	3,850
5-9	845	912	1,757	1,039	1,140	2,179	1,690	1,714	3,404	3,592	3,715	7,307	3,323	3,655	6,978
10-14	1,031	1,018	2,049	1,223	1,287	2,510	1,986	2,098	4,084	3,580	3,920	7,500	3,738	4,042	7,780
15-19	1,028	1,631	2,659	1,127	1,681	2,808	2,394	3,736	6,130	3,236	4,669	7,905	3,344	5,101	8,445
20-24	1,109	1,897	3,006	1,121	1,948	3,069	2,616	4,906	7,522	3,413	5,326	8,739	3,493	5,801	9,294
25-29	1,212	2,065	3,277	1,242	2,225	3,467	3,539	5,839	9,378	3,743	5,852	9,595	3,818	5,948	9,766
30-34	1,194	1,736	2,930	1,231	2,037	3,268	3,626	5,310	8,936	3,556	5,171	8,727	3,800	5,531	9,331
35-39	1,135	1,613	2,748	1,158	1,714	2,872	3,371	4,766	8,137	3,159	4,204	7,363	3,247	4,545	7,792
40-44	1,100	1,500	2,600	1,170	1,580	2,750	3,345	4,388	7,733	2,929	3,637	6,566	2,945	3,705	6,650
45-49	1,265	1,595	2,860	1,245	1,683	2,928	3,420	4,430	7,850	3,008	3,745	6,753	2,797	3,720	6,517
50-54	1,438	1,717	3,155	1,402	1,787	3,189	3,754	4,660	8,414	3,046	3,714	6,760	2,950	3,541	6,491
55-59	1,369	1,723	3,092	1,585	1,986	3,571	3,997	5,053	9,050	2,823	3,465	6,288	2,526	3,227	5,753
60-64	1,242	1,581	2,823	1,438	1,916	3,354	3,485	4,496	7,981	2,246	2,688	4,934	1,989	2,557	4,546
65+	2,560	3,290	5,850	2,905	4,152	7,057	6,141	9,172	15,313	3,336	4,699	8,035	3,073	4,251	7,324
Total	17,051	22,769	39,820	18,499	25,742	44,241	44,081	61,222	105,303	43,688	56,777	100,465	42,958	57,559	100,517
Average age	41	41	41	41	42	41	43	43	43	35	35	35	34	35	34

Table 4.3: NIHB pharmacy claimants by age group, gender and region. Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

NIHB Pharmacy Expenditure and Utilization Data

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1,573	1,512	3,085	803	765	1,568	8,190	7,962	16,152
2,727	2,852	5,579	1,041	944	1,985	14,311	14,995	29,306
2,883	3,112	5,995	949	990	1,939	15,477	16,561	32,038
2,722	3,798	6,520	920	1,742	2,662	14,876	22,549	37,425
2,837	4,206	7,043	989	2,045	3,034	15,716	26,392	42,108
3,089	4,293	7,382	1,162	2,194	3,356	17,952	28,705	46,657
2,904	3,950	6,854	1,168	2,105	3,273	17,662	26,170	43,832
2,652	3,435	6,087	982	1,702	2,684	15,867	22,231	38,098
2,284	2,854	5,138	948	1,453	2,401	14,862	19,382	34,244
2,221	2,760	4,981	1,030	1,391	2,421	15,154	19,569	34,723
2,138	2,628	4,766	1,145	1,484	2,629	16,033	19,776	35,809
1,957	2,418	4,375	1,079	1,461	2,540	15,482	19,590	35,072
1,513	2,019	3,532	779	1,141	1,920	12,783	16,571	29,354
2,375	3,521	5,896	1,703	2,218	3,921	22,214	31,564	53,778
33,875	43,358	77,233	14,698	21,635	36,333	216,579	292,017	508,596
34	35	34	37	38	38	37	38	38

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

2020 to 2021

In 2020 to 2021, 4.1% 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 0.7% of total pharmacy expenditures. In contrast, 9.4% of all eligible clients were in the 65+ age group, but accounted for 24.3 % of all pharmacy claims submitted and 17.8% of total pharmacy expenditures.

During 2020 to 2021, the average claimant aged 65 or more submitted 93 claims compared to 72 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 2020 to 2021 the average cost per child aged 0 to 4 years was \$235. The cost increased steadily for every age group, with claimants aged 35-39 having an average cost of \$1,112, comparable to the total average claimant cost of \$1,028. Claimants aged 60-64 years had the highest cost per claimant with an average of \$1,834 for all pharmacy claims received throughout the fiscal year.

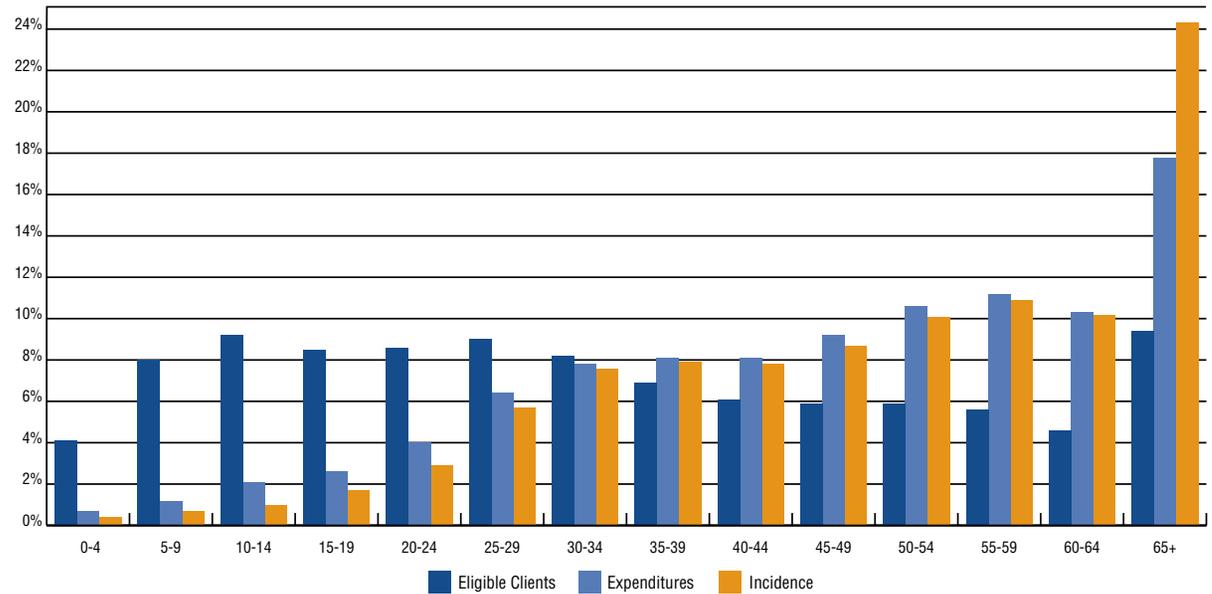


Chart 4.5: Distribution of eligible NIHB population, pharmacy expenditures and pharmacy incidence by age group.
Source: HICPS, FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB top ten therapeutic classes by number of claimants

2020 to 2021

Table 4.4 ranks the top ten therapeutic classes according to number of claimants. In 2020 to 2021, Non-Steroidal Anti-Inflammatory Drugs (NSAID) had the highest number of distinct claimants at 168,759. Miscellaneous Analgesics and Antipyretics ranked second in number of claimants with 114,702 followed by Penicillins with 114,112 claimants.

Therapeutic classification	Claimants	% Change from 2018/19	Examples of Product in the Therapeutic Class
Non-Steroidal Anti-Inflammatory Drugs (NSAID)	168,759	-17.7%	Voltaren (Diclofenac)
Miscellaneous Analgesics and Antipyretics	114,702	-20.5%	Tylenol (Acetaminophen)
Penicillins	114,112	-30.1%	Amoxil (Amoxicillin)
Antidepressants	107,442	2.6%	Effexor (Venlafaxine)
Proton Pump Inhibitors	104,914	2.4%	Losec (Omeprazole)
Opioid Agonists	96,141	-7.8%	Statex (Morphine Sulphate)
HMG-COA Reductase Inhibitors (Statins)	74,205	3.0%	Lipitor (Atorvastatin)
Angiotensin-Converting Enzyme Inhibitors	68,545	0.1%	Altace (Ramipril)
Beta-Adrenergic Agonists	68,412	-27.1%	Ventolin (Salbutamol)
Cephalosporins	66,710	-11.2%	Keflex (Cephalexin)

Table 4.4: 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

2020 to 2021

Table 4.5 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 2020 to 2021 at 1.3 million paid claims, or 31.9% of all OTC claims. Central nervous systems agents had the next highest share of OTC claims at 945,284 (22.7%) followed by gastrointestinal drugs at 319,271 claims (7.7%).

Category	Claims	% Change from 2019/20	Examples
Vitamins	1,327,181	8.3%	Vitamin D (Cholecalciferol)
Central Nervous System Agents	945,284	-9.5%	Tylenol (Acetaminophen)
Gastrointestinal Drugs	319,271	-0.7%	Senokot (Sennosides)
Blood Formation and Coagulation	299,540	6.6%	Iron (Ferrous Gluconate)
Diabetic Devices	284,794	3.8%	Lancets
Hormone & Synthetic Substitutes	227,636	1.2%	Lantus (Insulin Glargine)
Skin & Mucous Membrane Agents	156,144	-3.0%	Nix (Permethrin)
Diagnostic Agents	150,194	1.7%	Blood Glucose Test Strips
Antihistamines	120,502	1.4%	Reactine (Cetirizine)
Autonomic Drugs	78,106	-6.7%	Nicoderm (Nicotine)

Table 4.5: 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.

New for the 2020 to 2021 NIHB Annual Report, expenditure and utilization data for the MS&E benefit are reported separately from pharmacy benefits.

In 2020 to 2021, the NIHB program paid for MS&E claims made by a total of 74,467 First Nations and Inuit clients. The total spent for these claims was \$51.5 million or 3.5% of total NIHB expenditures.

Distribution of NIHB MS&E expenditures (\$ Millions)

2020 to 2021

The NIHB MS&E benefit is comprised of multiple components. The cost of medical equipment paid through the Health Information and Claims Processing Services (HICPS) system was the largest component, accounting for \$32.7 million or 63.4% of all NIHB MS&E expenditures, followed by medical supplies paid through HICPS which totalled \$17.0 million or 33.0%.

Contribution agreements, which accounted for \$0.7 million or 1.4% 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 \$0.6 million or 1.1%.

Other costs totalled \$0.6 million or 1.1% of MS&E expenditures in 2020 to 2021. Included in this total are headquarters contract and claims processing expenditures related to the HICPS system

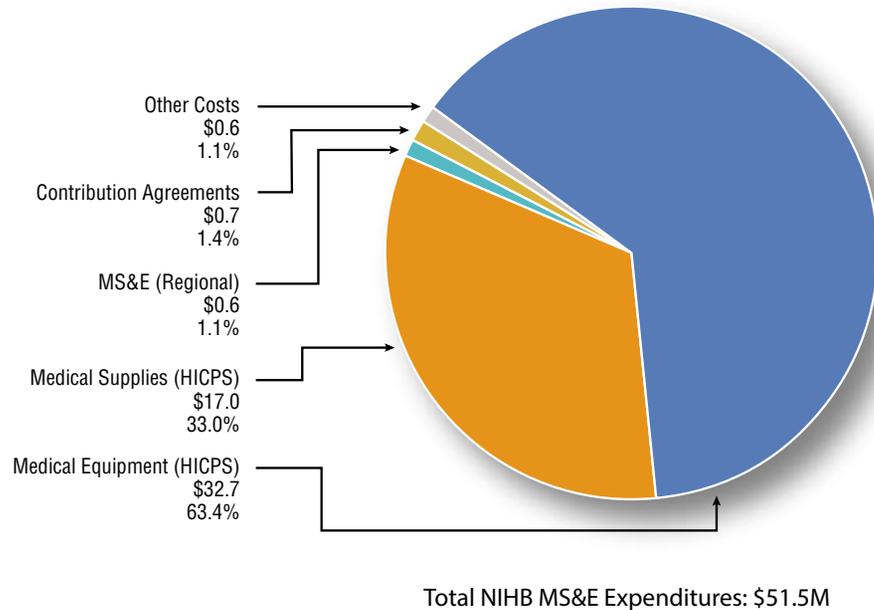


Chart 5.1: Distribution of NIHB MS&E expenditures (\$ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

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

2020 to 2021

Medical equipment costs paid through the HICPS system represented the largest component of total NIHB MS&E costs accounting for \$32.7 million or 63.4%. The Saskatchewan region had the largest proportion of these costs at 23.3%, followed by Manitoba at 22.2% and Alberta at 19.3%.

The next highest component was medical supplies costs at \$17.0 million or 33.0%. The regions of Saskatchewan (25.2%), Manitoba (20.4%) and Alberta (19.5%) had the largest proportions of these costs in 2020 to 2021.

All other MS&E expenditures, including contribution agreement costs, account for only 3.6% 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	\$13	\$1,220	\$2,943	\$0	\$4,177	\$0	\$4,177
Quebec	\$0	\$879	\$1,500	\$0	\$2,379	\$0	\$2,379
Ontario	\$32	\$2,182	\$4,553	\$0	\$6,768	\$529	\$7,297
Manitoba	\$439	\$3,470	\$7,236	\$0	\$11,146	\$0	\$11,146
Saskatchewan	\$15	\$4,281	\$7,612	\$0	\$11,908	\$0	\$11,908
Alberta	\$13	\$3,316	\$6,318	\$0	\$9,647	\$0	\$9,647
North	\$51	\$1,572	\$2,216	\$0	\$3,839	\$185	\$4,024
Headquarters	\$0	\$0	\$0	\$592	\$592	\$0	\$592
Total	\$564	\$16,996	\$32,658	\$592	\$50,811	\$714	\$51,525

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

Annual NIHB MS&E expenditures

NIHB MS&E expenditures decreased by 3.2% during fiscal year 2020 to 2021, 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 MS&E expenditures has ranged from a high of 9.4% in 2019 to 2020 to a low of -3.2% in 2020 to 2021.

The five year annualized growth rate for NIHB MS&E expenditures is 6.8%.

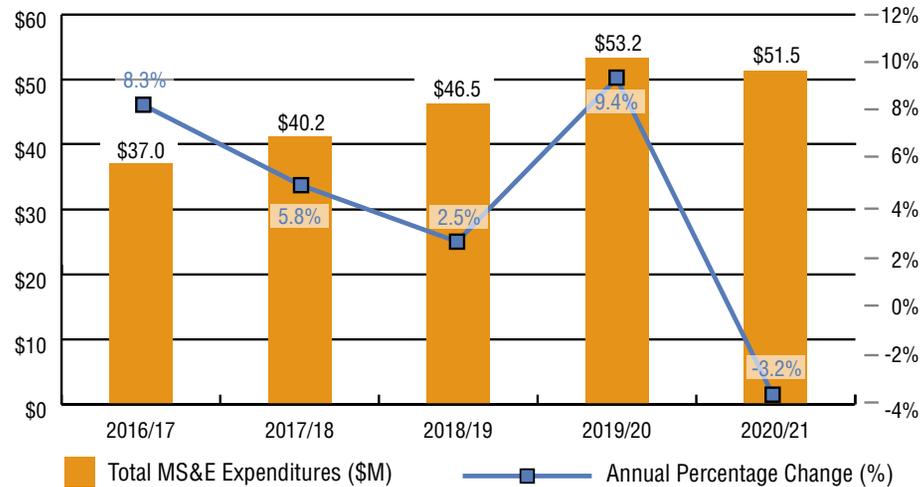


Chart 5.2: Annual NIHB MS&E expenditures.

Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Region	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	\$2,990	\$3,279	\$3,900	\$4,359	\$4,177
Quebec	\$1,994	\$2,163	\$2,345	\$2,564	\$2,379
Ontario	\$5,825	\$5,915	\$6,662	\$7,322	\$7,297
Manitoba	\$6,341	\$6,985	\$9,166	\$11,966	\$11,146
Saskatchewan	\$8,382	\$9,426	\$10,762	\$11,889	\$11,908
Alberta	\$8,236	\$8,260	\$9,127	\$10,250	\$9,647
North	\$3,263	\$4,018	\$4,529	\$4,884	\$4,024
Headquarters	\$0	\$120	-\$10	-\$12	\$592
Total	\$37,031	\$40,167	\$46,481	\$53,222	\$51,525

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

Per capita NIHB MS&E expenditures by region

2020 to 2021

In 2020 to 2021, the national per capita expenditures for NIHB MS&E benefits was \$56. This was a decrease of 6.2% from the \$60 recorded in 2019 to 2020.

Alberta and Saskatchewan had the highest per capita NIHB MS&E expenditures at \$75, followed by Manitoba at \$69.

Quebec had the lowest per capita MS&E expenditures at \$31 followed by Ontario at \$33. Relatively low per capita expenditures in Quebec and Ontario are attributed to provincial programs which provide financial assistance for the provision of certain medical equipment items to all residents.

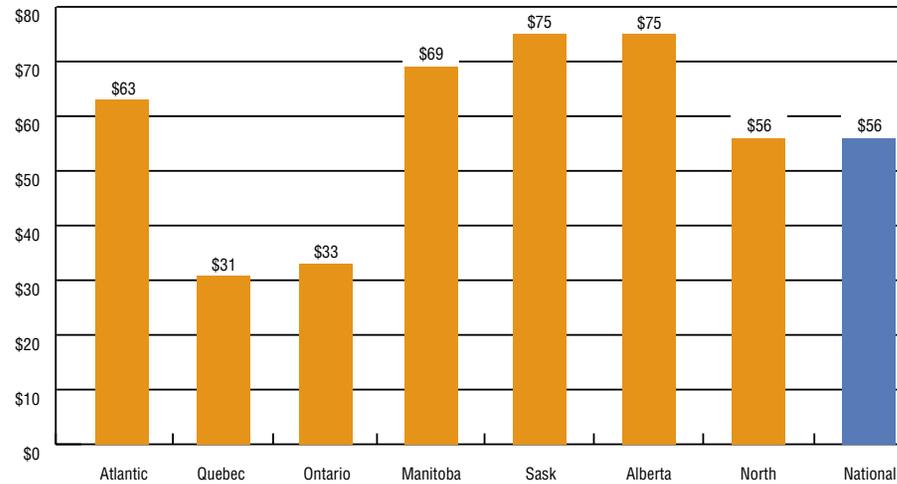


Chart 5.3: Per capita NIHB MS&E expenditures by region.
 Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB MS&E expenditures per claimant by region

2020 to 2021

Expenditures per claimant are based on the total cost of MS&E claims divided by the number of clients who submitted at least one MS&E claim.

In 2020 to 2021, the national average per claimant expenditure was \$684. This is lower than the cost per claimant in either the pharmacy or dental benefit areas.

Alberta had the highest average NIHB MS&E expenditure per claimant at \$991, followed by Saskatchewan at \$732.

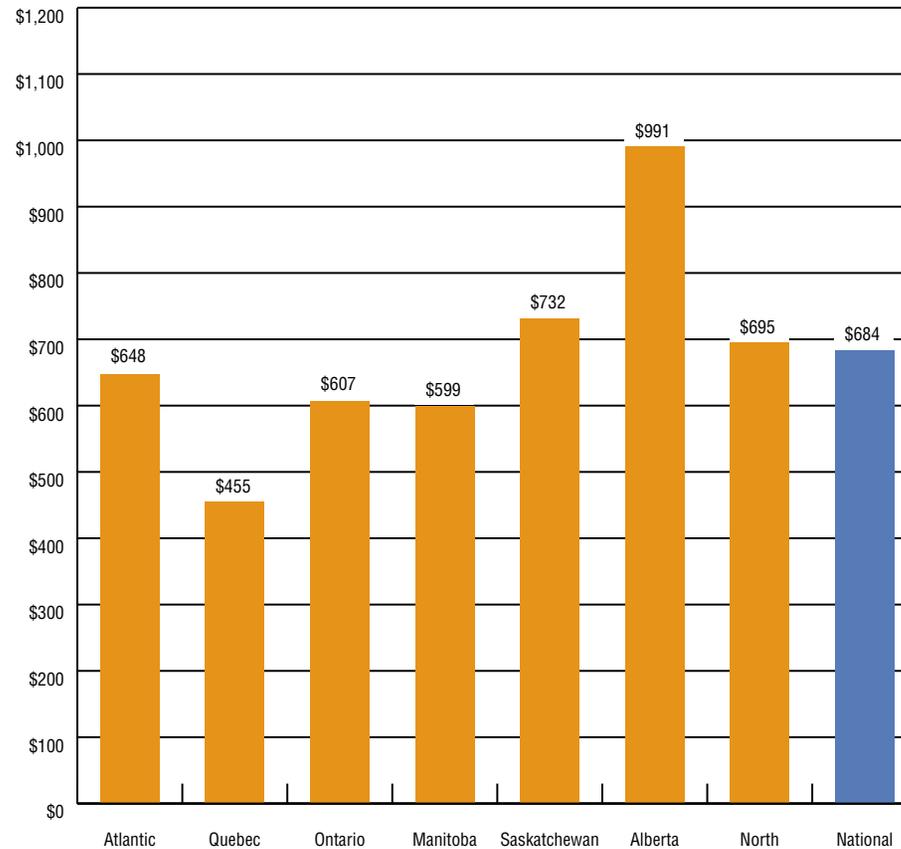


Chart 5.4: NIHB MS&E expenditure per claimant by region.

Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division

NIHB MS&E utilization rates by region

Utilization rates represent 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.

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.

In 2020 to 2021, the national utilization rate was 8% for NIHB MS&E benefits paid through the HICPS system.

Region	MS&E Utilization				
	2016/17	2017/18	2018/19	2019/20	2020/21
Atlantic	7%	7%	8%	10%	10%
Quebec	5%	5%	6%	7%	7%
Ontario	4%	4%	5%	5%	5%
Manitoba	8%	9%	10%	11%	12%
Saskatchewan	7%	7%	8%	10%	10%
Alberta	6%	6%	7%	8%	8%
North	7%	6%	5%	5%	8%
National	6%	6%	7%	8%	8%

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

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

2020 to 2021

Of the 898,839 clients eligible to receive benefits under the NIHB program, a total of 74,467 claimants, representing 8.3% of the NIHB client population, received at least one MS&E item paid through the Health Information and Claims Processing Services

(HICPS) system in 2020 to 2021. Of this total, 43,408 were female (58%) and 31,059 were male (42%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of MS&E claimants was 50 years. The average age for female and male claimants was 50 and 49 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	43	25	68	13	9	22	34	23	57	145	150	295	169	121	290
5-9	68	52	120	45	40	85	81	66	147	370	264	634	232	203	435
10-14	86	60	146	51	55	106	113	85	198	342	335	677	301	272	573
15-19	62	84	146	40	61	101	112	114	226	287	374	661	285	429	714
20-24	80	129	209	53	89	142	117	177	294	305	532	837	274	688	962
25-29	118	189	307	63	115	178	127	287	414	388	702	1,090	361	781	1,142
30-34	119	170	289	80	124	204	172	286	458	445	738	1,183	416	708	1,124
35-39	131	171	302	107	116	223	210	367	577	465	668	1,133	397	668	1,065
40-44	131	228	359	128	112	240	271	354	625	527	685	1,212	459	586	1,045
45-49	210	264	474	141	199	340	370	444	814	640	930	1,570	506	695	1,201
50-54	265	377	642	178	235	413	471	627	1,098	738	1,017	1,755	606	846	1,452
55-59	283	386	669	250	307	557	599	734	1,333	828	1,106	1,934	665	912	1,577
60-64	274	414	688	261	347	608	656	814	1,470	741	970	1,711	590	833	1,423
65+	893	1,134	2,027	811	1,201	2,012	1,782	2,537	4,319	1,601	2,305	3,906	1,332	1,936	3,268
Total	2,763	3,683	6,446	2,221	3,010	5,231	5,115	6,915	12,030	7,822	10,776	18,598	6,593	9,678	16,271
Average age	52	53	53	55	56	56	55	56	56	46	48	47	46	46	46

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

NIHB MS&E Expenditure and Utilization Data

ALBERTA			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
55	45	100	88	88	176	548	461	1,009
122	109	231	130	105	235	1,049	839	1,888
166	137	303	107	116	223	1,171	1,062	2,233
150	179	329	88	120	208	1,029	1,364	2,393
136	293	429	68	188	256	1,034	2,102	3,136
203	320	523	108	228	336	1,371	2,624	3,995
208	315	523	130	242	372	1,578	2,598	4,176
245	329	574	95	209	304	1,659	2,544	4,203
291	333	624	126	199	325	1,945	2,506	4,451
312	440	752	145	228	373	2,334	3,215	5,549
409	517	926	192	309	501	2,887	3,951	6,838
398	567	965	223	320	543	3,260	4,364	7,624
425	568	993	201	272	473	3,164	4,250	7,414
968	1,499	2,467	620	845	1,465	8,030	11,528	19,558
4,088	5,651	9,739	2,321	3,469	5,790	31,059	43,408	74,467
49	50	50	47	47	47	49	50	50

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

2020 to 2021

In 2020 to 2021, 4.1% of all clients were in the 0 to 4 age group, but this group accounted for only 2.0% of all MS&E claims made and only 2.1% of total MS&E expenditures. In contrast, 9.4% of all eligible clients were in the 65+ age group, but accounted for 35.2 % of all MS&E claims submitted and 34.2% of total MS&E expenditures.

The average MS&E claimant submitted 5 claims in 2020 to 2021, a rate that is relatively consistent over all age groups.

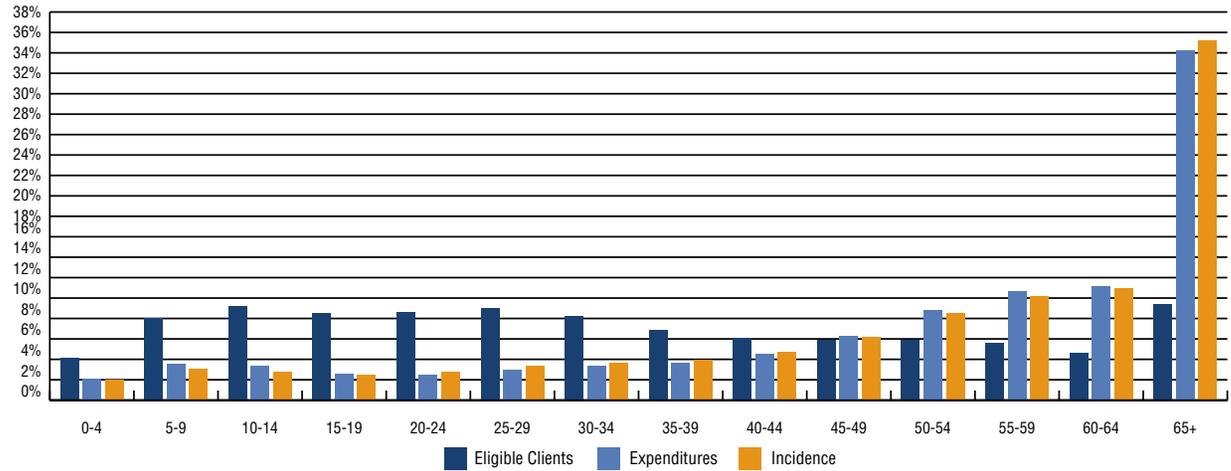


Chart 5.5: Distribution of eligible NIHB population, MS&E expenditures and MS&E incidence by age group.
 Source: HICPS, FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB medical supplies expenditures by category

2020 to 2021

In 2020 to 2021, medical surgical supplies such as incontinence items accounted for 78.5% of all medical supply expenditures, an increase from the 75.1% recorded in 2019 to 2020. Audiology supplies, such as hearing aid batteries, represented 5.5% of all medical supply expenditures, followed by self-care supplies such as enteral feeding bags at 5.1%.

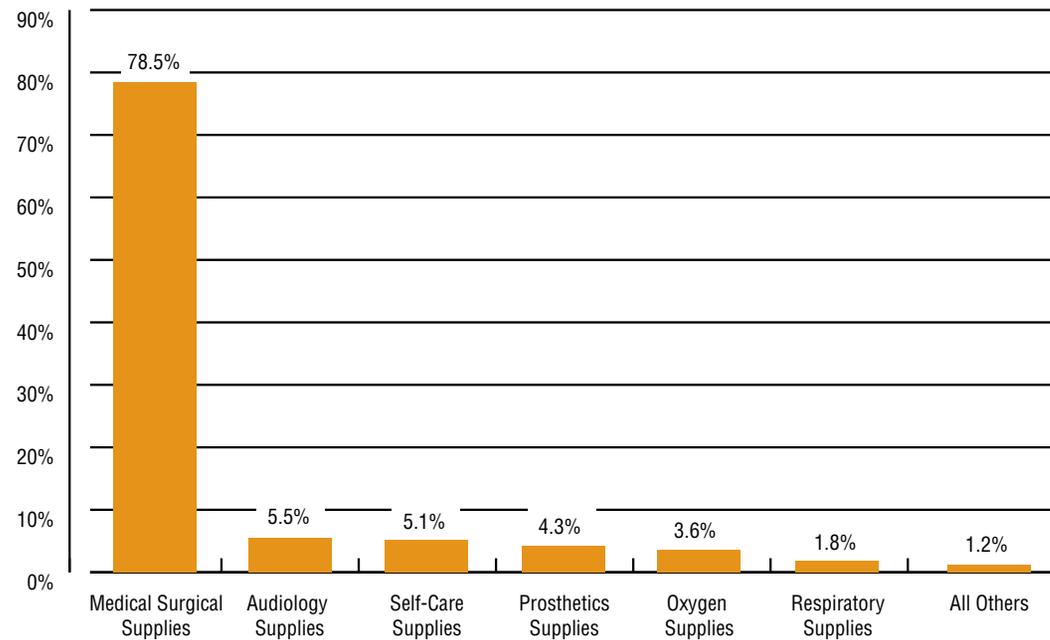


Chart 5.6: NIHB medical supplies expenditures by category.

Source: HICPS adapted by Business Support, Audit and Negotiations Division

NIHB medical equipment expenditures by category

2020 to 2021

In 2020 to 2021, mobility equipment such as wheelchairs accounted for 20.9% of all medical equipment expenditures, an increase from the 19.6% recorded in 2019 to 2020. Audiology equipment, such as hearing aids, represented 18.1% of all medical equipment expenditures, followed by self-care equipment such as blood pressure monitors at 5.1%.

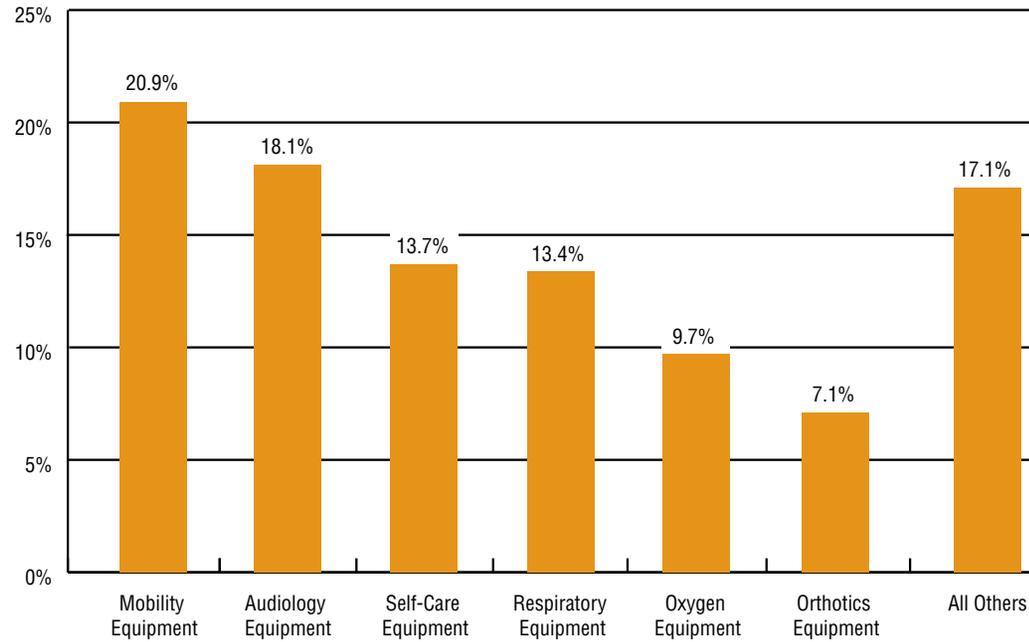


Chart 5.7: NIHB medical supplies expenditures by category.

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 dentures**
- **oral surgery services such as extractions**
- **orthodontic services such as braces**
- **adjunctive services such as general anaesthesia and sedation.**

In 2020 to 2021, a total of 267,032 First Nations and Inuit clients accessed dental benefits through the NIHB program, based on claims paid through the HICPS system. The total for dental benefit claims was \$236.3 million or 15.9% 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).

Distribution of NIHB dental expenditures (\$ millions)

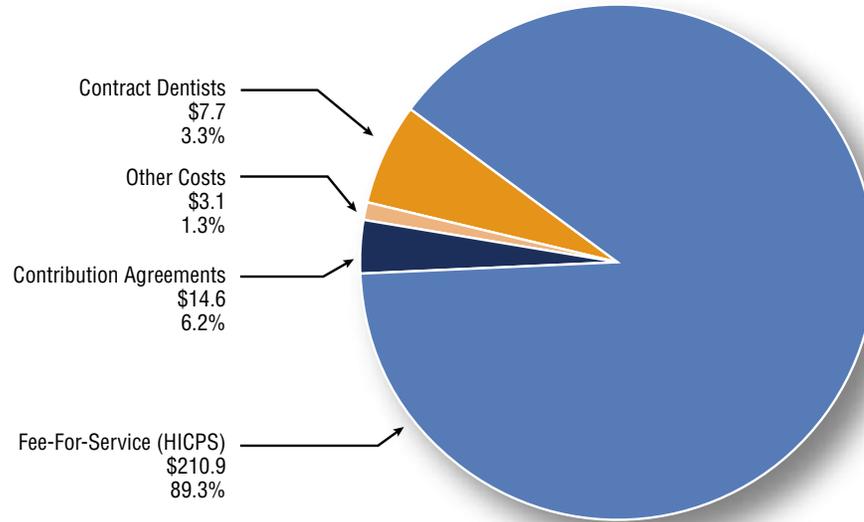
2020 to 2021

NIHB dental expenditures are comprised of multiple distinct components. Fee-for-service dental costs paid through HICPS system represented the largest expenditure portion, accounting for \$210.9 million or 89.3% of all NIHB dental costs.

The next highest component was contribution agreements, which accounted for \$14.6 million or 6.2% 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 \$7.7 million or 3.3% of total costs.

Other costs totalled \$3.1 million or 1.3% in 2020 to 2021. The majority of these costs are related to benefit claims processing through the HICPS system.



Total NIHB Dental Expenditures: \$236.3 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)

2020 to 2021

Of the \$236.3 million in NIHB dental expenditures in 2020 to 2021, Alberta (20.2%), Saskatchewan (20.1%), Ontario (20.0%) and Manitoba (18.7%) had the largest overall proportion. Alberta had the highest total dental expenditures at \$47.7 million and the Atlantic region had the lowest total dental expenditures at \$9.5 million.

Region	Operating			Total Operating Costs	Total Contribution Costs	Total Costs
	Fee-for-service	Contract dentists	Other costs			
Atlantic	\$9,455	\$0	\$0	\$9,455	\$0	\$9,455
Quebec	\$14,934	\$0	\$0	\$14,934	\$0	\$14,934
Ontario	\$38,460	\$2,033	\$0	\$40,493	\$6,725	\$47,218
Manitoba	\$38,048	\$5,264	\$0	\$43,312	\$837	\$44,149
Saskatchewan	\$43,410	\$0	\$0	\$43,410	\$4,097	\$47,507
Alberta	\$44,971	\$58	\$0	\$45,029	\$2,711	\$47,741
North	\$19,756	\$361	\$0	\$20,117	\$225	\$20,342
Headquarters	\$0	\$0	\$3,070	\$3,070	\$0	\$3,070
Total	\$210,910	\$7,717	\$3,070	\$221,697	\$14,596	\$236,293

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

Annual NIHB dental expenditures

NIHB dental expenditures decreased by 16.5% during fiscal year 2020 to 2021, 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 care.

Over the last five years, annual growth rates for NIHB dental expenditures have ranged from a high of 8.6% in 2016 to 2017 to a low of negative 16.5% in 2020 to 2021.

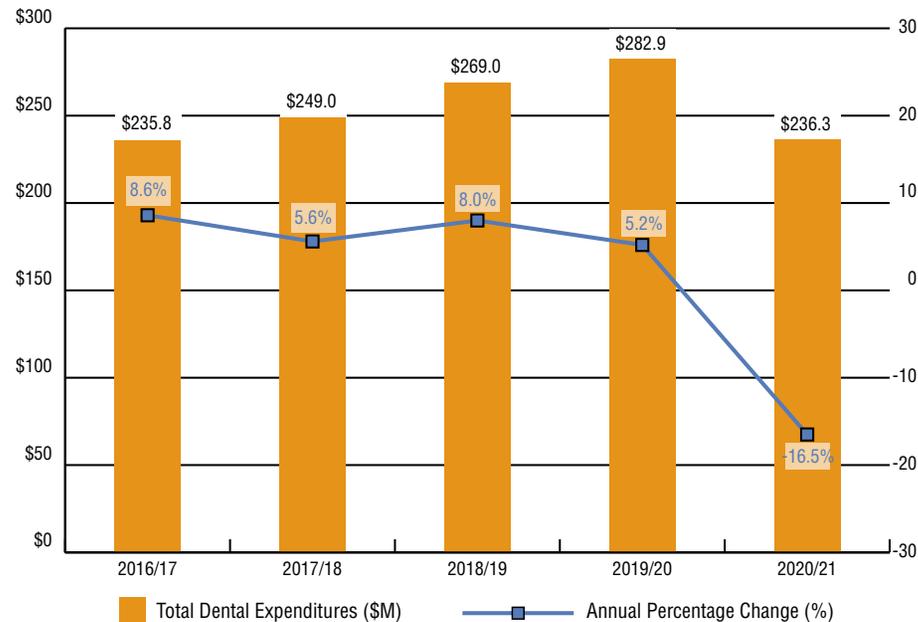


Chart 6.2: NIHB Dental expenditures and annual percentage change.
Source: FST adapted by Business Support, Audit and Negotiations Division

Region	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	\$9,593	\$10,610	\$10,841	\$11,545	\$9,455
Quebec	\$17,569	\$17,961	\$17,882	\$18,733	\$14,934
Ontario	\$52,105	\$52,101	\$53,667	\$55,386	\$49,251
Manitoba	\$39,986	\$41,949	\$48,099	\$52,622	\$49,414
Saskatchewan	\$47,321	\$50,635	\$55,603	\$57,639	\$47,507
Alberta	\$44,315	\$47,637	\$51,617	\$54,993	\$47,799
North	\$20,936	\$25,141	\$26,211	\$26,546	\$20,703
Headquarters	\$2,877	\$2,770	\$3,423	\$5,361	\$3,070
Total	\$235,831	\$249,038	\$269,008	\$282,908	\$236,293

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

Per capita NIHB dental expenditures by region
 2020 to 2021

In 2020 to 2021, national per capita NIHB dental expenditures were \$259, a decrease of 17.0% from \$313 in 2019 to 2020.

Alberta had the highest per capita dental expenditures at \$372, followed by Saskatchewan at \$299 and the Northern region at \$282. The Atlantic region had the lowest per capita dental expenditures at \$142 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.

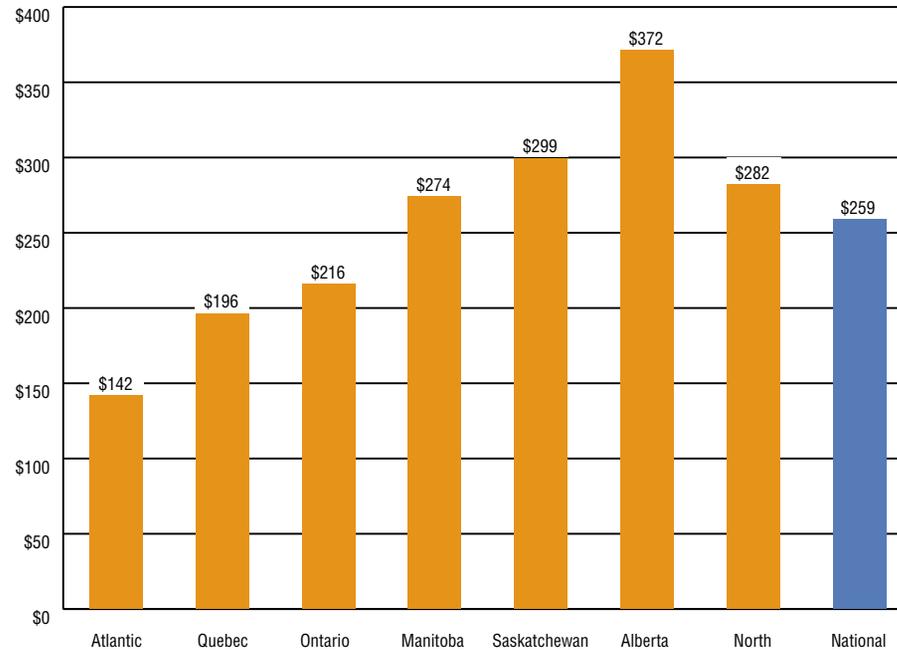


Chart 6.3: Per capita NIHB dental expenditures by region.
 Source: FST and SVS adapted by Business Support, Audit and Negotiations Division

NIHB dental fee-for-service expenditures per claimant by region 2020 to 2021

In 2020 to 2021, national NIHB dental expenditures per claimant, meaning eligible clients who received at least one dental service paid through HICPS, was \$790, an increase of 1.8% over the \$776 reported in 2019 to 2020.

Alberta had the highest dental expenditures per claimant at \$988 followed by the Northern region at \$940. Manitoba saw the largest increase in dental cost per claimant, to \$866, up from \$753 in 2019 to 2020.

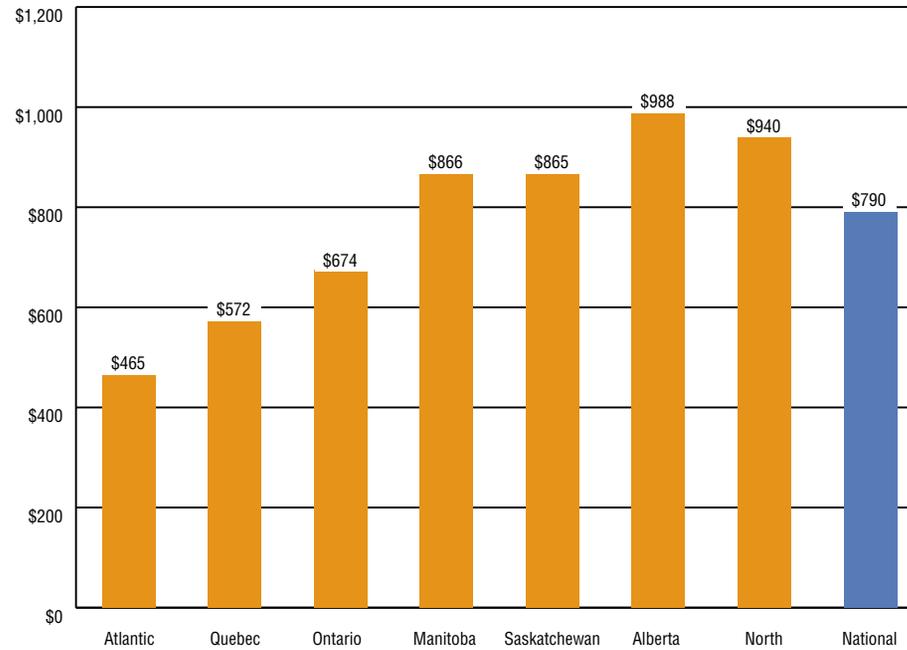


Chart 6.4: NIHB dental fee-for-service expenditures per claimant by region.
Source: FST and HICPS adapted by Business Support, Audit and Negotiations Division

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 2020 to 2021, the national utilization rate for dental benefits paid through the HICPS system was 30%. National NIHB dental utilization rates 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 36% and 34% respectively. The lowest dental utilization rate was in Ontario (26%). 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 38% in 2020 to 2021. 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 28%. The utilization rate also does not reflect services received through Indigenous Services Canada programs such as Community Oral Health Services and the Children's Oral Health Initiative (COHI).

Over the two year period between 2019 to 2020 and 2020 to 2021, 412,876 distinct clients received NIHB dental services through HICPS, resulting in an overall 46% utilization rate over this period.

Region	Dental Utilization					Nihb Dental Utilization Last Two Years 2019 to 2021
	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	
Atlantic	34%	34%	37%	36%	30%	44%
Quebec	44%	44%	43%	42%	34%	51%
Ontario	32%	32%	32%	32%	26%	39%
Manitoba	33%	33%	39%	37%	27%	44%
Saskatchewan	38%	38%	39%	38%	32%	51%
Alberta	41%	40%	42%	42%	36%	53%
Yukon	36%	36%	37%	35%	29%	44%
N.W.T.	41%	41%	41%	39%	32%	51%
Nunavut	38%	38%	40%	38%	27%	48%
National	36%	36%	37%	37%	30%	46%

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

NIHB dental claimants by age group, gender and region

2020 to 2021

Of the 898,839 clients eligible to receive dental benefits through the NIHB program, 267,032 claimants (30%) received at least one dental procedure paid through the HICPS system in 2020 to 2021.

Of this total, 152,023 were female (57%) and 115,009 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.

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	94	114	208	236	250	486	605	610	1,215	796	849	1,645	1,023	1,030	2,053
5-9	471	502	973	1,036	1,072	2,108	2,291	2,350	4,641	2,105	2,190	4,295	2,519	2,732	5,251
10-14	678	723	1,401	1,358	1,349	2,707	2,574	2,719	5,293	2,386	2,617	5,003	2,929	3,097	6,026
15-19	850	990	1,840	954	1,092	2,046	2,312	2,565	4,877	2,061	2,508	4,569	2,170	2,898	5,068
20-24	686	965	1,651	787	1,052	1,839	1,884	2,572	4,456	1,593	2,247	3,840	1,739	2,709	4,448
25-29	753	1,040	1,793	918	1,255	2,173	2,012	2,871	4,883	1,708	2,531	4,239	1,797	2,890	4,687
30-34	675	892	1,567	776	1,121	1,897	1,770	2,493	4,263	1,451	2,171	3,622	1,698	2,569	4,267
35-39	627	808	1,435	687	947	1,634	1,503	2,269	3,772	1,226	1,717	2,943	1,426	2,115	3,541
40-44	567	789	1,356	691	963	1,654	1,352	2,023	3,375	1,095	1,499	2,594	1,292	1,726	3,018
45-49	586	810	1,396	677	1,006	1,683	1,420	2,034	3,454	1,097	1,501	2,598	1,173	1,735	2,908
50-54	698	940	1,638	746	1,009	1,755	1,524	2,085	3,609	1,066	1,442	2,508	1,197	1,634	2,831
55-59	620	889	1,509	785	1,047	1,832	1,552	2,287	3,839	980	1,314	2,294	958	1,353	2,311
60-64	550	797	1,347	640	940	1,580	1,339	2,069	3,408	678	967	1,645	705	1,021	1,726
65+	933	1,296	2,229	1,086	1,610	2,696	2,213	3,791	6,004	820	1,345	2,165	846	1,230	2,076
Total	8,788	11,555	20,343	11,377	14,713	26,090	24,351	32,738	57,089	19,062	24,898	43,960	21,472	28,739	50,211
Average age	38	40	39	35	38	37	35	38	36	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

NIHB Dental Expenditure and Utilization Data

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 2020 to 2021.

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
943	931	1,874	604	563	1,167	4,318	4,369	8,687
2,623	2,723	5,346	922	939	1,861	12,060	12,621	24,681
2,975	3,248	6,223	966	1,184	2,150	13,992	15,073	29,065
2,306	2,672	4,978	820	1,252	2,072	11,578	14,112	25,690
1,692	2,216	3,908	784	1,245	2,029	9,252	13,140	22,392
1,598	2,279	3,877	767	1,246	2,013	9,647	14,266	23,913
1,408	2,064	3,472	766	1,155	1,921	8,656	12,632	21,288
1,304	1,828	3,132	605	882	1,487	7,466	10,699	18,165
1,048	1,547	2,595	493	731	1,224	6,616	9,411	16,027
994	1,441	2,435	463	633	1,096	6,500	9,292	15,792
931	1,347	2,278	494	658	1,152	6,734	9,240	15,974
832	1,145	1,977	437	602	1,039	6,228	8,759	14,987
578	923	1,501	276	440	716	4,805	7,230	12,035
757	1,172	1,929	453	633	1,086	7,157	11,179	18,336
19,989	25,536	45,525	8,850	12,163	21,013	115,009	152,023	267,032
28	30	29	30	31	31	32	34	33

NIHB fee-for-service dental expenditures by service category 2020 to 2021

In 2020 to 2021, expenditures for restorative services (crowns, fillings, etc.) were the highest of all dental service categories at \$92.0 million. Diagnostic services (examinations, x-rays, etc.) at \$26.9 million and preventive services (scaling, sealants, etc.) at \$23.6 million were the next highest service categories. Rounding out the top 5 were oral surgery (extractions, etc.) at \$22.0 million and endodontic services (root canal treatments, etc.) at \$17.2 million.

In 2020 to 2021, the three highest dental procedures by expenditure were composite restorations (\$79.4 million), scaling (\$17.9 million) and extractions (\$15.9 million).

Fee-For-Service Top 5 Dental Service Categories (\$ Millions) And Percentage Change			
Dental service category	2019 to 2020	2020 to 2021	% Change from 2019 to 2020
Restorative services	\$115.4	\$92.0	-20.2%
Diagnostic services	\$31.8	\$26.9	-15.2%
Preventive services	\$30.2	\$23.6	-22.0%
Oral surgery services	\$28.0	\$22.0	-21.3%
Endodontic services	\$18.6	\$17.2	-7.7%

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	2019 to 2020	2020 to 2021	% Change from 2019 to 2020
Composite restorations	\$97.4	\$79.4	-18.4%
Scaling	\$22.3	\$17.9	-19.5%
Extractions	\$19.6	\$15.9	-19.1%
Root canal therapy	\$16.7	\$15.7	-5.7%
Intraoral radiographs	\$11.4	\$10.0	-12.3%

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

2020 to 2021

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 20.7% of claims, but only 15.3% of expenditures.

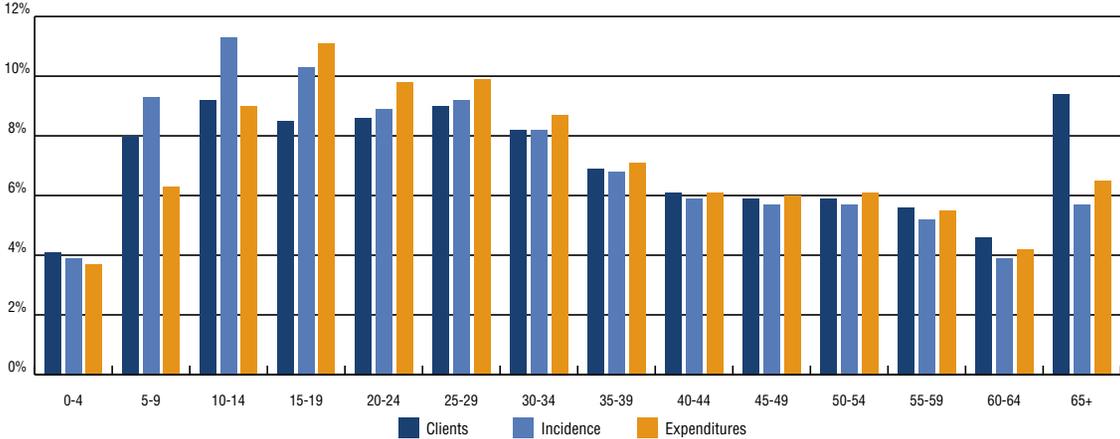


Chart 6.5: Distribution of eligible NIHB population, dental expenditures and incidence by age group.
 Source: HICPS and SVS adapted by Business Support, Audit and Negotiations Division



7 NIHB Medical Transportation Expenditures and Utilization Data

In 2020 to 2021, Non-Insured Health Benefits Medical Transportation expenditures were \$525.7 million or 35.3% of total NIHB expenditures. The medical transportation benefit is the second largest program expenditure.

NIHB medical transportation benefits are intended to assist eligible clients to access medically necessary health services that cannot be obtained 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-served and/or remote and isolated communities to facilitate access to medically necessary services.

Distribution of NIHB medical transportation expenditures (\$ Millions) 2020 to 2021

In 2020 to 2021, NIHB medical transportation expenditures totalled \$525.7 million. Transportation expenditures in 2020 to 2021 were impacted by the coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on travel and on the provision of in-person services.

Contribution agreements for the management of medical transportation benefits by First Nations bands, territorial governments and other organizations represented the largest component, accounting for \$278.7 million, or 53.0% of total benefit expenditures.

Of benefits managed by the NIHB program, living expenses at \$65.75 million (12.5%), scheduled flights at \$43.2 million (8.2%) and land ambulance at \$49.6 million (9.4%) were the largest expenditures, accounting for a combined total of over 30%.

Rounding out medical transportation expenditures are costs for air ambulance at \$47.8 million (9.1%), chartered flights at \$21.8 million (4.1%), and land and water transportation at \$19.0 million (3.6%).

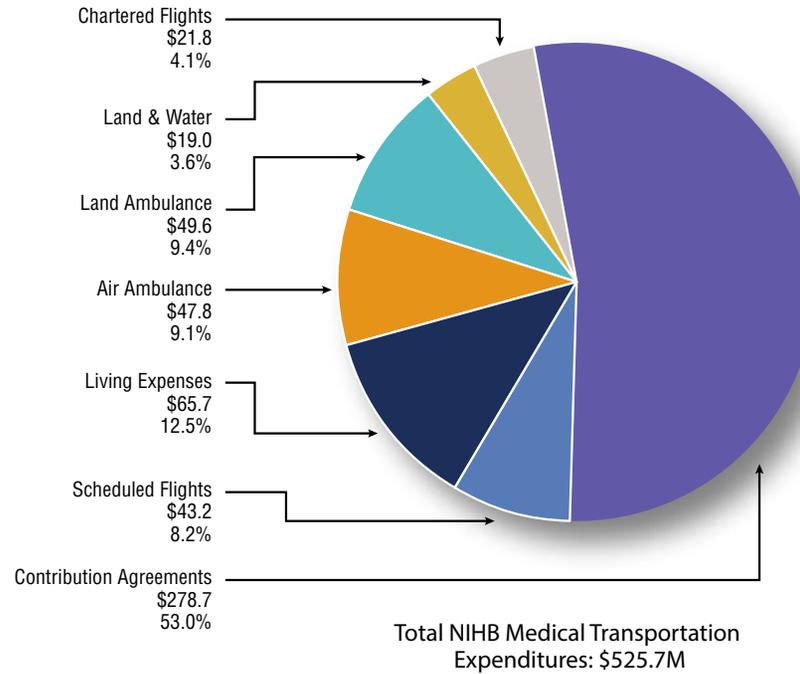


Chart 7.1: Distribution of NIHB medical transportation expenditures (\$ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB Medical Transportation Expenditures and Utilization Data

Annual NIHB medical transportation expenditures

NIHB medical transportation expenditures decreased by 2.1% in 2020 to 2021 compared to the previous year. Over the past five years, overall medical transportation costs have grown by 26.1% from \$417.0 million in 2016 to 2017 to \$525.7 million in 2020 to 2021.

On a regional basis, the highest 5 year growth rates were in the Northern region where expenditures grew by 74.5% from \$55.1 million in 2016 to 2017 to \$96.2 million in 2020 to 2021. This was followed by Saskatchewan with an increase of 44.2% from \$58.9 million in 2016 to 2017 to \$85.0 million in 2020 to 2021.

Manitoba had the highest total medical transportation expenditures at \$155.8 million in 2020 to 2021, followed by the Northern region at \$96.2 million and Ontario at \$90.6 million.

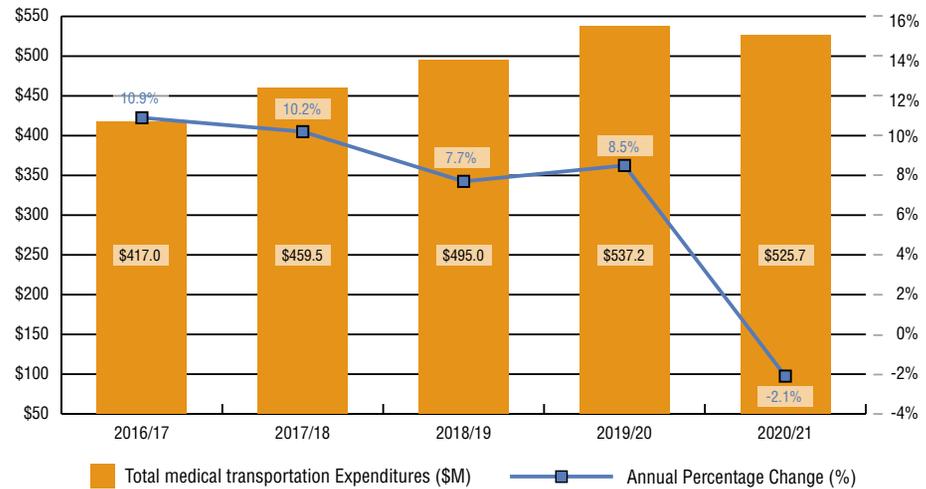


Chart 7.2: Annual NIHB medical transportation expenditures.
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB Medical Transportation Expenditures (\$ 000'S)					
Region	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	\$9,277	\$11,147	\$11,820	\$13,910	\$13,263
Quebec	\$23,501	\$23,918	\$24,642	\$25,729	\$25,379
Ontario	\$74,890	\$86,091	\$98,605	\$106,638	\$90,646
Manitoba	\$147,167	\$155,370	\$156,961	\$168,686	\$155,790
Saskatchewan	\$58,902	\$64,363	\$75,330	\$83,947	\$84,951
Alberta	\$48,157	\$51,187	\$56,870	\$61,669	\$59,492
North	\$55,125	\$67,413	\$70,806	\$76,601	\$96,194
Total	\$417,019	\$459,489	\$495,034	\$537,179	\$525,715

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

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

2020 to 2021

All regions, except for the Northern Region and Saskatchewan, experienced a decrease in medical transportation expenditures in fiscal year 2020 to 2021 due to the effects of the coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on travel and the provision of in-person services. The Northern Region, which saw an increase in medical transportation expenditures in this period of 25.6% from the previous fiscal year, was also impacted by provincial/territorial quarantine and social distancing

requirements for clients travelling out of community, resulting in an increase to the number of trips needed to facilitate necessary travel. Saskatchewan followed the Northern Region with an 1.2% increase in medical transportation expenditures.

In 2020 to 2021 Manitoba had the highest overall NIHB medical transportation expenditures at \$155.8 million, primarily as a result of air transportation, which totalled \$79.2 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.

The Northern region represented the second highest medical transportation expenditures total in 2020 to 2021 at \$96.2 million. Ontario and Saskatchewan followed at \$90.6 million and \$85.0 million, respectively.

Type	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	North	Total
Scheduled Flights	\$1,017	\$145	\$10,729	\$24,211	\$5,301	\$671	\$1,090	\$43,164
Air Ambulance	\$192	\$84	\$84	\$35,954	\$7,173	\$2,439	\$1,859	\$47,785
Chartered Flights	\$14	\$10	\$221	\$19,063	\$707	\$1,755	\$0	\$21,770
Land Ambulance	\$549	\$241	\$1,252	\$9,102	\$27,099	\$11,339	\$4	\$49,586
Land & Water	\$858	\$80	\$3,147	\$2,686	\$10,254	\$1,094	\$878	\$18,997
Living Expenses	\$1,200	\$23	\$27,946	\$22,090	\$8,321	\$4,683	\$1,467	\$65,730
Total Operating	\$3,831	\$581	\$43,380	\$113,106	\$58,856	\$21,981	\$5,297	\$247,032
Total Contributions	\$9,432	\$24,798	\$47,266	\$42,684	\$26,096	\$37,511	\$90,897	\$278,683
TOTAL	\$13,263	\$25,379	\$90,646	\$155,790	\$84,951	\$59,492	\$96,194	\$525,715
% Change from 2019/20	-4.7%	-1.4%	-15.0%	-7.6%	1.2%	-3.5%	25.6%	-2.1%

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 contribution and operating expenditures by region (\$ Millions)

2020 to 2021

Contribution funding is provided to First Nations bands, territorial governments and other organizations to manage elements of the medical transportation benefit such as coordinating accommodations or managing ground transportation, whereas operating costs are medical transportation benefits that are managed directly by Indigenous Services Canada regional offices.

Manitoba region had the largest operating expenditures for NIHB medical transportation in 2020 to 2021 at \$113.1 million. This higher cost in the Manitoba region is due largely to the high number of clients living in remote or fly-in only communities in the northern areas of the province who require air travel to access health services in Winnipeg. Saskatchewan had the next largest operating expenditures at \$58.9 million, followed by Ontario at \$43.4 million. Together these three regions accounted for 87.2% of all operating expenditures for medical transportation.

In 2020 to 2021, the Northern region had the largest contribution expenditures for NIHB medical transportation at \$90.9 million, followed by the regions of Ontario and Manitoba at \$47.3 million and \$42.7 million, respectively. Almost all NIHB medical transportation services were delivered via contribution agreements in Quebec.

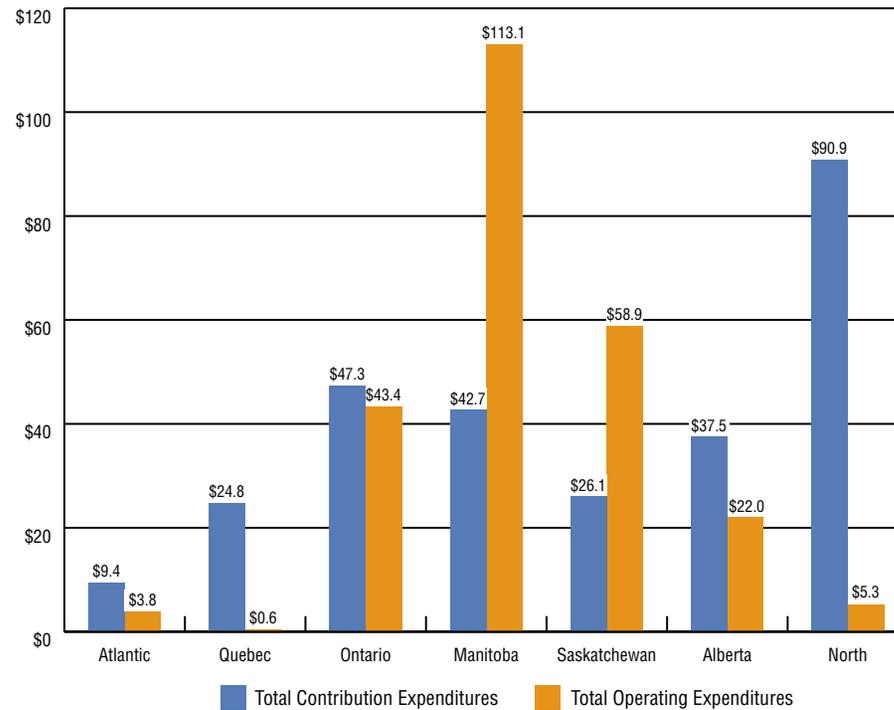


Chart 7.3: NIHB medical transportation contribution and operating expenditures by region (\$ Millions).
Source: FST adapted by Business Support, Audit and Negotiations Division

NIHB medical transportation operating expenditures by type (\$ Millions)

2020 to 2021

In 2020 to 2021, living expenses, which include accommodations and meals, represented the largest portion of NIHB's medical transportation operating expenditures at \$65.7 million or 26.6% of the total national operating expenditures. Land ambulance was the second highest at \$49.6 million, or 20.1% of operating expenditures. Air ambulance followed at \$47.8 million or 19.3%, and scheduled flights comprised \$43.2 million or 17.5% of medical transportation operating costs.

Private vehicle expenditures (\$3.5 million) are the costs reimbursed through a per-kilometre allowance for private vehicle used by a client to access eligible health services. The NIHB private vehicle kilometric allowance rates are directly linked to the National Joint Council's (NJC) Government Commuting Assistance Directive Lower Kilometric Rates.

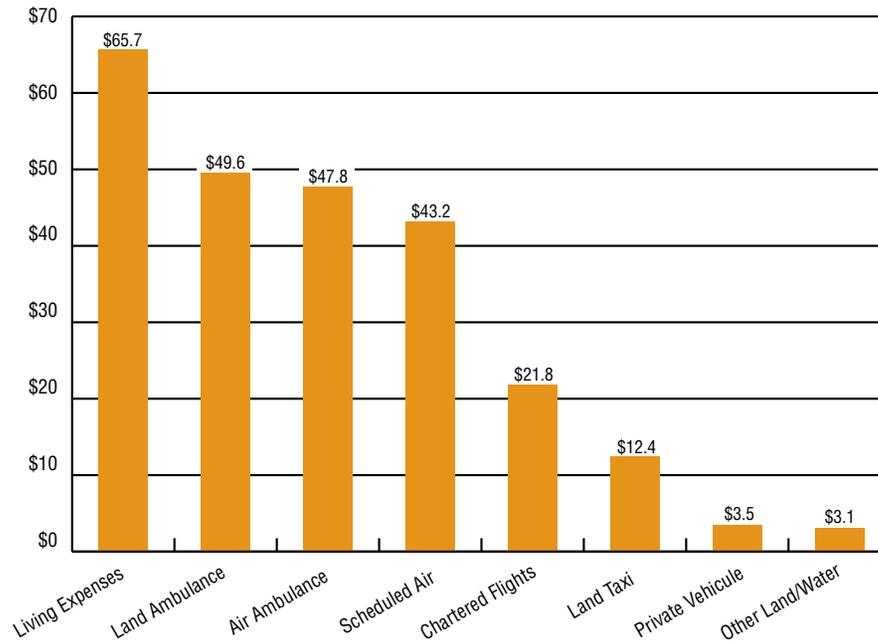


Chart 7.4: NIHB medical transportation operating expenditures by type (\$ Millions).

Source: FST adapted by Business Support, Audit and Negotiations Division

Per capita NIHB medical transportation expenditures by region

2020 to 2021

In 2020 to 2021, the national per capita expenditures for NIHB medical transportation benefits was \$602.

The Northern region recorded the highest per capita expenditures in medical transportation at \$1,332, followed by Manitoba at \$968. These expenditures reflect the large number of First Nations and Inuit clients living in remote or fly-in communities that need to fly south for health services.

In contrast, the Atlantic region had the lowest per capita expenditures at \$199, a slight decrease from \$213 in the previous year. 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.

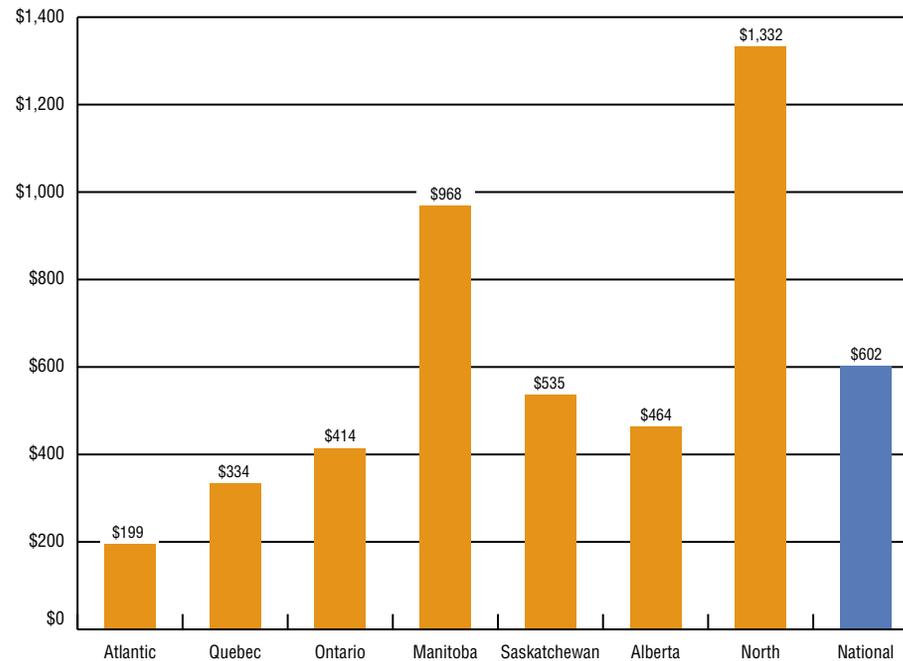


Chart 7.5: Per capita NIHB medical transportation expenditures by region.
 Source: SVS and FST adapted by Business Support, Audit and Negotiations Division



🕒 NIHB Vision Care Benefits, Mental Health Counselling Benefits and Other Expenditures Data

The NIHB program provides coverage for vision care benefits as set out in the NIHB Guide to Vision 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**
- **other vision care benefits depending on the specific medical needs of the client.**

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

The NIHB program provides coverage for mental health benefits as set out in the NIHB Guide to Mental Health Counselling Services. The NIHB mental health counselling benefit is intended to provide coverage for mental health counselling to complement other mental wellness services that may be available. 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 the NIHB mental health counselling benefit as a component of a mental wellness continuum that includes other FNIHB, community-based and provincial/territorial mental health programming and services and**
- **supports culturally competent mental health counselling**

The NIHB other category includes expenditures related to funding arrangements with the FNHA for clients eligible under Bills C-3 and S-3 and Qalipu clients. Other expenditures also include funding for program oversight and partner contribution agreements.

In 2020 to 2021, the total combined expenditures for NIHB vision benefits (\$39.6 million), mental health counselling benefits (\$73.7 million) and other health care benefits (\$12.3 million) was \$126.2 million, or 8.5% of total NIHB expenditures for the fiscal year.



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

2020 to 2021

NIHB vision care expenditures totalled \$39.6 million in 2020 to 2021. Regional operating expenditures accounted for \$35.5 million (89.7%) of total expenditures while contribution costs accounted for \$4.1 million (10.3%).

In 2020 to 2021 Saskatchewan had the highest expenditures in NIHB vision benefits at \$8.5 million, a percentage share of 21.5%, followed by Alberta at \$6.4 million (20.3%) and Ontario at \$6.8 million (18.6%).

Region	Operating	Contributions	Total
Atlantic	\$3,436	\$0	\$3,436
Quebec	\$2,814	\$0	\$2,814
Ontario	\$6,759	\$588	\$7,346
Manitoba	\$5,529	\$513	\$6,042
Saskatchewan	\$8,493	\$0	\$8,493
Alberta	\$6,397	\$1,633	\$8,030
North	\$1,843	\$1,363	\$3,206
Total	\$35,498	\$4,096	\$39,594

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

NIHB Vision Care Benefits, Mental Health Counselling Benefits and Other Expenditures Data

Annual NIHB vision care expenditures

In 2020 to 2021, NIHB vision care expenditures decreased by 13.9% from the previous year. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services contributed to this decrease.

On a regional basis, the highest growth rate over this five year period was in Quebec where expenditures grew by 59.7% from \$1.8 million in 2016 to 2017 to \$2.8 million in 2020 to 2021. Saskatchewan had largest net increase in expenditures over this period, where costs grew by \$2.4 million.

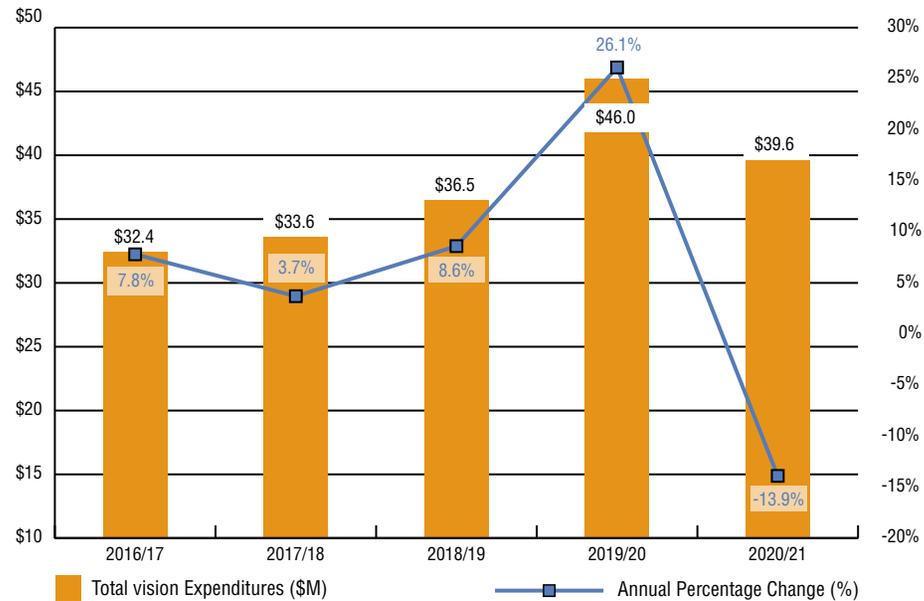


Chart 8.1: Annual NIHB vision care expenditures.
Source: FST adapted by Business Support, Audit and Negotiations Division

Region	NIHB Vision Care Expenditures (\$ 000'S)				
	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	\$3,502	\$3,632	\$3,885	\$4,150	\$3,436
Quebec	\$1,762	\$1,819	\$1,908	\$2,736	\$2,814
Ontario	\$6,223	\$6,848	\$6,744	\$7,860	\$7,346
Manitoba	\$4,204	\$4,479	\$4,699	\$6,935	\$6,042
Saskatchewan	\$6,533	\$6,905	\$7,822	\$9,844	\$8,493
Alberta	\$6,928	\$6,764	\$7,696	\$10,514	\$8,030
North	\$3,217	\$3,131	\$3,713	\$3,929	\$3,206
Total	\$32,370	\$33,578	\$36,467	\$45,968	\$39,594

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

2020 to 2021

In 2020 to 2021, national per capita expenditures in NIHB vision care benefits were \$44.

Alberta had the highest per capita expenditures at \$63, followed by Saskatchewan at \$53 and the Atlantic region at \$51. The lowest per capita NIHB vision care benefit expenditures were in Ontario at \$34.

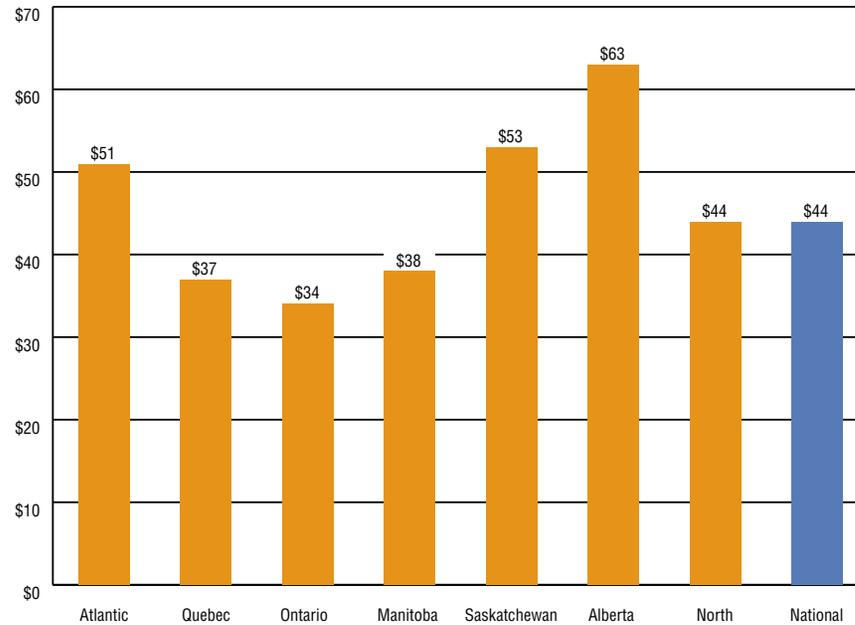


Chart 8.2: Per capita NIHB vision care expenditures by region.

Source: SVS and FST adapted by Business Support, Audit and Negotiations Division

NIHB Vision Care Benefits, Mental Health Counselling Benefits and Other Expenditures Data

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

2020 to 2021

In 2020 to 2021, NIHB mental health counselling expenditures amounted to \$73.7 million. Regional operating expenditures accounted for \$46.7 million (63.3%) of total expenditures, while contribution costs accounted for \$27.0 million (36.7%).

In 2020 to 2021, Saskatchewan had the highest percentage share of NIHB mental health counselling expenditures at 22.8%, followed by Ontario and Manitoba at 21.0% and 18.7% respectively.

Region	Operating	Contributions	Total
Atlantic	\$2,900	\$3,137	\$6,037
Quebec	\$3,112	\$1,381	\$4,493
Ontario	\$14,171	\$1,320	\$15,491
Manitoba	\$8,749	\$5,053	\$13,803
Saskatchewan	\$7,865	\$8,905	\$16,770
Alberta	\$8,589	\$4,254	\$12,843
North	\$946	\$2,949	\$3,895
Total	\$46,653	\$26,999	\$73,652

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



NIHB mental health counselling expenditures and annual percentage change

NIHB mental health counselling expenditures increased by 33.6% during fiscal year 2020 to 2021. Over the past five years, overall mental health counselling costs have grown by 239.0% from \$21.7 million in 2016 to 2017 to \$73.7 million in 2020 to 2021. Budget 2017 provided funding to expand the benefit by removing the requirement that counselling be provided in response to a crisis.

On a regional basis, the highest growth rates over this period were in the North where expenditures grew by 977.6% from \$362 thousand in 2016 to 2017 to \$3.9 million in 2020 to 2021. This was followed by the Atlantic region with an increase of 904.8% from \$601 thousand in 2016 to 2017 to \$6.0 million in 2020 to 2021.

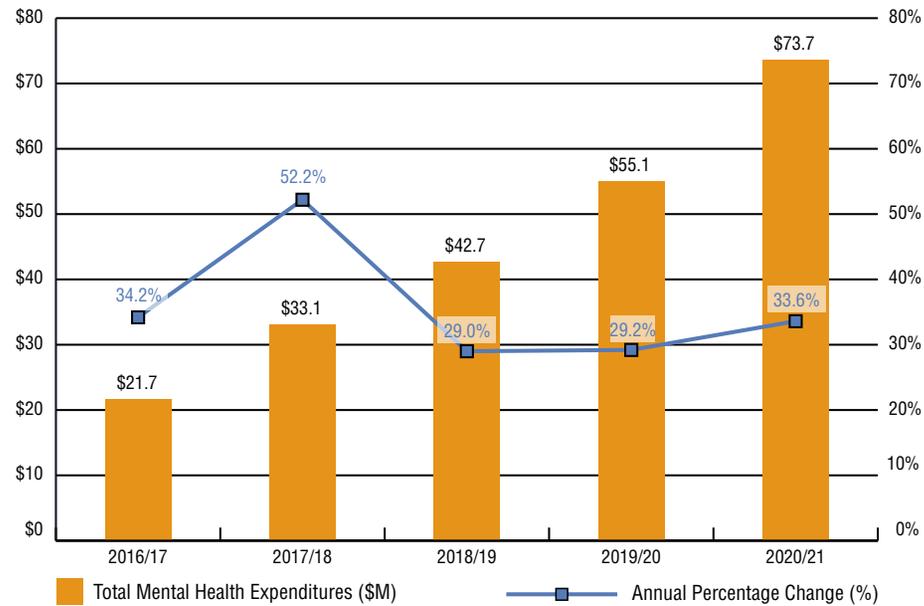


Chart 8.3: NIHB mental health counselling expenditures and annual percentage change. Source: FST adapted by Business Support, Audit and Negotiations Division

Region	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Atlantic	\$601	\$1,204	\$1,932	\$3,428	\$6,037
Quebec	\$1,292	\$1,861	\$2,382	\$3,138	\$4,493
Ontario	\$4,091	\$6,028	\$9,053	\$12,116	\$15,491
Manitoba	\$5,635	\$8,124	\$9,705	\$11,475	\$13,803
Saskatchewan	\$3,304	\$6,559	\$7,867	\$11,783	\$16,770
Alberta	\$6,444	\$7,761	\$9,545	\$11,020	\$12,843
North	\$362	\$1,528	\$2,172	\$2,167	\$3,895
Total	\$21,728	\$33,066	\$42,656	\$55,126	\$73,652

Table 8.4: 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)

2020 to 2021

In 2020 to 2021, the national per capita expenditures for NIHB Mental Health Counselling were \$82 per NIHB-eligible client.

Saskatchewan had the highest per capita expenditures at \$106, followed by Alberta at \$100 per NIHB-eligible client.

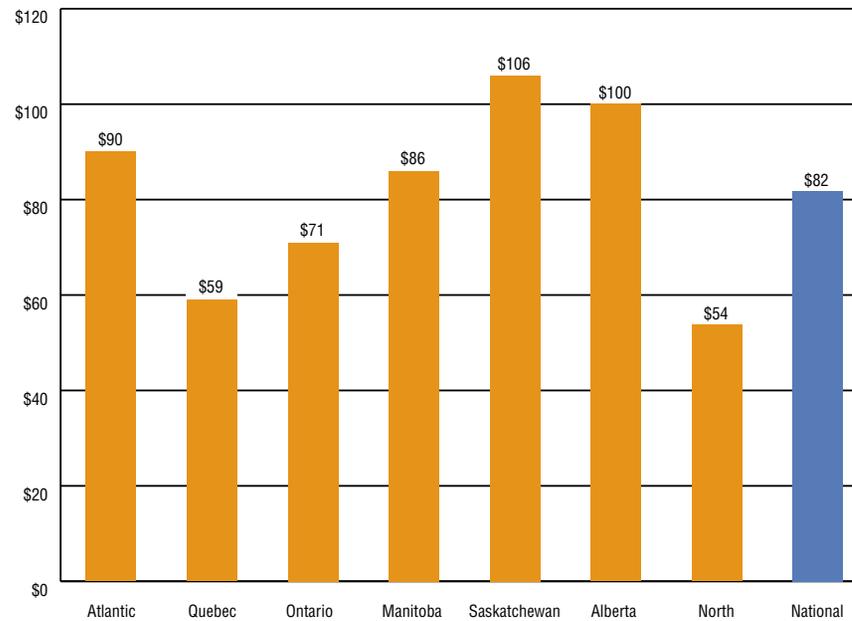


Chart 8.4: Per capita NIHB mental health counselling expenditures by region (\$ 000's).
Source: SVS and FST adapted by Business Support, Audit and Negotiations Division



NIHB other expenditures by region

2020 to 2021

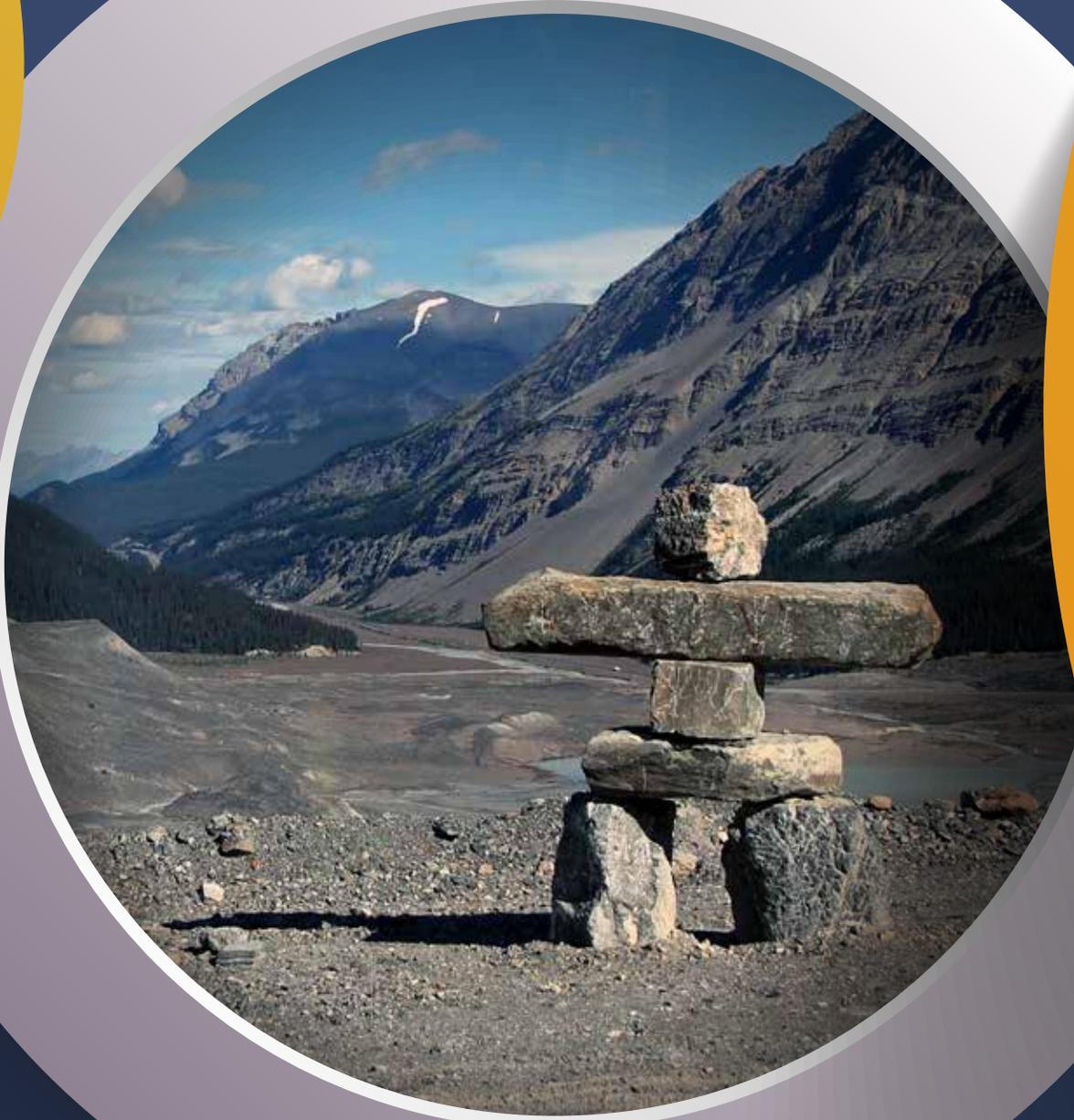
In 2020 to 2021, NIHB other expenditures totalled \$12.3 million. The majority of these expenditures are related to contribution agreements, including funding arrangements with the FNHA for clients eligible under Bill C-3 and S-3, and Qalipu clients.

Other expenditures in this category include contribution agreements with national client partner organizations, such as the Assembly of First Nations and Inuit Tapiriit Kanatami, as well as with regional First Nations and Inuit organizations that employ NIHB Navigators to act as a resource for communities, organizations or individuals who need assistance or information on the NIHB program.

Region	Operating	Contributions	Total
Atlantic	\$0	\$293,162	\$293,162
Quebec	\$7,328	\$485,693	\$493,021
Ontario	\$1,074	\$686,927	\$688,001
Manitoba	\$5,487	\$240,000	\$245,487
Saskatchewan	\$705	\$210,145	\$210,850
Alberta	\$336	\$280,000	\$280,336
North	\$767	\$522,870	\$523,637
Headquarters	\$67,117	\$9,512,417	\$9,579,534
Total	\$82,814	\$12,231,214	\$12,314,028

Table 8.5: NIHB other health care expenditures by region. Source: FST adapted by Business Support, Audit and Negotiations Division





9 Ten Year Regional Expenditure Trends

Atlantic region

Annual expenditures in the Atlantic Region for 2020 to 2021 totalled \$74.0 million, an increase of 1.2% over the \$73.1 million spent in 2019 to 2020. Pharmacy expenditures in 2020 to 2021 increased by 5.5% to \$37.3 million, medical transportation costs decreased by 4.7% to \$13.3 million and dental expenditures decreased by 18.1% to \$9.4 million. Mental health expenditures increased by 76.1%, MS&E expenditures decreased by 4.2% and vision care expenditures decreased by 17.2%.

Pharmacy expenditures accounted for half of the Atlantic Region's total expenditures at 50.4%. Medical transportation expenditures ranked second at 17.9%, followed by dental at 12.8%. MS&E, vision care and mental health expenditures accounted for 5.6%, 8.2% and 4.6% of total expenditures respectively. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Over the ten year period from fiscal year 2011 to 2012 to fiscal year 2020 to 2021, 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 Atlantic Regional expenditures. As of March 31, 2020, a total of 23,855 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 Atlantic First Nations, but residing in British Columbia.

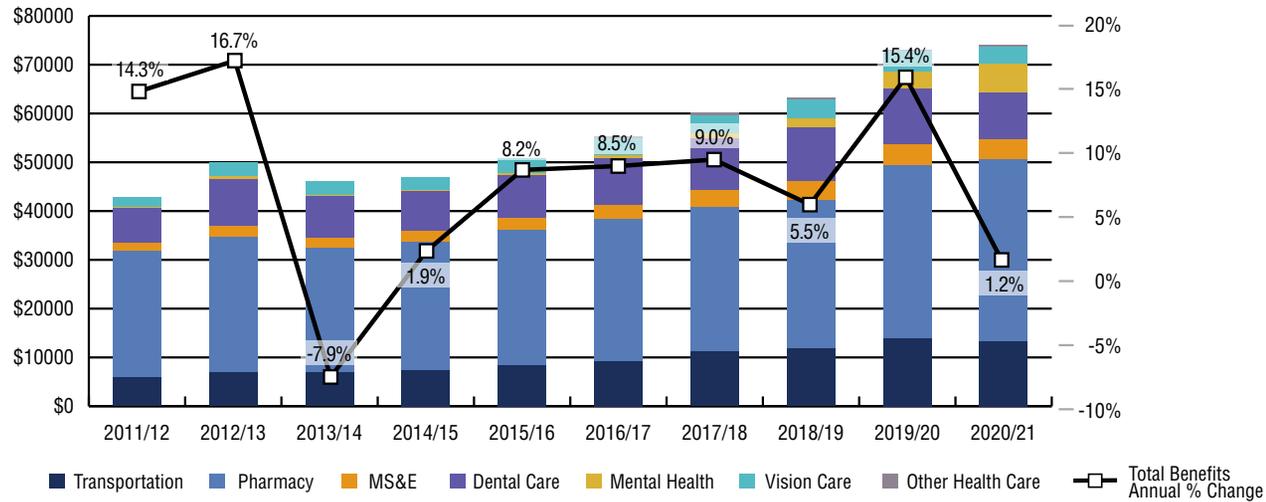


Chart 9.1: Percentage change in Atlantic region NIHB expenditures (\$ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Atlantic region	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$5,841	\$6,875	\$6,916	\$7,419	\$8,380	\$9,277	\$11,147	\$11,820	\$13,910	\$13,263
Pharmacy	\$27,571	\$29,979	\$27,517	\$28,398	\$30,064	\$31,899	\$33,021	\$34,348	\$39,724	\$37,323
MS&E	\$1,481	\$2,147	\$2,064	\$2,120	\$2,449	\$2,990	\$3,279	\$3,900	\$4,359	\$4,177
Dental	\$7,164	\$9,660	\$8,609	\$8,238	\$8,846	\$9,593	\$10,610	\$10,841	\$11,545	\$9,455
Mental health	\$254	\$512	\$235	\$169	\$419	\$601	\$1,204	\$1,932	\$3,428	\$6,037
Vision care	\$2,021	\$2,969	\$2,757	\$2,666	\$3,021	\$3,502	\$3,632	\$3,885	\$4,150	\$3,436
Other	\$0	\$0	\$0	\$21	\$44	\$207	\$427	\$516	\$314	\$293
Total	\$42,850	\$49,995	\$46,033	\$46,912	\$50,773	\$55,079	\$60,040	\$63,342	\$73,071	\$73,984

Table 9.1: 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 2020 to 2021 totalled \$103.8 million, a decrease of 0.3% from the \$104.1 million spent in 2019 to 2020.

Pharmacy expenditures increased by 5.0% to \$53.3 million and dental expenditures decreased by 20.3% to \$14.9 million in 2020 to 2021, while medical transportation costs decreased by 1.4% to \$25.4 million. MS&E expenditures decreased by 7.2%, mental health expenditures increased by 43.2% and vision care expenditures increased by 2.8%. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Pharmacy expenditures accounted for more than half of the Quebec region's total expenditures in 2020 to 2021 at 51.3%. Medical transportation expenditures ranked second at 24.5%, followed by dental at 14.4%. Mental health counselling, vision care expenditures, and MS&E accounted for 4.3%, 2.7% and 2.3% of total expenditures respectively.

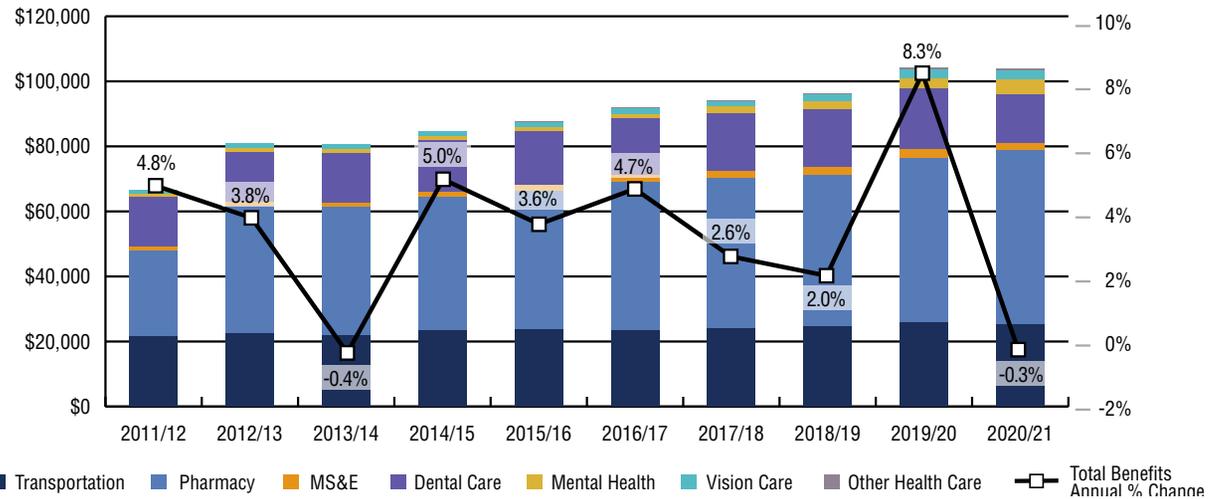


Chart 9.2: Percentage change in Quebec NIHB expenditures (\$ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Quebec	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$21,708	\$22,578	\$21,945	\$23,506	\$23,687	\$23,501	\$23,918	\$24,642	\$25,729	\$25,379
Pharmacy	\$38,827	\$40,393	\$40,825	\$42,581	\$44,206	\$47,444	\$48,390	\$48,967	\$53,311	\$53,282
MS&E	\$15,138	\$15,239	\$15,216	\$15,799	\$16,641	\$17,569	\$17,961	\$17,882	\$18,733	\$2,379
Dental	\$1,481	\$1,350	\$1,501	\$1,684	\$1,752	\$1,994	\$2,163	\$2,345	\$2,564	\$14,934
Mental health	\$875	\$1,135	\$1,003	\$1,148	\$1,148	\$1,292	\$1,861	\$2,382	\$3,138	\$4,493
Vision care	\$1,404	\$1,570	\$1,619	\$1,622	\$1,749	\$1,762	\$1,819	\$1,908	\$2,736	\$2,814
Other	\$0	\$0	\$0	\$10	\$258	\$263	\$260	\$339	\$490	\$493
Total	\$77,951	\$80,915	\$80,608	\$84,666	\$87,690	\$91,831	\$94,210	\$96,120	\$104,136	\$103,773

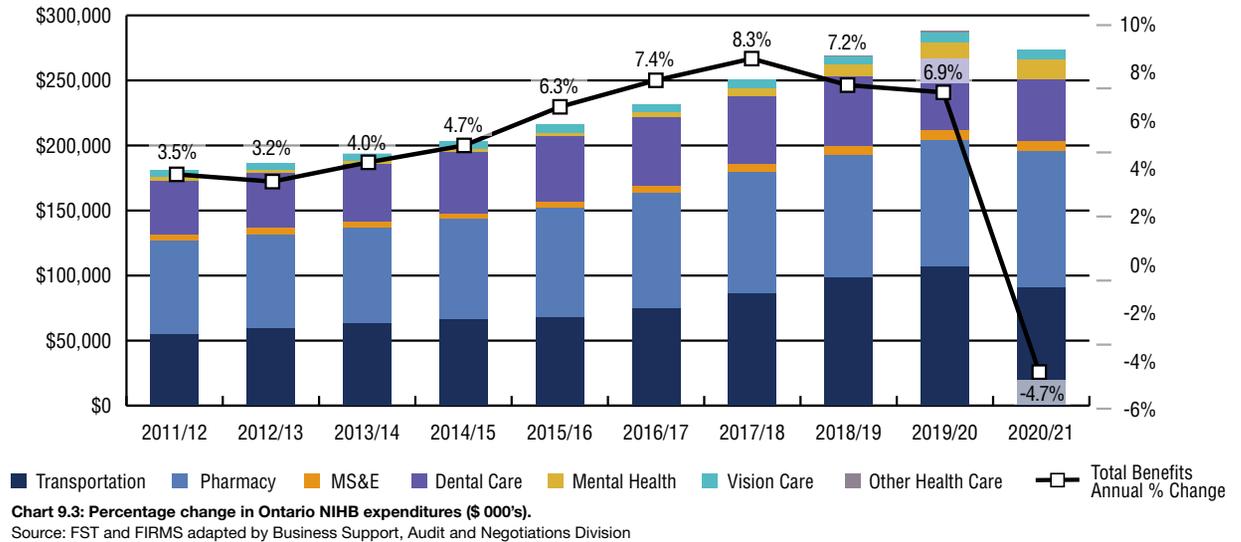
Table 9.2: Quebec Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS adapted by Business Support, Audit and Negotiations Division

Ontario

Annual expenditures in Ontario for 2020 to 2021 totalled \$274.0 million, a decrease of 4.7% from the \$287.6 million spent in 2019 to 2020.

In 2020 to 2021, Ontario pharmacy expenditures increased by 8.1% to \$105.3 million, while medical transportation costs decreased by 15.0% to \$90.6 million. Mental health counselling expenditures increased by 27.9%, while vision care expenditures decreased by 6.5% and MS&E decreased by 0.3%. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Pharmacy expenditures accounted for 38.4% of total expenditures for Ontario. Medical transportation costs ranked second at 33.1%, followed by dental at 17.2%. Mental health, MS&E and vision care expenditures accounted for 4.7%, 2.7% and 2.7% of total expenditures respectively.



Ontario	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$54,725	\$59,251	\$62,865	\$65,781	\$67,772	\$74,890	\$86,091	\$98,605	\$106,638	\$90,646
Pharmacy	\$76,430	\$77,131	\$78,510	\$81,982	\$88,872	\$94,101	\$99,550	\$100,558	\$104,760	\$105,300
MS&E	\$4,420	\$4,640	\$4,505	\$4,255	\$4,811	\$5,825	\$5,915	\$6,662	\$7,322	\$7,297
Dental	\$41,848	\$42,259	\$43,972	\$46,759	\$49,903	\$52,105	\$52,055	\$53,667	\$55,386	\$47,218
Mental health	\$2,349	\$2,490	\$2,862	\$2,803	\$3,021	\$4,091	\$6,028	\$9,053	\$12,116	\$15,491
Vision care	\$5,425	\$5,412	\$5,721	\$5,717	\$6,160	\$6,223	\$6,848	\$6,744	\$7,860	\$7,346
Other	\$0	\$0	\$0	\$2	\$11	\$254	\$375	\$500	\$883	\$688
Total	\$180,778	\$186,544	\$193,929	\$203,043	\$215,738	\$231,663	\$250,947	\$269,127	\$287,643	\$273,987

Table 9.3: 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 2020 to 2021 totalled \$337.5 million, a decrease of 4.1% from the \$352.0 million spent in 2019 to 2020. Pharmacy expenditures in 2020 to 2021 increased by 6.8% to \$106.9 million, while medical transportation costs decreased by 7.6% to \$155.8 million. MS&E expenditures decreased by 6.9% to \$11.1 million, while dental expenditures decreased by 16.1% to \$44.1 million. Mental health expenditures increased by 20.3% while vision care expenditures decreased by 20.3%. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Unlike most other regions, pharmacy expenditures in Manitoba do not represent the largest proportion of total expenditures. Due to the higher proportion of clients living in northern or remote communities in Manitoba, medical transportation expenditures comprised almost half of Manitoba’s total expenditures at 46.2%.

Pharmacy costs ranked second at 31.7%, followed by dental at 13.1%. Mental health, MS&E and vision care expenditures accounted for 4.1%, 3.3% and 1.6% of total expenditures respectively.

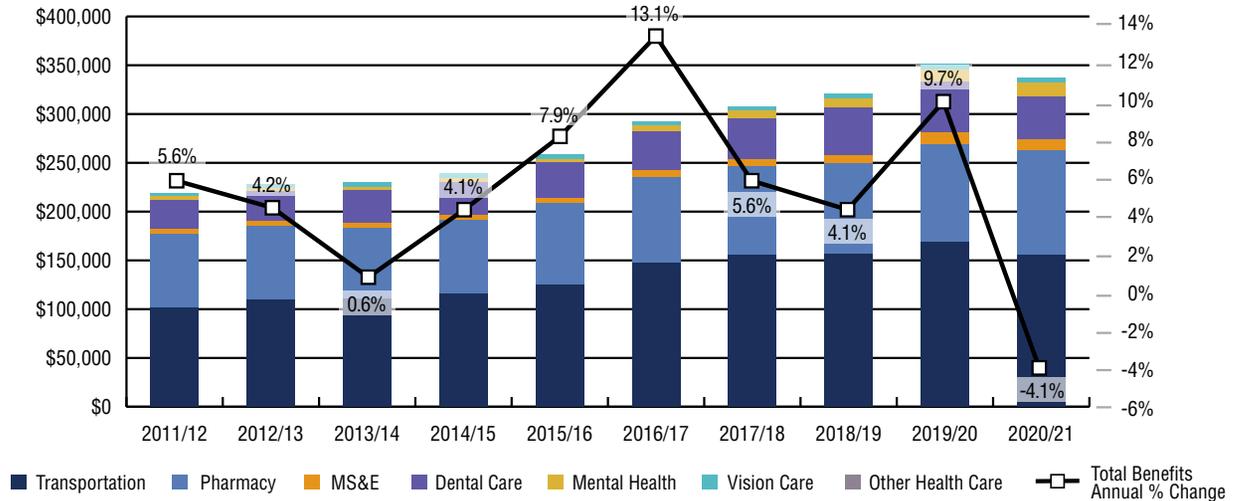


Chart 9.4: Percentage change in Manitoba NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Manitoba	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$101,609	\$109,409	\$111,016	\$115,705	\$125,308	\$147,167	\$155,370	\$156,961	\$168,686	\$155,794
Pharmacy	\$80,639	\$80,676	\$77,034	\$81,059	\$87,997	\$94,757	\$98,046	\$101,250	\$112,025	\$106,851
MS&E	\$4,747	\$4,801	\$4,908	\$5,045	\$5,300	\$6,341	\$6,985	\$9,166	\$11,966	\$11,145
Dental	\$29,861	\$30,734	\$33,649	\$33,527	\$36,764	\$39,986	\$41,949	\$48,099	\$52,622	\$44,149
Mental health	\$3,109	\$3,429	\$3,622	\$4,099	\$3,780	\$5,635	\$8,124	\$9,705	\$11,475	\$13,803
Vision care	\$3,813	\$4,048	\$4,348	\$4,800	\$4,212	\$4,204	\$4,479	\$4,699	\$6,935	\$5,529
Other	\$0	\$0	\$0	\$0	\$17	\$240	\$240	\$240	\$240	\$245
Total	\$219,031	\$228,295	\$229,670	\$239,190	\$258,077	\$291,989	\$308,208	\$320,953	\$351,983	\$337,517

Table 9.4: 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 2020 to 2021 totalled \$286.0 million, a decrease of 1.5% from the \$290.4 million spent in 2019 to 2020.

Saskatchewan is the region with the highest expenditures in pharmacy, followed closely by Manitoba and Ontario. In Saskatchewan, pharmacy expenditures increased by 1.0% to \$116.2 million, while medical transportation costs increased by 1.2% to \$85.0 million. MS&E expenditures increased by 0.2% to \$11.9 million and dental expenditures decreased by 17.6% to \$47.5 million. Mental health expenditures increased by 42.3% and vision care expenditures decreased by 13.7%. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Pharmacy expenditures comprised the largest portion of Saskatchewan's total expenditures at 40.6%, medical transportation costs ranked second at 29.7%, followed by dental at 16.6%. Mental health, MS&E and vision care expenditures accounted for 5.9%, 4.2% and 3.0% of total expenditures respectively.

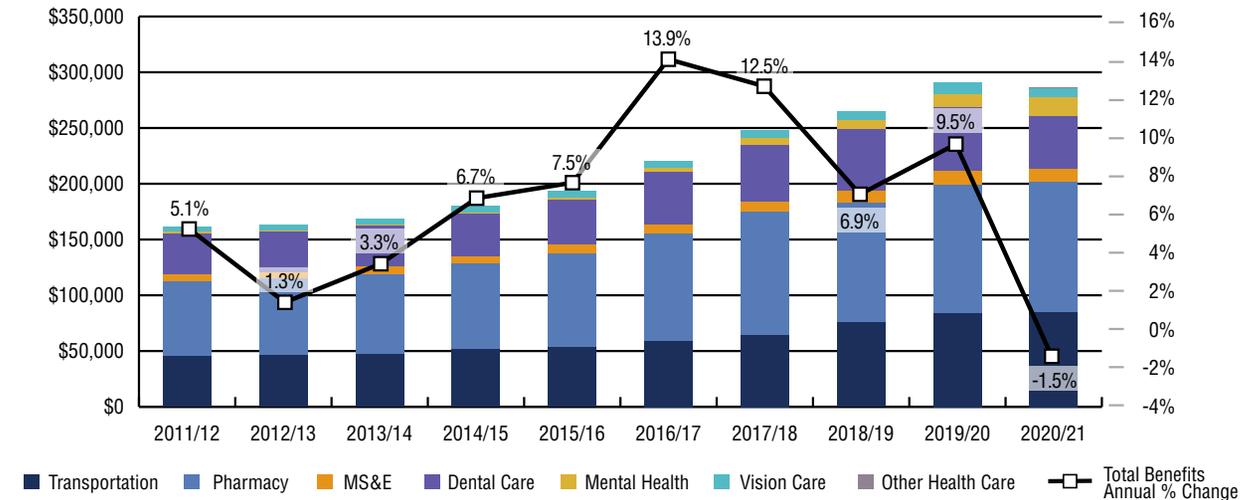


Chart 9.5: Percentage change in Saskatchewan NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Saskatchewan	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$45,084	\$45,793	\$47,180	\$51,543	\$53,566	\$58,902	\$64,363	\$75,330	\$83,947	\$84,951
Pharmacy	\$73,293	\$74,646	\$78,546	\$83,361	\$91,170	\$104,082	\$119,326	\$118,250	\$126,963	\$116,188
MS&E	\$5,525	\$5,891	\$6,911	\$6,542	\$7,260	\$8,382	\$9,426	\$10,762	\$11,889	\$11,908
Dental	\$36,941	\$36,219	\$36,399	\$37,679	\$41,028	\$47,321	\$50,635	\$55,603	\$57,639	\$47,507
Mental health	\$1,499	\$1,038	\$1,017	\$1,351	\$1,631	\$3,304	\$6,559	\$7,867	\$11,783	\$16,770
Vision care	\$4,449	\$5,676	\$5,611	\$6,066	\$6,104	\$6,533	\$6,905	\$7,822	\$9,844	\$8,493
Other	\$0	\$0	\$0	\$0	\$4	\$210	\$210	\$210	\$210	\$211
Total	\$161,265	\$163,372	\$168,752	\$180,000	\$193,502	\$220,352	\$247,997	\$265,082	\$290,386	\$286,028

Table 9.5: 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 2020 to 2021 totalled \$223.0 million, a decrease of 4.0% from the \$232.2 million spent in 2019 to 2020. Pharmacy expenditures increased by 1.7% to \$84.9 million, while medical transportation costs decreased by 3.5% to \$59.5 million. MSE expenditures decreased by 5.9% to \$9.6 million and dental expenditures decreased by 13.2% to \$47.7 million. Mental health expenditures increased by 16.5% to \$12.8 million and vision care expenditures decreased by 23.6% to \$8.0 million. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak.

Pharmacy expenditures accounted for 38.1% of Alberta's total expenditures. Medical transportation costs ranked second at 26.7%, followed closely by dental at 21.4%. Mental health, MS&E and vision care expenditures accounted for 5.8%, 4.3% and 3.6% of total expenditures respectively.

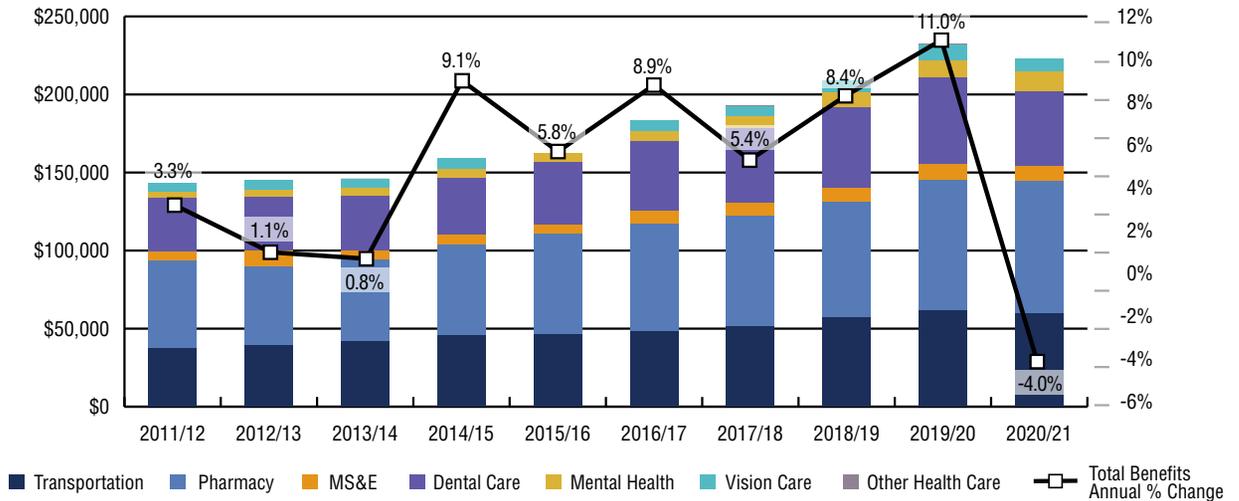


Chart 9.6: Percentage change in Alberta NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Alberta	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$37,371	\$39,216	\$41,451	\$45,756	\$46,252	\$48,157	\$51,187	\$56,870	\$61,669	\$59,492
Pharmacy	\$61,621	\$60,584	\$58,777	\$64,087	\$69,992	\$77,265	\$79,343	\$83,103	\$93,776	\$84,920
MS&E	\$5,445	\$10,019	\$6,136	\$6,487	\$5,938	\$8,236	\$8,260	\$9,127	\$10,250	\$9,647
Dental	\$34,543	\$34,501	\$34,928	\$35,974	\$39,753	\$44,315	\$47,637	\$51,617	\$54,993	\$47,741
Mental health	\$3,957	\$4,791	\$4,959	\$6,010	\$6,003	\$6,444	\$7,761	\$9,545	\$11,020	\$12,843
Vision care	\$5,822	\$5,836	\$5,936	\$7,084	\$6,207	\$6,928	\$6,764	\$7,696	\$10,514	\$8,030
Other	\$0	\$0	\$0	\$0	\$3	\$0	\$291	\$291	\$204	\$280
Total	\$143,313	\$144,928	\$146,051	\$158,911	\$168,211	\$183,108	\$192,983	\$209,122	\$232,177	\$222,953

Table 9.6: 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 2020 to 2021 totalled \$157.7 million, an increase of 10.3 % from the \$143.0 million spent in 2019 to 2020.

Medical transportation expenditures in 2020 to 2021 increased by 25.6% to \$96.2 million while pharmacy costs increased by 4.0% to \$29.5 million. MS&E expenditures decreased by 17.6% to \$4.0 million and dental expenditures decreased by 23.4% to \$20.3 million. Mental health expenditures increased by 79.8% to \$3.9 million and vision care expenditures decreased by 18.4% to \$3.2 million. Certain NIHB benefit areas had a decrease in expenditures over the previous fiscal year due in large part to provincial/territorial public health restrictions on travel and the provision of in-person services due to the effects of the coronavirus (COVID-19) outbreak. The Northern region also faced increased medical transportation costs related to quarantine requirements.

Similar to Manitoba, medical transportation expenditures comprised the largest portion of the Northern region's total expenditures at 61.0%. Pharmacy costs ranked second at 18.7%, followed by dental at 12.9%. MS&E, mental health, and vision care expenditures accounted for 2.6%, 2.5% and 2.0% of total expenditures respectively.

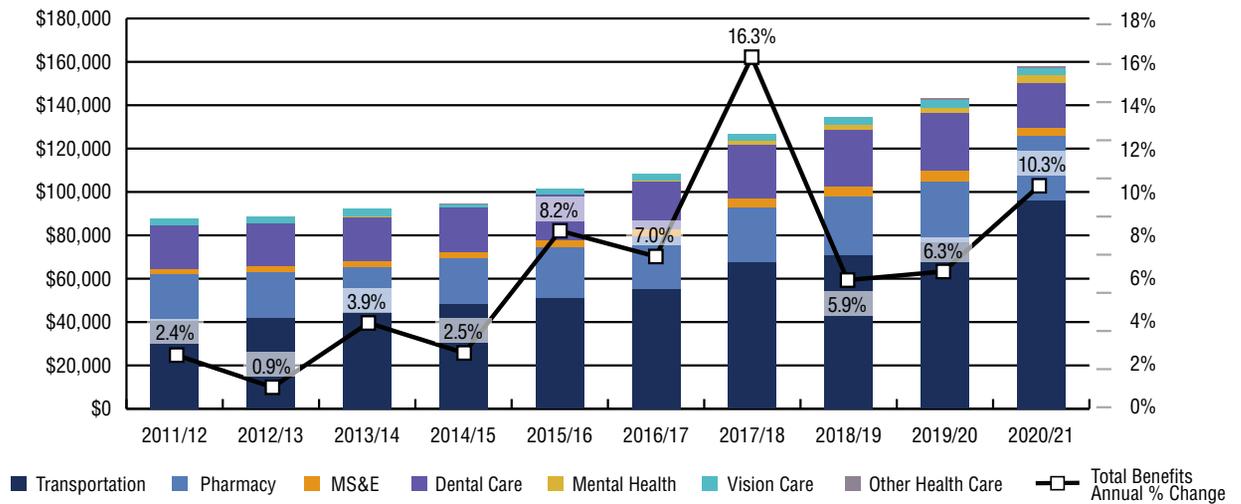


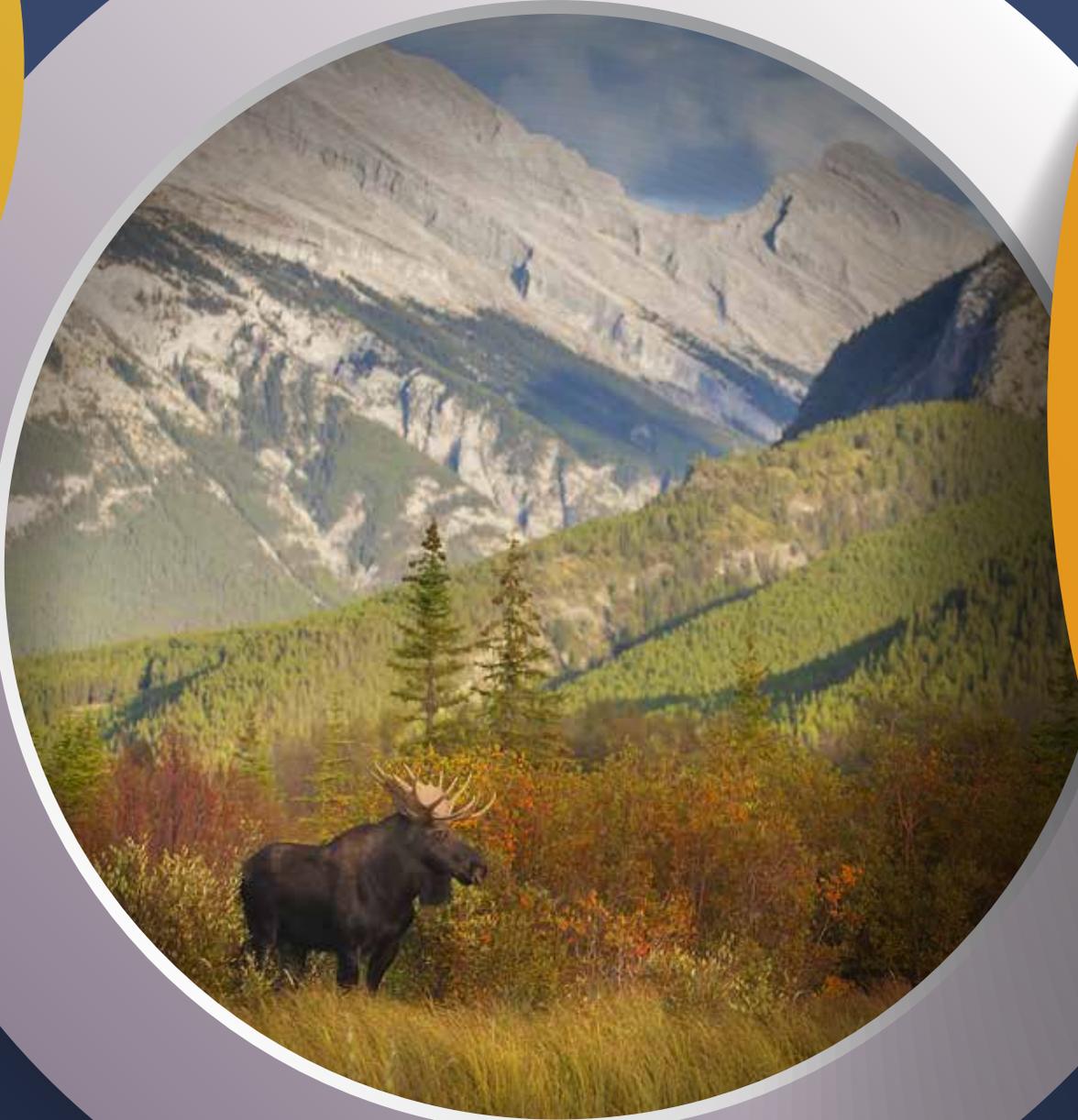
Chart 9.7: Percentage change in Northern Region NIHB expenditures (\$ 000's).

Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Northern region	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Transportation	\$40,455	\$41,727	\$44,703	\$48,246	\$50,940	\$55,125	\$67,413	\$70,806	\$76,601	\$96,194
Pharmacy	\$23,863	\$23,682	\$23,144	\$23,941	\$27,408	\$28,488	\$29,373	\$31,571	\$33,220	\$29,479
MS&E	\$2,396	\$2,564	\$2,949	\$3,101	\$3,146	\$3,263	\$4,018	\$4,529	\$4,884	\$4,024
Dental	\$20,079	\$19,773	\$20,415	\$20,413	\$20,936	\$21,966	\$25,141	\$26,211	\$26,546	\$20,342
Mental health	\$4	\$4	\$2	\$0	\$191	\$362	\$1,528	\$2,172	\$2,167	\$3,895
Vision care	\$3,387	\$3,370	\$3,763	\$1,743	\$2,564	\$3,217	\$3,131	\$3,713	\$3,929	\$3,206
Other	\$0	\$0	\$0	\$1	\$1	\$0	\$346	\$1	\$498	\$524
Total	\$87,787	\$88,557	\$92,027	\$94,343	\$102,040	\$109,157	\$126,933	\$134,474	\$142,961	\$157,664

Table 9.7: Northern Region Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division





10 NIHB Program Administration

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

2020 to 2021

This table outlines program administration expenditures by region as well as NIHB headquarters (HQ) in Ottawa. In 2020 to 2021, total NIHB administration costs were \$73.4 million representing a decrease of 3.1% 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 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, medical supplies and equipment, vision care, and mental health counselling benefits
- 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	\$1,693	\$2,312	\$5,148	\$3,576	\$4,419	\$4,399	\$1,673	\$18,037	\$41,256
EBP	\$457	\$620	\$1,379	\$965	\$1,193	\$1,188	\$450	\$4,854	\$11,106
Operating	\$51	\$60	\$40	\$39	\$82	\$40	\$76	\$2,177	\$2,564
Subtotal	\$2,201	\$2,991	\$6,566	\$4,580	\$5,694	\$5,627	\$2,199	\$25,068	\$54,925
Claims processing contract costs									\$18,500
Total administration costs									\$73,426

Table 10.1: NIHB program administration expenditures by region (\$ 000's). Source: FST adapted by Business Support, Audit and Negotiations Division

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

In 2020 to 2021, total NIHB benefit expenditures were \$1,490.6 million, of which direct benefit expenditures totaled \$1,435.7 million and expenditures for claims processing administration amounted to \$18.5 million. An additional \$54.9 million was spent on salaries and operating costs associated with program administration.

Total NIHB program administration costs (\$73.4 million, including claims processing and other program administration) as a proportion of direct benefit expenditures (\$1.4 billion), was 5.0% in 2020 to 2021. Over the past five fiscal years, the percentage of NIHB program administrative costs as a proportion of total benefit expenditures has ranged from a high of 5.1% in 2019 to 2020 to a low of 4.7% the previous three fiscal years.

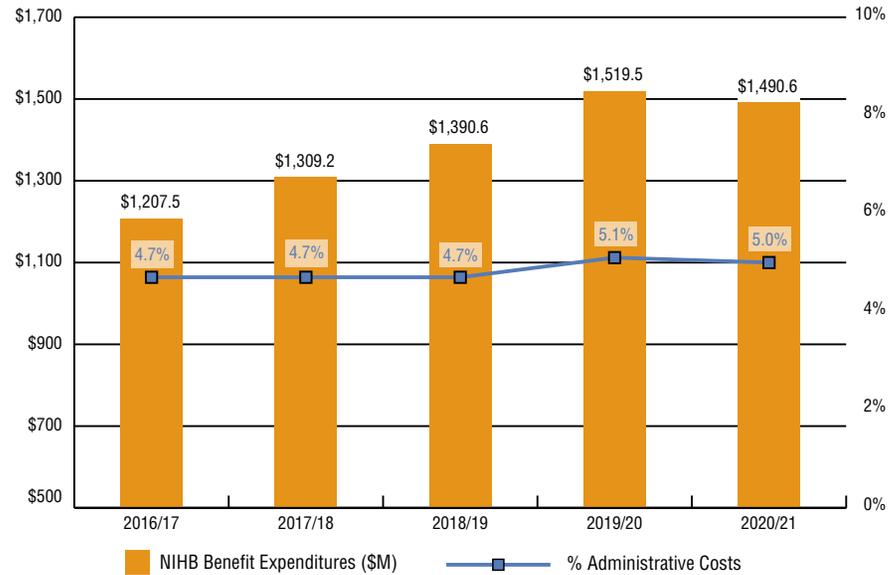


Chart 10.1: Non-Insured Health Benefits administration costs as a proportion of benefit expenditures (\$ Millions).
 Source: FST and FIRMS, adapted by Business Support, Audit and Negotiations Division

Health Information and Claims Processing Services (HICPS)

2020 to 2021

Claims for NIHB pharmacy, dental and MS&E benefits provided to eligible First Nations and Inuit clients are processed via the Health Information and Claims Processing Services (HICPS) system. NIHB mental health and vision care benefit claims are processed via HICPS as of June 28, 2020 and will be reported here next fiscal. 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 Procurement Canada (PSPC). The NIHB program manages the HICPS contract as the project authority in conjunction with PSPC, the contract authority.

As of March 31, 2021, there were 26,173 active* pharmacy, dental or MS&E 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, 2021.

Region	Pharmacy	MS&E	Dental
Atlantic	791	220	1,031
Quebec	1,750	167	2,448
Ontario	3,880	635	5,879
Manitoba	450	93	967
Saskatchewan	428	138	750
Alberta	1,570	291	3,094
British Columbia	815	30	453
North	30	28	235
Total	9,714	1,602	14,857

Table 10.2: Number of NIHB providers by region and benefit April 2019 to March 2021. Source: HICPS adapted by Business Support, Audit and Negotiations Division

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

2020 to 2021

Table 10.3 sets out the total number of pharmacy, dental and MS&E claims settled through the HICPS system in fiscal year 2020 to 2021. During this period, a total of 28,767,295 claim lines were processed through HICPS, a decrease of 1.6% over the previous fiscal year. Ontario had the highest volume of total claims processed at 7.9 million, followed by Manitoba at 5.3 million and Saskatchewan at 4.7 million.

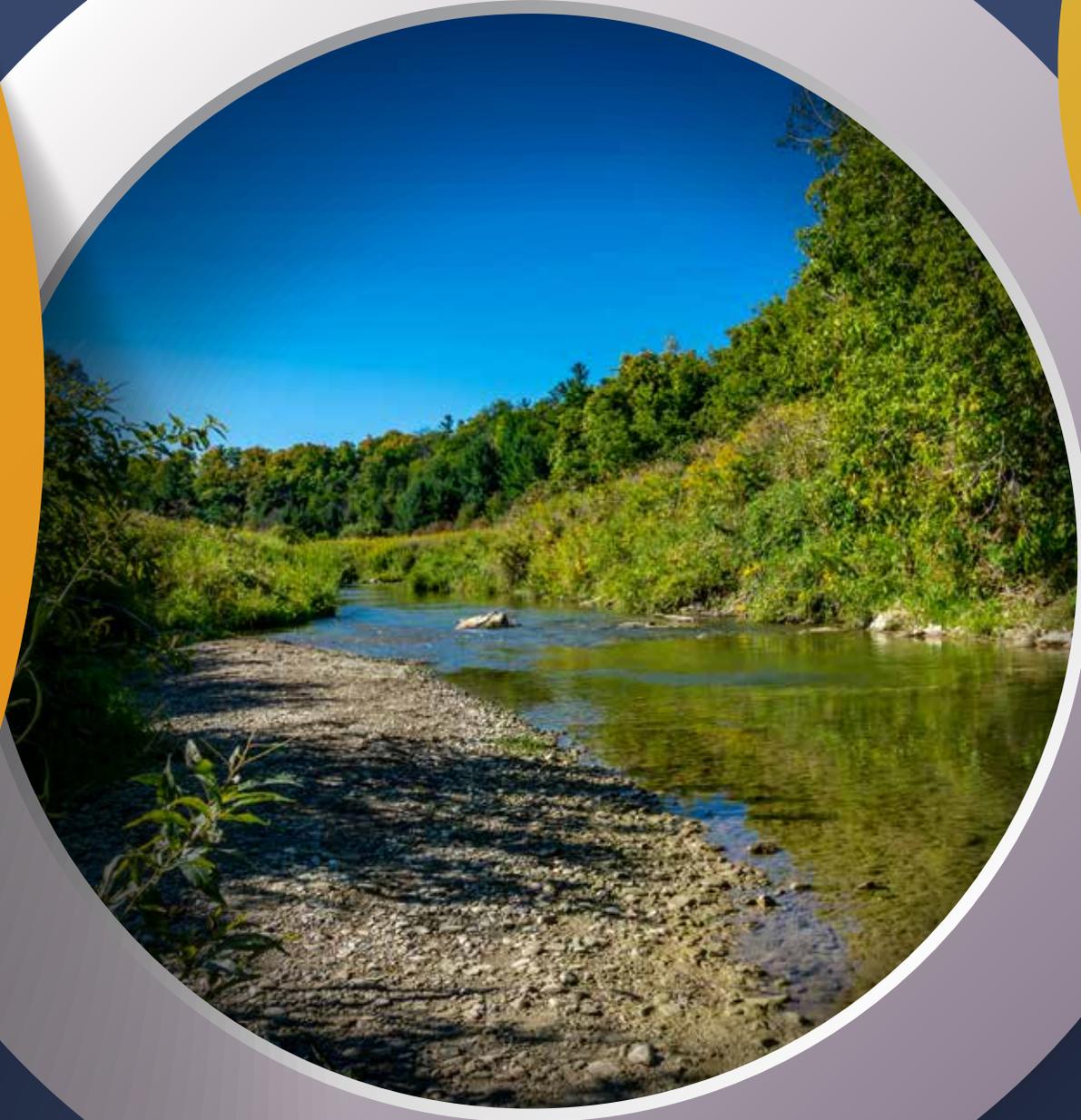
Claim Lines vs. Prescriptions or Visits

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.

Region	Pharmacy	Dental	MS&E	Total
Atlantic	1,704,260	144,070	55,852	1,904,182
Quebec	3,149,110	184,537	45,472	3,379,119
Ontario	7,341,002	507,348	66,229	7,914,579
Manitoba	4,712,380	450,078	119,691	5,282,149
Saskatchewan	4,081,742	495,371	123,298	4,700,411
Alberta	3,566,711	514,569	76,396	4,157,676
British Columbia	181,241	28,613	2,682	212,536
Yukon	145,655	21,914	4,327	171,896
Northwest Territories	433,883	83,794	12,951	530,628
Nunavut	399,331	94,029	20,759	514,119
Total claim lines	25,715,315	2,524,323	527,657	28,767,295

Table 10.3: Number of claim lines processed through HICPS by region and benefit. Source: HICPS adapted by Business Support, Audit and Negotiations Division





11 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>

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 2020 to 2021 by benefit listing type.

Status	Open Benefit (Unrestricted)	Open Benefit (Restricted)	Exceptions	Limited Use	Total
Total requested	10,332	13,288	13,145	39,011	75,776
Total approved	8,491	12,600	8,081	30,432	59,604

Table 10.4: Volume of requests and approvals made to the DEC by benefit listing type. Source: HICPS adapted by Business Support, Audit and Negotiations Division

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 for which the total dollar value is more than the point of sale limit, the pre-determined frequency limit has been reached or for which 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, post-determination and appeals. In addition, the DPC is responsible for addressing client and provider inquiries, and to assist 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.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 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

In 2014, the Government of Canada agreed to undertake a multi-year Joint Review of the NIHB program in partnership with the Assembly of First Nations (AFN). The overall objective of the review is 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 Joint Review is guided by a Steering Committee comprised of First Nations and ISC representatives.

As part of this process, 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.

Indigenous Services Canada continues to work with Inuit representatives through the Inuit NIHB Senior Bilateral Committee (INSBC) to identify and address areas of concern and recommendations to improve the quality, access, and delivery of NIHB benefits to Inuit clients. NIHB updates Inuit partners regularly on progress made to advance INSBC priority issues, including working towards the implementation of NIHB Navigator positions for Inuit clients in Nunavut and the Inuvialuit Settlement Region.



12 Technical notes

Information contained in the 2020 to 2021 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.

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 and dental data

Two Indigenous Services Canada data systems provide information on the expenditures and utilization of the NIHB pharmacy, MS&E and dental 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 the utilization of the pharmacy, MS&E and dental benefit areas. Expenditure data prior to fiscal year 2019 to 2020 were collected from the Framework for Integrated Resource Management System (FIRMS).

Medical transportation data oration 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.

Vision care and mental health counselling data

Financial data on the NIHB vision care, mental health counselling are provided through FST.

