

Annual Report 2022/2023

First Nations and Inuit Health Branch

NON-INSURED HEALTH BENEFITS PROGRAM



Indigenous Services
Canada

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Overview

Introduction

The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on reserve or in the community of residence. This report covers the 2022 to 2023 fiscal year. A fiscal year runs from April 1 to March 31. During 2022 to 2023, NIHB provided access to benefits coverage for 936,006 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 health outcomes for First Nations and Inuit.

Now in its twenty-ninth edition, the 2022 to 2023 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.**



Client Population

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

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

As of March 31, 2023, there were 936,006 First Nations and Inuit clients eligible to receive benefits under the NIHB program, an increase of 2.2% from March, 2022.

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

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

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

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

Eligible client population by region

March 2023

Ontario had the largest proportion of the eligible population, representing 24.4% of the national total, followed by Manitoba and Saskatchewan at 17.7% each.

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.

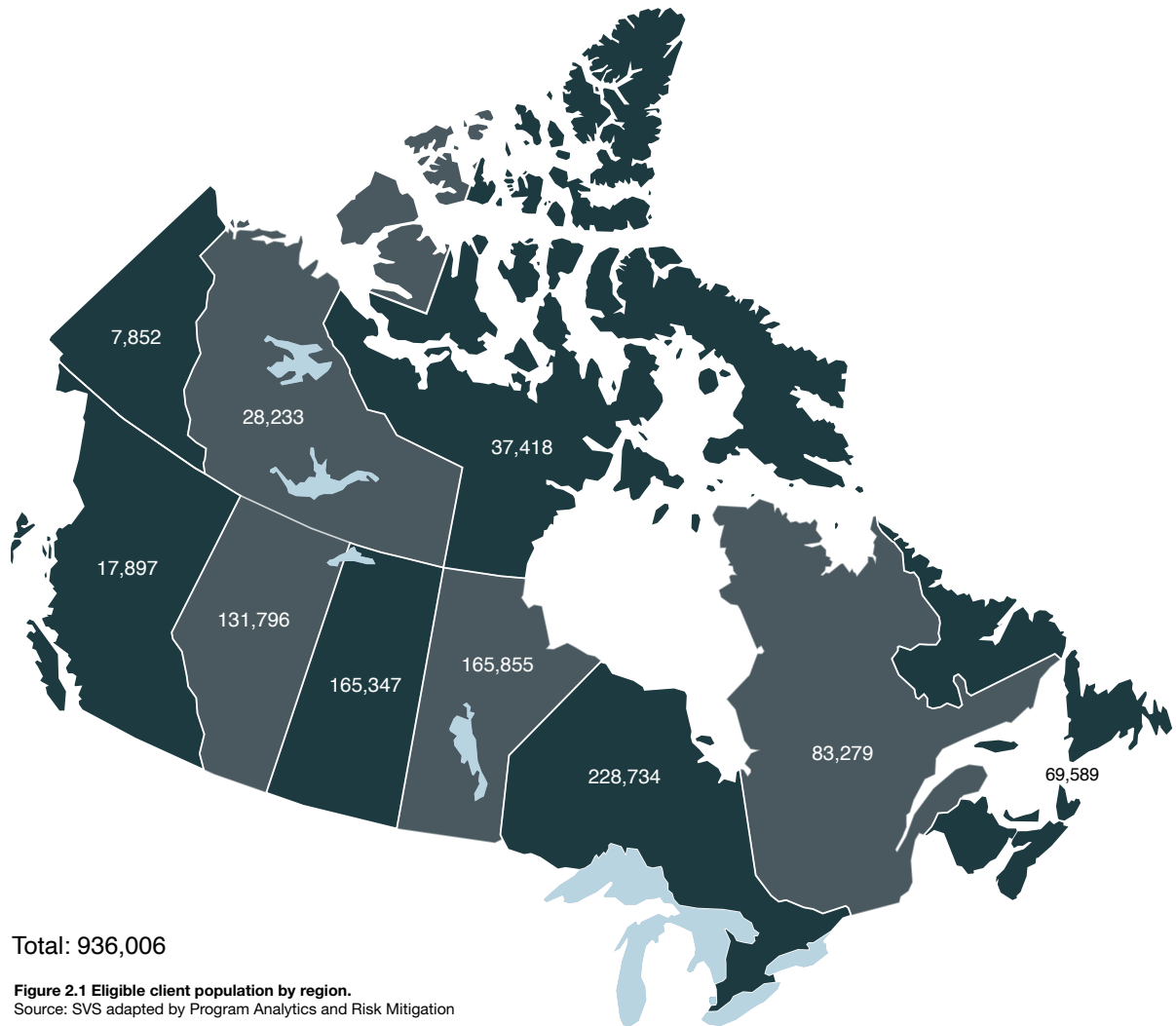


Figure 2.1 Eligible client population by region.
Source: SVS adapted by Program Analytics and Risk Mitigation

Eligible population by client type and region

March 2022 and March 2023

Of the 936,006 total eligible clients at the end of the 2022 to 2023 fiscal year, 884,102 (94.5%) were First Nations clients while 51,904 (5.5%) were Inuit clients. The number of First Nations clients increased by 2.2% and the number of Inuit clients increased by 1.3%

From March 2022 to March 2023, Quebec had the highest percentage change in total eligible clients with a 4.5% increase, followed by Saskatchewan and Ontario with increases of 2.4% and 2.2% respectively.

Region	First Nations		Inuit		Total		% Change
	March 2022	March 2023	March 2022	March 2023	March 2022	March 2023	2022 to 2023
Atlantic	67,839	69,137	438	452	68,277	69,589	1.9%
Quebec	77,824	81,267	1,891	2,012	79,715	83,279	4.5%
Ontario	222,813	227,807	896	927	223,709	228,734	2.2%
Manitoba	162,346	165,608	242	247	162,588	165,855	2.0%
Saskatchewan	161,423	165,246	95	101	161,518	165,347	2.4%
Alberta	128,891	131,004	766	792	129,657	131,796	1.6%
B.C.	17,214	17,474	408	423	17,622	17,897	1.6%
Yukon	7,659	7,704	142	148	7,801	7,852	0.7%
N.W.T.	18,633	18,849	9,323	9,384	27,956	28,233	1.0%
Nunavut	0	0	37,026	37,418	37,026	37,418	1.1%
National	864,668	884,102	51,227	51,904	915,895	936,006	2.2%

Table 2.1 Eligible population by client type and region. Source: SVS adapted by Program Analytics and Risk Mitigation

Eligible client population over time

March 2014 to March 2023

Over the past 10 years, the total number of eligible clients in the SVS has increased by 15.7%, from 808,686 in March 2014 to 936,006 in March 2023.

Over the past five years, the NIHB program's total number of eligible clients increased by 7.2% from 873,312 in March 2019 to 936,006 in March 2023. Quebec had the largest increase in eligible clients over this period, with a growth rate of 14.3%. The Atlantic region and Ontario followed with growth rates of 8.9% and 7.8% respectively.

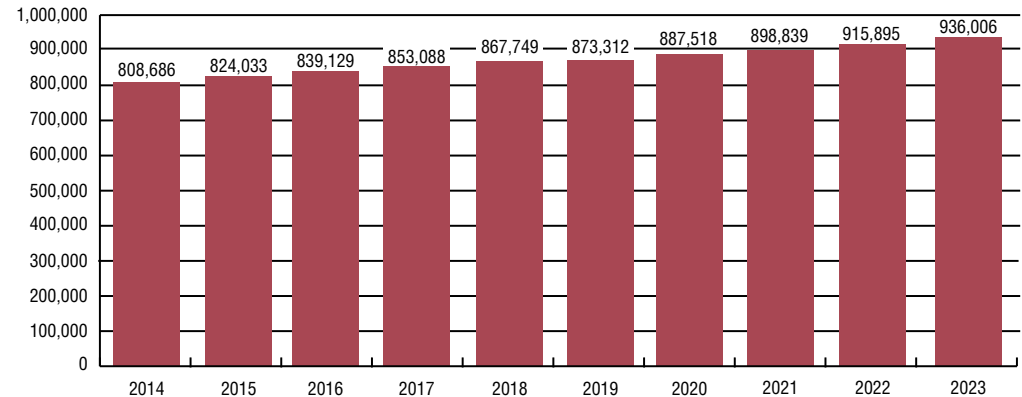


Chart 2.1: Eligible client population, March 2014 to March 2023.
Source: SVS adapted by Program Analytics and Risk Mitigation

Region	March 2019	March 2020	March 2021	March 2022	March 2023
Atlantic	63,873	65,335	66,782	68,277	69,589
Quebec	72,882	74,346	76,085	79,715	83,279
Ontario	212,176	215,751	218,784	223,709	228,734
Manitoba	157,325	159,862	160,954	162,588	165,855
Saskatchewan	154,323	157,162	158,785	161,518	165,347
Alberta	125,209	127,098	128,230	129,657	131,796
B.C.	17,417	16,561	17,019	17,622	17,897
Yukon	7,579	7,673	7,742	7,801	7,852
N.W.T.	27,771	27,816	27,847	27,956	28,233
Nunavut	34,757	35,914	36,611	37,026	37,418
Total	873,312	887,518	898,839	915,895	936,006
Annual % change	0.6%	1.6%	1.3%	1.9%	2.2%

Table 2.2: Eligible client population by region, March 2019 to March 2023. Source: SVS adapted by Program Analytics and Risk Mitigation

Annual population growth, Canadian population and eligible client population

2014 to 2023

From 2014 to 2023, the Canadian population increased by 10.8% while the NIHB eligible First Nations and Inuit client population increased by 15.7%.

The lower than average NIHB program client population growth rate in 2014 can be attributed to the transfer of responsibility for First Nations clients living in British Columbia to the First Nations Health Authority (FNHA).

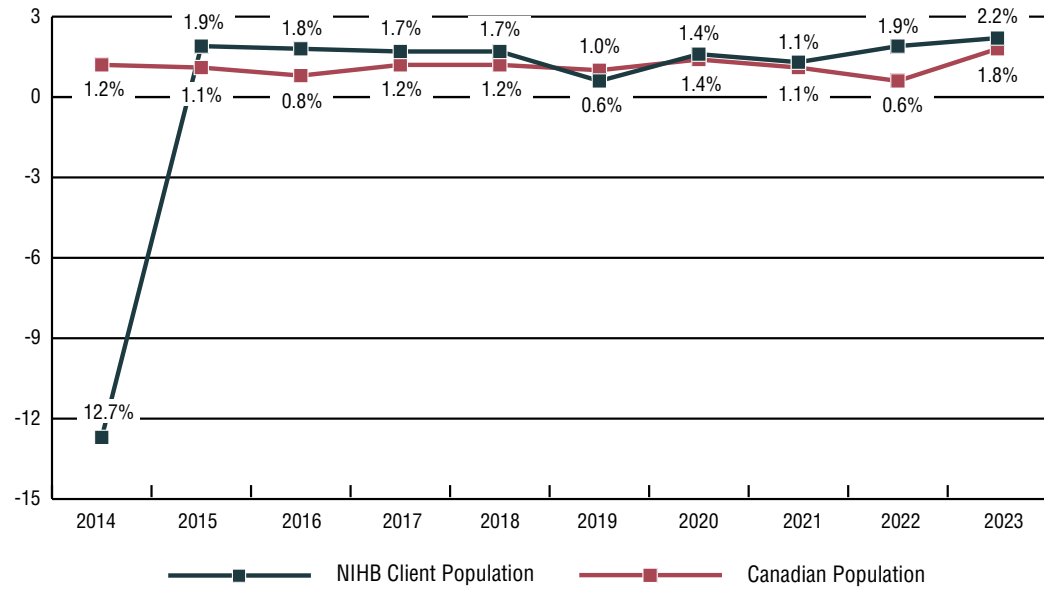


Chart 2.2: Annual population growth, Canadian population and eligible client population.
 Source: SVS and Statistics Canada Catalogue No. 91-002-XWE, Quarterly Demographic Statistics, adapted by Business Support, Audit and Negotiations Division

Eligible client population by age group, gender and region

March 2023

The NIHB program recognizes the importance of representative data for our gender diverse client population. As of 2020, clients can choose Male, Female or Another Gender as a gender identifier when applying for or updating their registration with Indigenous Services Canada, which is captured in population and benefit utilization data. As the total number of clients who have chosen Another Gender to-date is low, these data have been suppressed in certain provincial/territorial population totals, in keeping with government practices for safe-guarding the privacy of individuals. All clients are included in National totals.

Of the 936,006 NIHB eligible clients on the SVS as of March 31, 2023 49.2% were male (460,653), 50.8% were female (475,234) and a small percentage of clients selected another gender (119).

The average age of the eligible client population was 35 years of age. By region, this average ranged from a low of 29 years of age in Nunavut to a high of 42 years of age in British Columbia.

The average age of the male and female eligible client population was 34 years and 36 years respectively. The average age for males ranged from a low of 28 years in Nunavut to a high of 40 years in British Columbia. The average age for females varied from a low of 29 years in Nunavut to a high of 44 years in British Columbia.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	1,184	1,034	2,218	1,178	1,059	2,237	2,905	2,706	5,611	2,923	2,731	5,654	3,591	3,383	6,974
5-9	1,953	1,920	3,873	2,651	2,450	5,101	6,618	6,279	12,897	7,708	7,306	15,014	7,154	6,992	14,146
10-14	2,522	2,525	5,047	3,091	2,960	6,051	8,349	8,141	16,490	8,724	8,450	17,174	8,568	8,304	16,872
15-19	2,667	2,470	5,137	3,266	3,037	6,303	8,981	8,378	17,359	8,455	8,256	16,711	8,457	8,393	16,850
20-24	2,682	2,579	5,261	3,076	3,044	6,120	8,997	8,806	17,803	7,680	7,348	15,028	7,795	7,568	15,363
25-29	2,736	2,775	5,511	3,444	3,353	6,797	9,754	9,466	19,220	7,732	7,374	15,106	7,506	7,614	15,120
30-34	2,795	2,694	5,489	3,399	3,296	6,695	9,462	9,281	18,743	7,232	7,250	14,482	7,608	7,414	15,022
35-39	2,443	2,362	4,805	2,863	2,984	5,847	8,173	8,044	16,217	5,829	5,693	11,522	6,169	6,154	12,323
40-44	2,237	2,345	4,582	2,738	2,642	5,380	7,225	7,721	14,946	4,824	4,775	9,599	5,113	4,993	10,106
45-49	2,201	2,220	4,421	2,446	2,525	4,971	6,910	6,994	13,904	4,523	4,523	9,046	4,428	4,534	8,962
50-54	2,417	2,444	4,861	2,477	2,600	5,077	7,069	7,500	14,569	4,344	4,671	9,015	4,272	4,530	8,802
55-59	2,212	2,469	4,681	2,497	2,895	5,392	7,070	7,489	14,559	4,046	4,275	8,321	3,687	4,102	7,789
60-64	1,914	2,235	4,149	2,372	2,635	5,007	6,322	7,358	13,680	3,182	3,523	6,705	2,886	3,343	6,229
65+	4,199	5,343	9,542	5,055	7,236	12,291	13,517	19,187	32,704	5,382	7,073	12,455	4,520	6,249	10,769
Total	34,162	35,415	69,589	40,553	42,716	83,279	111,352	117,350	228,734	82,584	83,248	165,855	81,754	83,573	165,347
Average age	38	40	39	38	40	39	38	40	39	32	33	33	31	33	32

Table 2.3: Eligible client population by age group, gender and region. Source: SVS adapted by Program Analytics and Risk Mitigation

Alberta			B.C.			Yukon			N.W.T.			Nunavut			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
2,858	2,693	5,551	115	111	226	90	100	190	451	371	822	1,592	1,559	3,151	16,887	15,747	32,634
5,831	5,584	11,415	291	283	574	206	202	408	863	842	1,705	2,161	2,059	4,220	35,436	33,917	69,353
7,139	6,765	13,904	402	417	819	250	237	487	1,066	970	2,036	2,104	2,025	4,129	42,215	40,794	83,009
6,728	6,697	13,425	473	497	970	271	244	515	1,056	1,008	2,064	1,939	1,860	3,799	42,293	40,840	83,133
6,169	5,816	11,985	689	662	1,351	298	259	557	969	1,035	2,004	1,756	1,631	3,387	40,111	38,748	78,859
6,220	5,825	12,045	777	708	1,485	323	321	644	1,337	1,255	2,592	1,559	1,604	3,163	41,388	40,295	81,683
5,797	5,682	11,479	799	794	1,593	321	320	641	1,400	1,409	2,809	1,545	1,471	3,016	40,358	39,611	79,969
4,840	4,789	9,629	809	792	1,601	320	283	603	1,170	1,165	2,335	1,199	1,227	2,426	33,815	33,493	67,308
3,898	4,133	8,031	733	720	1,453	266	264	530	979	946	1,925	1,017	984	2,001	29,030	29,523	58,553
3,456	3,580	7,036	620	657	1,277	239	220	459	793	872	1,665	839	861	1,700	26,455	26,986	53,441
3,217	3,431	6,648	620	690	1,310	287	244	531	980	960	1,940	851	887	1,738	26,534	27,957	54,491
2,860	3,232	6,092	569	705	1,274	332	318	650	854	939	1,793	764	815	1,579	24,891	27,239	52,130
2,291	2,728	5,019	474	630	1,104	272	310	582	689	837	1,526	508	553	1,061	20,910	24,152	45,062
3,890	5,631	9,521	1,063	1,797	2,860	431	624	1,055	1,302	1,715	3,017	971	1,077	2,048	40,330	55,932	96,262
65,194	66,586	131,796	8,434	9,463	17,897	3,906	3,946	7,852	13,909	14,324	28,233	18,805	18,613	37,418	460,653	475,234	936,006
31	33	32	40	44	42	39	41	40	36	38	37	28	29	29	34	36	35

Population analysis by age group

March 2023

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 28.6% compared to 21.1% for the Canadian population. Nearly two-thirds (61.5%) of eligible clients are under the age of 40, compared to 48.6% for the Canadian population. The average age of NIHB clients is 35 compared to 42 years of age for the Canadian population.

A comparison of March 2019 to March 2023 eligible client population shows an aging population. The client population 40 and above, as a proportional share of the overall client population, increased from 36.3% in 2019 to 38.5% in 2023. 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 2014, seniors represented 7.0% of the overall NIHB population. Most recently in 2023, seniors accounted for 10.3%.

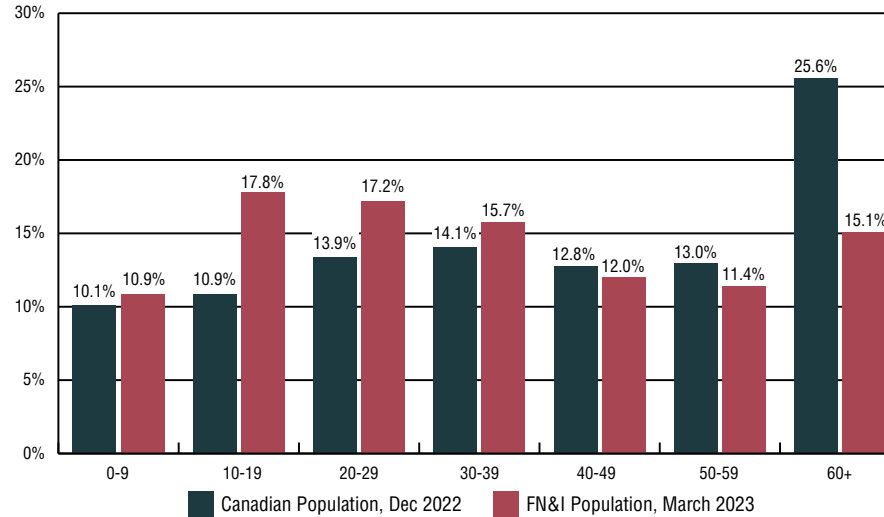


Chart 2.3: Proportion of Canadian population and of the First Nations and Inuit (FN&I) client population, by age group.
Source: SVS and Statistics Canada CANSIM table 051-0001, Population by Age and Sex Group, adapted by Program Analytics and Risk Mitigation

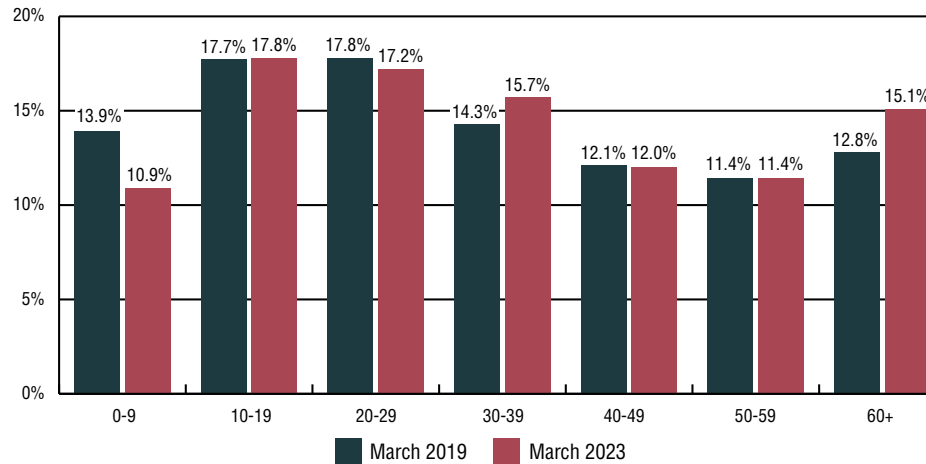


Chart 2.4: Proportion of eligible NIHB client population by age group.
Source: SVS adapted by Program Analytics and Risk Mitigation





NIHB Program Benefit Expenditures

Factors influencing NIHB program sustainability

2022 to 2023

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

Factors influencing NIHB program expenditures

Client Base	Market Forces	Evidence
<ul style="list-style-type: none"> • Changing demographics, including population growth, an aging population, and uncertainty about the registration of new or existing clients • Health status, including disease burden and prevalence of chronic and infectious diseases • Geographic distribution of client population and accessibility of health services 	<ul style="list-style-type: none"> • Introduction of newer high-cost therapies and procedures • Provincial/Territorial health insurance decisions and care staff shortages • Insurance industry dynamics • Shift from hospital treatments (insured) to non-insured coverage • Economic factors which cause increases in the price of fuel, food/meals and accommodations • Changes in health professional fees and scope of practice 	<ul style="list-style-type: none"> • Prescribing and treatment decisions of regulated health professionals • Advancements in medical research/evidence, treatments and health technologies • Preventive intervention versus restorative dental treatments • Input received from First Nations and Inuit partners

NIHB expenditures by benefit (\$ millions)

2022 to 2023

In 2022 to 2023, total NIHB program benefit expenditures were \$1,891.7 million. This represents an increase of 11.6% over NIHB expenditures of \$1,695.3 million in 2021 to 2022. Medical transportation costs represented the largest proportion of expenditures at 37.6% (\$710.6 million), followed by pharmacy benefit costs at 32.7% (\$617.8 million) and dental benefit costs at 17.6% (\$332.8 million).

NIHB medical transportation, pharmacy and dental benefit expenditures accounted for 87.8% of all NIHB expenditures in 2022 to 2023.

Not reflected in the \$1,891.7 million in NIHB expenditures are approximately \$57.3 million in administration costs. More detail is provided in Section 11.

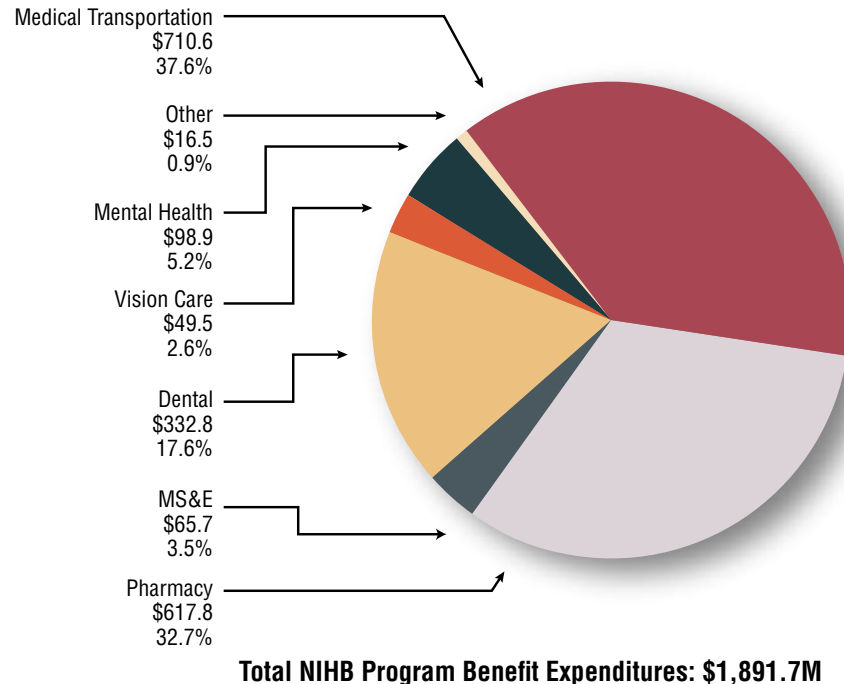


Chart 3.1: NIHB expenditures by benefit (\$ millions).

Source: FST adapted by Program Analytics and Risk Mitigation

NIHB expenditures and growth by benefit

2022 to 2023

NIHB program benefit expenditures increased by 11.6%, or \$196.4 million from fiscal year 2021 to 2022. The highest net increase in expenditures were in the NIHB medical transportation and pharmacy benefits at \$108.4 and \$41.5 million respectively. Factors affecting benefit expenditure growth are discussed in subsequent sections of this report.

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

Benefit	Total Expenditures (\$ 000's) 2021-2022	Total Expenditures (\$ 000's) 2022-2023	% Change From 2021-2022
Medical Transportation	\$602,208	\$710,614	18.0%
Pharmacy	\$576,251	\$617,767	7.2%
MS&E	\$60,448	\$65,669	8.6%
Dental	\$302,183	\$332,816	10.1%
Vision Care	\$47,819	\$49,484	3.5%
Mental Health	\$93,890	\$98,855	5.3%
Other	\$12,496	\$16,538	32.3%
Total Expenditures	\$1,695,295	\$1,891,743	11.6%

Table 3.1 NIHB expenditures and growth by benefit. Source: FST adapted by Program Analytics and Risk Mitigation Division

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

2022 to 2023

Manitoba accounted for the highest proportion of total expenditures at \$451.8 million, or 23.9% of the national total, followed by Ontario at \$365.1 million (19.3%), and Saskatchewan at \$363.3 million (19.2%). By comparison, the lowest expenditures were in the Atlantic region at \$92.5 million (4.9%).

Headquarters expenditures by benefit type represent costs paid for claims processing services. Headquarters expenditures in the other category are comprised of operational expenditures associated with NIHB program oversight and policy development. This includes arrangements with the FNHA to provide funding for additional clients who became eligible following the transfer of responsibilities in 2013, due to changes in

federal legislation, as well as contribution agreements with Indigenous partner organizations, such as the Assembly of First Nations and Inuit Tapiriit Kanatami, and regional Indigenous organizations. Headquarters expenditures account for 1.6% (\$30.3 million) of total NIHB expenditures, and do not include the \$57.3 million in administration (HQ) costs outlined in Section 11.

Region	Medical Transportation	Pharmacy	MS&E	Dental	Vision Care	Mental Health	Other	Total
Atlantic	\$17,512	\$45,819	\$4,785	\$12,638	\$4,149	\$6,918	\$666	\$92,488
Quebec	\$28,921	\$64,799	\$3,149	\$20,427	\$4,081	\$6,381	\$258	\$128,017
Ontario	\$140,343	\$113,842	\$10,045	\$67,128	\$8,633	\$24,491	\$587	\$365,069
Manitoba	\$233,140	\$120,207	\$13,870	\$60,247	\$7,669	\$16,393	\$273	\$451,799
Saskatchewan	\$114,863	\$126,676	\$15,310	\$70,480	\$10,585	\$25,194	\$211	\$363,319
Alberta	\$71,908	\$96,511	\$12,503	\$65,240	\$9,446	\$15,815	\$360	\$271,783
North	\$103,926	\$33,457	\$5,520	\$30,332	\$4,683	\$3,394	\$485	\$181,796
Headquarters	\$0	\$11,929	\$488	\$3,693	\$238	\$270	\$13,698	\$30,317
Total	\$710,614	\$617,767	\$65,669	\$332,816	\$49,484	\$98,855	\$16,538	\$1,891,743

Table 3.2 NIHB expenditures by benefit and region. Source: FST adapted by Program Analytics and Risk Mitigation

NIHB annual expenditures (\$ Millions) and percentage change

In 2022 to 2023, NIHB program expenditures totalled \$1,891.7 million, an increase of 11.6% from \$1,695.1 million in 2021 to 2022. Since 2013 to 2014, total expenditures have grown by 84.3%. The annualized rate of growth over this period was 5.8%. There has been wide variation in growth rates between 2013 to 2014 and 2022 to 2023, from a low of -7.1% in 2013 to 2014* to a high of 13.7% in 2021 to 2022.

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

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

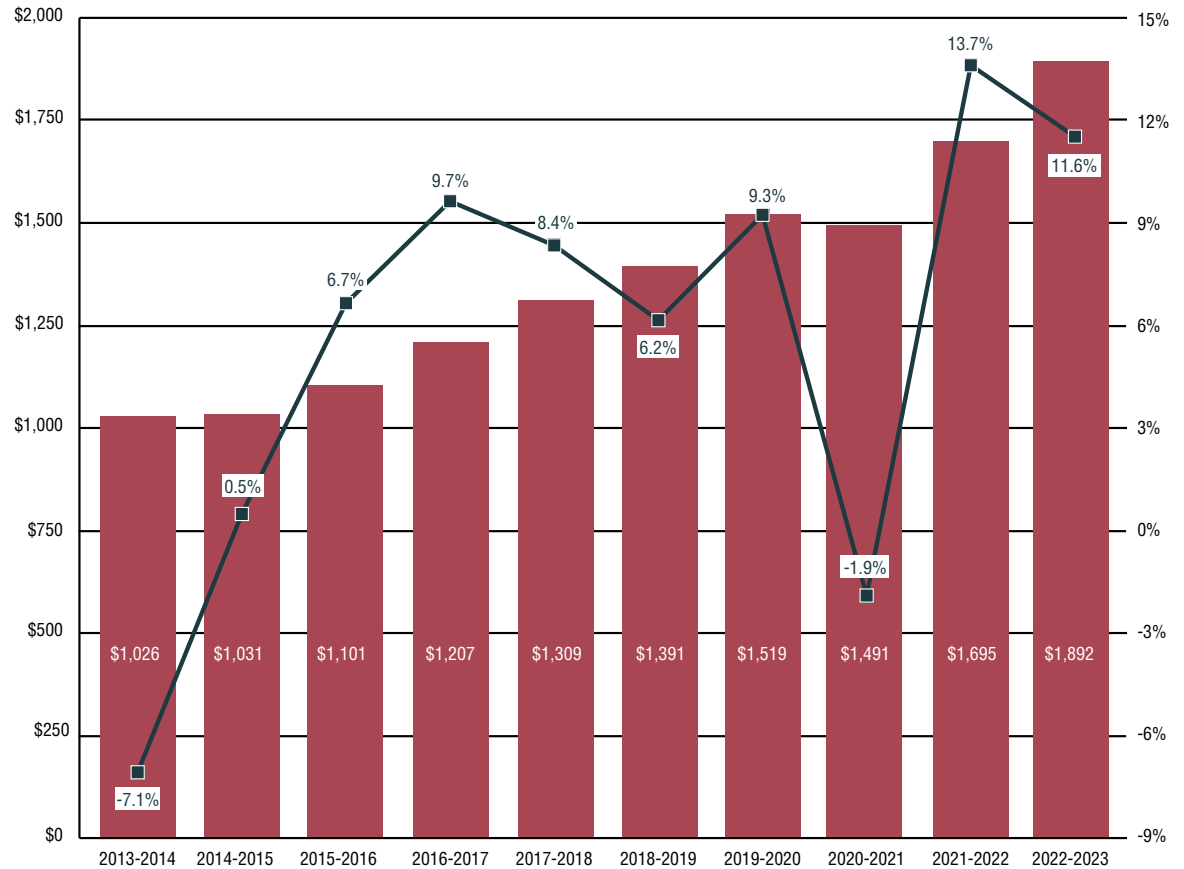


Chart 3.2 NIHB annual expenditures (\$ Millions) and percentage change. Source: FIRMS and FST adapted by Program Analytics and Risk Mitigation

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

In the 10 year period ending 2022 to 2023, 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 598.5%, from \$14.2 million in 2013 to 2014 to \$98.9 million in 2022 to 2023. NIHB medical transportation had the highest expenditure growth from \$352.0 million in 2013 to 2014 to \$710.6 million in 2022 to 2023, a change of 101.9%.

Over the same period, NIHB medical supplies and equipment (MS&E) expenditures increased by 114.1% and NIHB dental expenditures increased by 60.6%.

Benefit	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Medical Transportation	\$352,036	\$357,963	\$375,904	\$417,035	\$459,505	\$495,034	\$537,179	\$525,719	\$602,208	\$710,614
Pharmacy	\$383,614	\$392,479	\$425,773	\$457,489	\$482,789	\$488,604	\$532,045	\$550,900	\$576,251	\$617,767
MS&E	\$30,670	\$29,233	\$30,657	\$37,031	\$40,167	\$47,346	\$54,256	\$51,524	\$60,448	\$65,669
Dental	\$207,179	\$201,886	\$217,109	\$235,831	\$248,992	\$269,008	\$282,908	\$236,293	\$302,183	\$332,816
Vision Care	\$31,459	\$29,704	\$30,017	\$32,370	\$33,578	\$36,467	\$45,968	\$39,907	\$47,819	\$49,484
Mental Health	\$14,152	\$15,581	\$16,193	\$21,728	\$33,066	\$42,656	\$55,126	\$73,958	\$93,890	\$98,855
Other	\$5,406	\$4,005	\$4,858	\$5,974	\$11,143	\$11,450	\$12,001	\$12,314	\$12,496	\$16,538
Total	\$1,026,397	\$1,031,488	\$1,100,512	\$1,207,458	\$1,309,240	\$1,390,563	\$1,519,483	\$1,490,615	\$1,695,295	\$1,891,743
Annual % Change	-7.1%	0.5%	6.7%	9.7%	8.4%	6.2%	9.3%	-1.9%	13.7%	11.6%

Table 3.3: NIHB annual expenditures by benefit (\$ 000's). Source: FIRMS and FST adapted by Program Analytics and Risk Mitigation

Per capita NIHB expenditures by region

2022 to 2023

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

The national per capita expenditures for all benefits in 2022 to 2023 were \$1,989. Manitoba had the highest per capita cost at \$2,724. The Northern region followed with a per capita cost of \$2,473. 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 \$1,329, 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 Program Analytics and Risk Mitigation



NIHB Pharmacy Expenditure and Utilization Data

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

In 2022 to 2023, the NIHB program paid for pharmacy claims made by a total of 559,355 First Nations and Inuit clients. The total spent for these claims was \$617.8 million or 32.7% of total NIHB expenditures. Of all the NIHB program benefits, the pharmacy benefit accounts for the second largest share of expenditures and is the benefit most utilized by clients.

Distribution of NIHB pharmacy expenditures (\$ Millions)

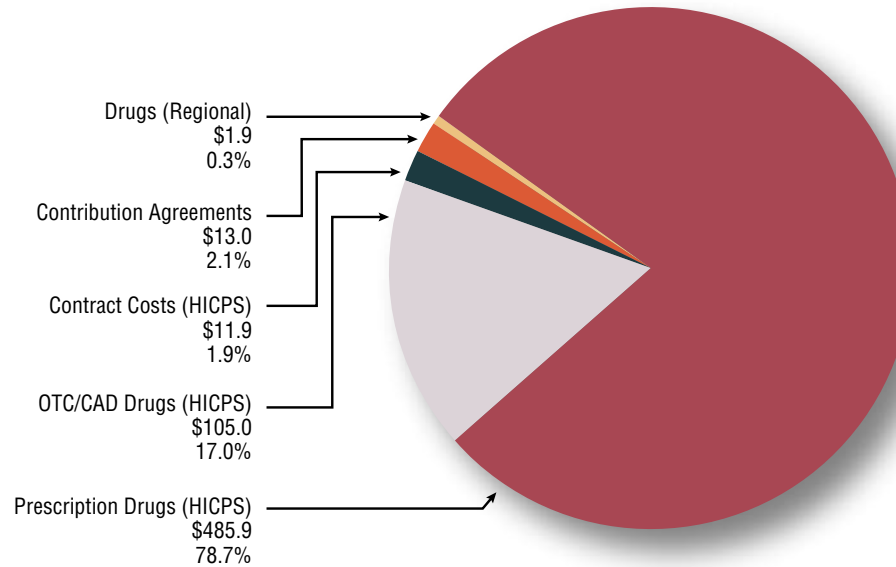
2022 to 2023

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 \$485.9 million or 78.7% of all NIHB pharmacy expenditures, followed by over-the-counter (OTC) and controlled access (CAD) drugs (HICPS) which totalled \$105.0 million or 17.0%.

Regional Drugs, at \$1.9 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 \$13.0 million or 2.1% 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.

HICPS contract costs related to claims processing through the HICPS system totalled \$11.9 million or 1.9% in 2022 to 2023.



Total NIHB Pharmacy Expenditures: \$617.8M

Chart 4.1: Distribution of NIHB pharmacy expenditures (\$ Millions).
Source: FST adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

Prescription drug costs paid through the HICPS system represented the largest component of total NIHB Pharmacy costs accounting for \$485.9 million or 78.7%. The Saskatchewan region had the largest proportion of these costs at 21.0%, followed by Manitoba at 19.8% and Ontario at 18.9%.

The next highest component was over-the-counter (OTC) and controlled access drug (CAD) costs at \$105.0 million or 17.0%. The regions of Manitoba (22.7%), Saskatchewan (21.9%) and Alberta (16.9%) had the largest proportions of these costs in 2022 to 2023.

Region	Operating				Total Operating Costs	Total Contribution Costs	Total Costs
	Prescription Drugs	OTC/CAD Drugs	Drugs Regional	HICPS Contract Costs			
Atlantic	\$37,926	\$7,891	\$2	\$0	\$45,819	\$0	\$45,819
Quebec	\$53,937	\$10,856	\$7	\$0	\$64,799	\$0	\$64,799
Ontario	\$92,052	\$16,334	\$0	\$0	\$108,386	\$5,456	\$113,842
Manitoba	\$96,376	\$23,831	\$0	\$0	\$120,207	\$0	\$120,207
Saskatchewan	\$102,169	\$22,962	\$1,476	\$0	\$126,607	\$69	\$126,676
Alberta	\$71,290	\$17,718	\$0	\$0	\$89,008	\$7,503	\$96,511
North	\$28,125	\$4,873	\$459	\$0	\$33,457	\$0	\$33,457
Headquarters	\$0	\$0	\$0	\$11,929	\$11,929	\$0	\$11,929
Total	\$485,886	\$104,981	\$1,943	\$11,929	\$604,738	\$13,028	\$617,767

Table 4.1: Total NIHB pharmacy expenditures by type and region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

Annual NIHB pharmacy expenditures

NIHB pharmacy expenditures increased by 7.2% during fiscal year 2022 to 2023. 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 5.5%. The introduction of lower cost generic drugs as they become available on the market have kept pharmacy benefit growth moderate. As well, NIHB has negotiated Product Listing Agreements (PLA) with drug manufacturers to allow for the coverage of certain medications at a reduced price through the use of rebates. On March 31, 2023, NIHB had over 300 PLA in effect.

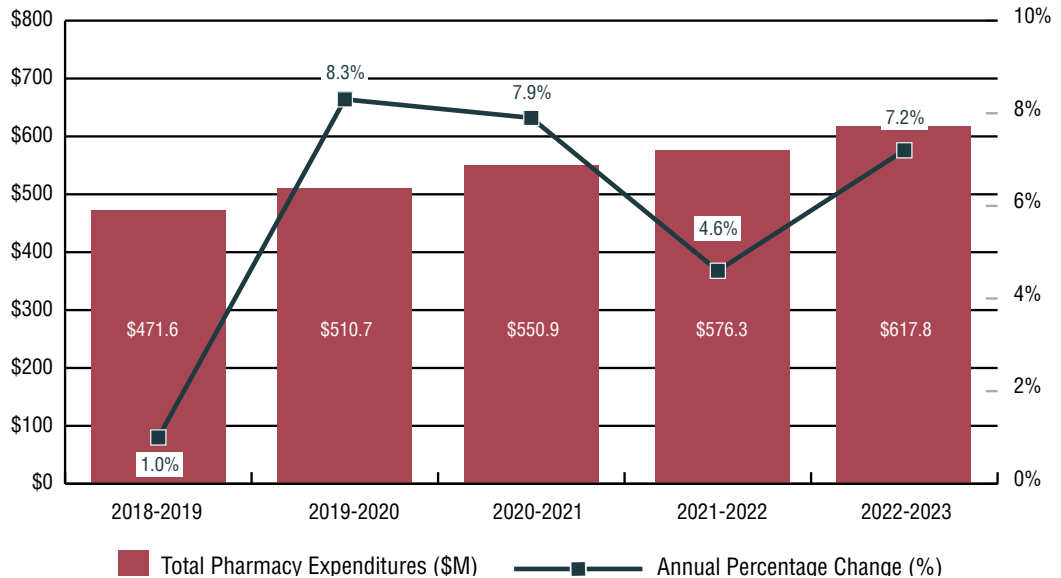


Chart 4.2: Annual NIHB pharmacy expenditures and percentage change.
Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Annual NIHB pharmacy expenditures

NIHB Pharmacy Expenditures (\$ 000's)					
Region	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	\$30,448	\$35,365	\$37,323	\$40,657	\$45,819
Quebec	\$46,623	\$50,747	\$53,282	\$58,827	\$64,799
Ontario	\$93,896	\$97,437	\$105,300	\$112,069	\$113,842
Manitoba	\$92,084	\$100,059	\$106,851	\$112,353	\$120,207
Saskatchewan	\$107,487	\$115,074	\$116,188	\$120,000	\$126,676
Alberta	\$73,976	\$83,526	\$84,920	\$86,680	\$96,511
North	\$27,042	\$28,337	\$29,479	\$31,499	\$33,457
Headquarters	\$16,963	\$21,354	\$14,220	\$10,169	\$11,929
Total	\$471,641	\$510,691	\$550,901	\$576,251	\$617,767

Table 4.2: NIHB pharmacy expenditures (\$ 000's) by region. Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Per capita NIHB pharmacy expenditures by region

2022 to 2023

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

In 2022 to 2023, the national per capita expenditure for NIHB Pharmacy benefits was \$647. This was an increase of 4.7% from the \$618 recorded in 2021 to 2022.

Quebec had the highest per capita NIHB Pharmacy expenditures at \$778, followed by Saskatchewan at \$766.

The Northern region had the lowest per capita expenditures at \$455 followed by Ontario at \$498. 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.

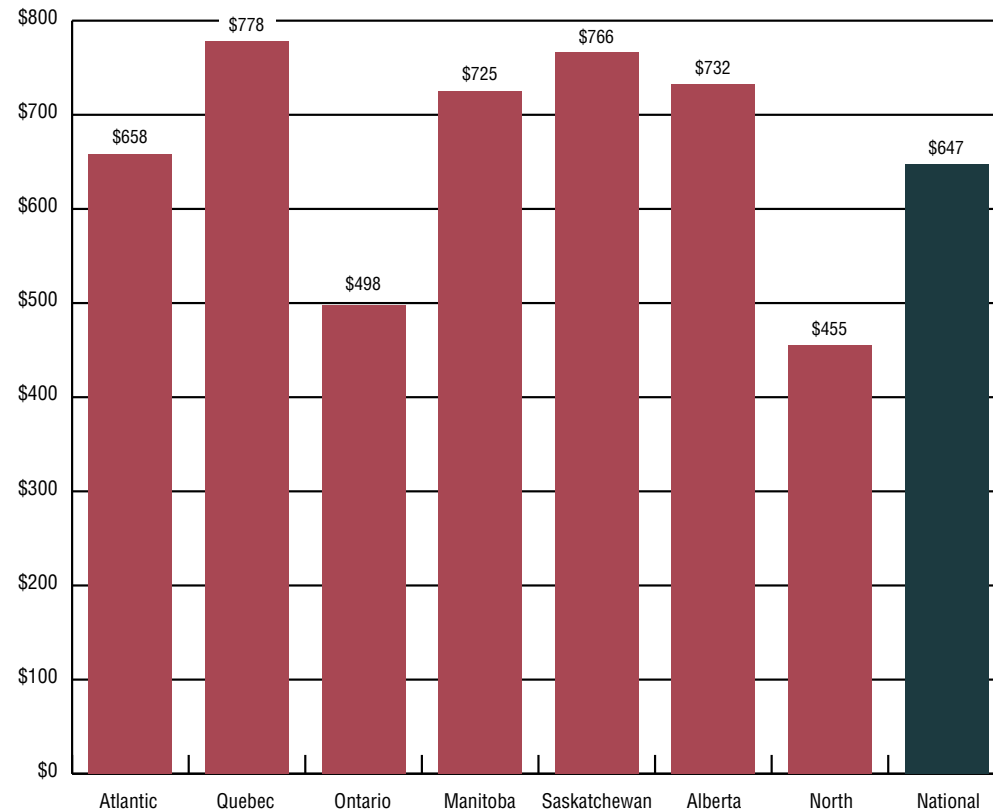


Chart 4.3 Per capita NIHB pharmacy expenditure by region.

Source: FST and SVS adapted by Program Analytics and Risk Mitigation

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 2022 to 2023, the national utilization rate was 60% for NIHB Pharmacy benefits paid through the HICPS system.

The rates understate the actual level of utilization as the data do not include pharmacy services provided through contribution agreements and benefits provided through community health facilities. For example, the HICPS system does not capture any data on services

used by the Bigstone Cree Nation client population in Alberta and the Akwesasne client population in Ontario. If these populations were removed, the utilization rate for pharmacy benefits in Alberta would have been 68.0% and for Ontario the utilization rate for pharmacy benefits would have been 53.1% in 2022 to 2023. 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 61.2%.

Region	Pharmacy Utilization				
	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	67%	63%	60%	61%	63%
Quebec	61%	62%	58%	59%	61%
Ontario	49%	52%	48%	49%	50%
Manitoba	67%	68%	62%	65%	67%
Saskatchewan	69%	70%	63%	65%	68%
Alberta	65%	67%	60%	61%	64%
Yukon	60%	60%	58%	57%	59%
N.W.T.	55%	55%	54%	54%	56%
Nunavut	49%	49%	46%	46%	48%
National	60%	61%	57%	58%	60%

Table 4.3: NIHB pharmacy utilization rates by region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

NIHB pharmacy claimants by age group, gender and region

2022 to 2023

Of the 936,006 clients eligible to receive benefits under the NIHB program, a total of 559,355 claimants received at least one pharmacy item paid through the Health Information and Claims Processing Services

(HICPS) system in 2022 to 2023. Of this total, 317,683 were female (57%) and 241,672 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
0-4	679	596	1,275	672	626	1,298	914	818	1,732	1,936	1,768	3,704	2,243	2,113	4,356
5-9	1,119	1,144	2,263	1,372	1,431	2,803	2,121	2,047	4,168	4,452	4,598	9,050	4,280	4,496	8,776
10-14	1,175	1,272	2,447	1,439	1,526	2,965	2,355	2,554	4,909	4,422	4,720	9,142	4,492	4,710	9,202
15-19	1,195	1,701	2,896	1,410	2,028	3,438	2,944	4,045	6,989	4,196	5,558	9,754	4,260	5,819	10,079
20-24	1,221	1,916	3,137	1,285	2,190	3,475	2,866	4,941	7,807	3,715	5,586	9,301	3,779	5,911	9,690
25-29	1,279	2,107	3,386	1,497	2,461	3,958	3,813	6,052	9,865	4,086	5,943	10,029	3,931	6,144	10,075
30-34	1,396	1,967	3,363	1,520	2,383	3,903	4,097	5,961	10,058	4,077	5,827	9,904	4,340	6,041	10,381
35-39	1,284	1,732	3,016	1,414	2,128	3,542	3,740	5,081	8,821	3,488	4,604	8,092	3,685	5,119	8,804
40-44	1,231	1,663	2,894	1,390	1,802	3,192	3,449	4,922	8,371	3,078	3,952	7,030	3,230	4,028	7,258
45-49	1,268	1,665	2,933	1,385	1,810	3,195	3,534	4,497	8,031	3,059	3,736	6,795	2,978	3,747	6,725
50-54	1,544	1,818	3,362	1,530	1,883	3,413	3,851	4,863	8,714	3,129	3,941	7,070	3,055	3,736	6,791
55-59	1,504	1,840	3,344	1,608	2,124	3,732	4,049	5,045	9,094	3,048	3,584	6,632	2,724	3,397	6,121
60-64	1,346	1,714	3,060	1,627	1,978	3,605	3,794	4,893	8,687	2,505	3,003	5,508	2,210	2,867	5,077
65+	2,962	3,818	6,780	3,356	4,822	8,178	6,975	10,272	17,247	3,762	5,237	8,999	3,430	4,856	8,286
Total	19,203	24,953	44,156	21,505	29,192	50,697	48,502	65,991	114,493	48,953	62,057	111,010	48,637	62,984	111,621
Average age	41	41	41	40	41	41	42	43	42	34	35	35	33	34	34

Table 4.4: NIHB pharmacy claimants by age group, gender and region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1,697	1,611	3,308	885	853	1,738	9,072	8,416	17,488
3,368	3,392	6,760	1,172	1,137	2,309	17,978	18,353	36,331
3,544	3,565	7,109	1,047	1,117	2,164	18,574	19,583	38,157
3,257	4,288	7,545	1,032	1,712	2,744	18,423	25,356	43,779
3,027	4,246	7,273	1,033	2,022	3,055	17,057	27,097	44,154
3,207	4,436	7,643	1,150	2,158	3,308	19,133	29,604	48,737
3,186	4,294	7,480	1,208	2,152	3,360	20,028	28,954	48,982
2,799	3,579	6,378	1,107	1,826	2,933	17,703	24,366	42,069
2,411	3,105	5,516	985	1,552	2,537	15,944	21,307	37,251
2,236	2,755	4,991	944	1,381	2,325	15,550	19,824	35,374
2,144	2,656	4,800	1,169	1,526	2,695	16,594	20,673	37,267
1,974	2,553	4,527	1,182	1,502	2,684	16,267	20,332	36,599
1,674	2,155	3,829	948	1,312	2,260	14,220	18,102	32,322
2,637	3,921	6,558	1,825	2,469	4,294	25,129	35,716	60,845
37,161	46,556	83,717	15,687	22,719	38,406	241,672	317,683	559,355
33	35	34	37	38	38	37	38	37

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

2022 to 2023

In 2022 to 2023, 3.5% of all clients were in the 0 to 4 age group, but this group accounted for only 0.5% of all pharmacy claims made and only 0.7% of total pharmacy expenditures. In contrast, 10.3% of all eligible clients were in the 65+ age group, but accounted for 25.2% of all pharmacy claims submitted and 17.8% of total pharmacy expenditures.

During 2022 to 2023, the average claimant aged 65 or more submitted 91 claims compared to 71 claims for their counterpart in the 60 to 64 age group and 6 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 2022 to 2023 the average cost per child aged 0 to 9 years was \$234. The cost increased steadily for every age group, with claimants aged 35-39 having an average cost of \$1,148, comparable to the total average claimant cost of \$1,056. Claimants aged 60-64 years had the highest cost per claimant with an average of \$1,854 for all pharmacy claims received throughout the fiscal year.

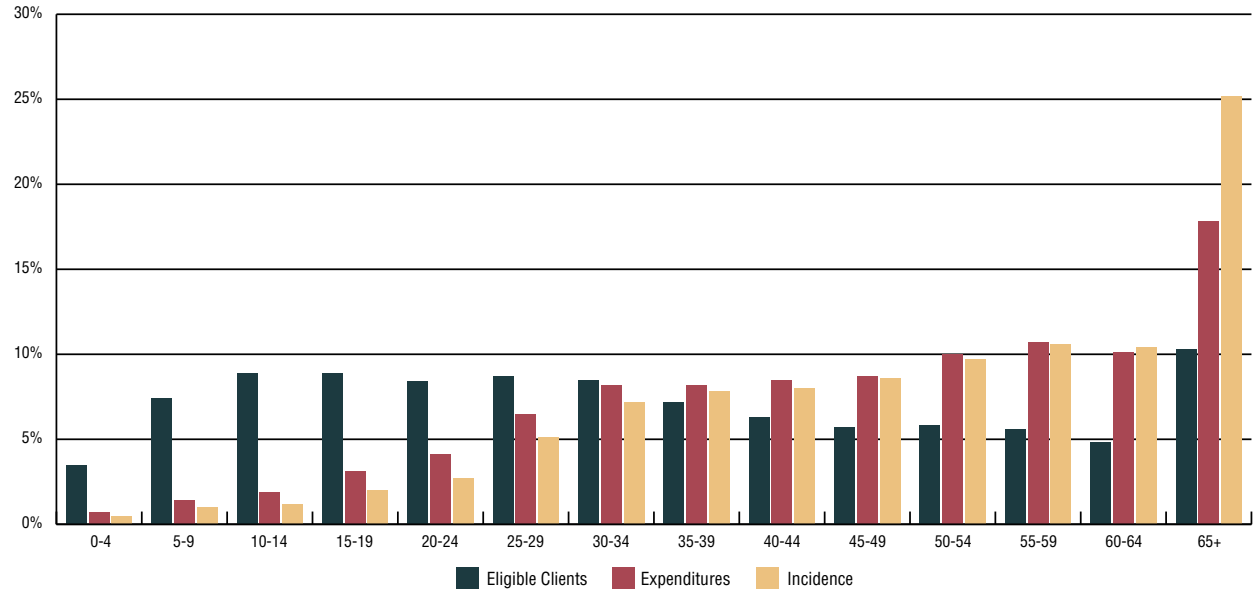


Chart 4.4: Distribution of eligible NIHB population, pharmacy expenditures and pharmacy incidence by age group.
Source: HICPS, FST and SVS adapted by Program Analytics and Risk Mitigation

NIHB top ten therapeutic classes by number of claimants

2022 to 2023

Table 4.5 ranks the top ten therapeutic classes of prescription drugs according to number of claimants. In 2022 to 2023, Penicillins had the highest number of distinct claimants at 160,840. Antidepressants ranked second in number of claimants with 121,413 followed by Proton Pump Inhibitors with 111,091 claimants.

Therapeutic classification	Claimants	% Change from 2021/22	Examples of Product in the Therapeutic Class
Penicillins	160,840	28.3%	Amoxil (Amoxicillin)
Antidepressants	121,413	4.8%	Effexor (Venlafaxine)
Proton Pump Inhibitors	111,091	2.4%	Losec (Omeprazole)
Non-Steroidal Anti-Inflammatory Drugs (NSAID)	104,903	6.2%	Voltaren (Diclofenac)
Beta-Adrenergic Agonists	95,164	25.2%	Ventolin (Salbutamol)
Opioid Agonists	90,497	1.6%	Statex (Morphine Sulphate)
HMG-COA Reductase Inhibitors (Statins)	82,370	5.2%	Lipitor (Atorvastatin)
Adrenals	78,927	25.7%	Flovent (Fluticasone Propionate)
Angiotensin-Converting Enzyme Inhibitors	71,467	2.1%	Altace (Ramipril)
Cephalosporins	70,417	6.9%	Keflex (Cephalexin)

Table 4.5: NIHB top ten therapeutic classes by number of claimants. Source: HICPS adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

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

Vitamins accounted for the largest number of OTC drug claims in 2022 to 2023 at 1.5 million paid claims, or 32.7% of all OTC claims. Central nervous system agents had the next highest share of OTC claims at 1.0 million (22.1%) followed by gastrointestinal drugs at 365,751 claims (8.0%).

Category	Claims	% Change from 2021/22	Examples
Vitamins	1,501,990	7.6%	Vitamin D (Cholecalciferol)
Central Nervous System Agents	1,014,832	5.7%	Tylenol (Acetaminophen)
Gastrointestinal Drugs	365,751	7.3%	Senokot (Sennosides)
Blood Formation and Coagulation	342,957	7.7%	Iron (Ferrous Gluconate)
Diabetic Devices	282,985	-1.6%	Lancets
Hormone & Synthetic Substitutes	215,051	-3.4%	Lantus (Insulin Glargine)
Skin & Mucous Membrane Agents	189,623	11.5%	Nix (Permethrin)
Antihistamines	132,694	6.7%	Reactine (Cetirizine)
Diagnostic Agents	129,576	-7.7%	Blood Glucose Test Strips
Autonomic Drugs	91,370	6.7%	Nicoderm (Nicotine)

Table 4.6: NIHB OTC (including CAD) drug claims incidence by therapeutic class. Source: HICPS adapted by Program Analytics and Risk Mitigation





NIHB Medical Supplies and Equipment (MS&E) Expenditure and Utilization Data

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

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

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

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

In 2022 to 2023, the NIHB program paid for MS&E claims made by a total of 77,818 First Nations and Inuit clients. The total spent for these claims was \$65.7 million or 3.5% of total NIHB expenditures.

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

2022 to 2023

The NIHB MS&E benefit is comprised of multiple components. The cost of medical equipment paid through the HICPS system was the largest component, accounting for \$44.6 million or 68.5% of all NIHB MS&E expenditures, followed by medical supplies paid through HICPS which totalled \$19.2 million or 29.5%.

Contribution agreements, which accounted for \$0.3 million or 0.5% 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 \$0.5 million or 0.8%.

HICPS contract costs related to claims processing through the HICPS system totalled \$0.5 million or 0.7% of MS&E expenditures in 2022 to 2023.

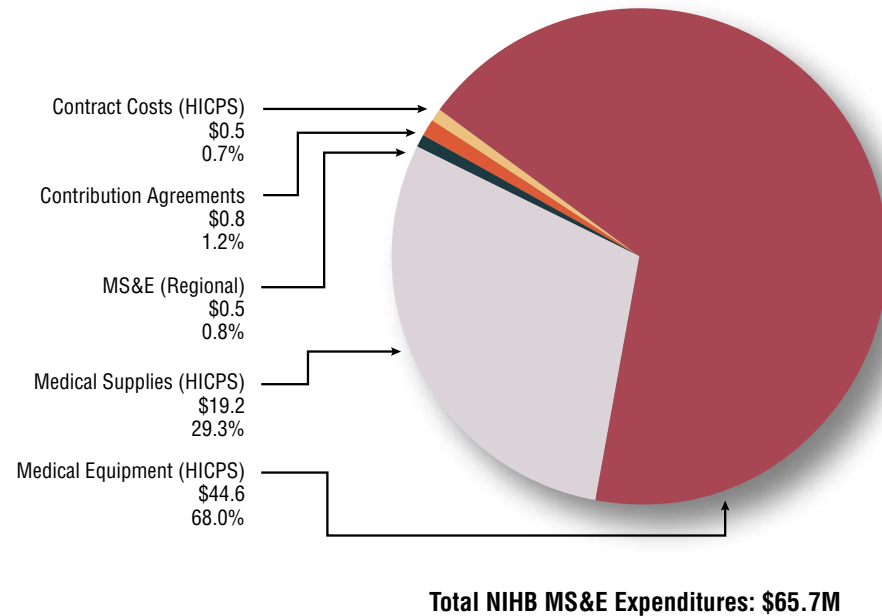


Chart 5.1: Distribution of NIHB MS&E expenditures (\$ Millions).
Source: FST adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

Medical equipment costs paid through the HICPS system represented the largest component of total NIHB MS&E costs accounting for \$44.6 million or 68.5%. Saskatchewan had the largest proportion of these costs at 23.8%, followed by Manitoba at 22.2% and Alberta at 19.8%.

The next highest component was medical supplies costs at \$19.2 million or 29.5%. Saskatchewan (24.4%), Alberta (19.0%) and Manitoba (18.3%) had the largest proportions of these costs in 2022 to 2023.

All other MS&E expenditures, including contribution agreement costs, account for only 2.0% of total MS&E expenditure.

Region	Operating				Total Operating Costs	Total Contribution Costs	Total Costs
	MS&E Regional	Medical Supplies	Medical Equipment	HICPS Contract Costs			
Atlantic	\$17	\$1,254	\$3,515	\$0	\$4,785	\$0	\$4,785
Quebec	\$0	\$1,113	\$2,036	\$0	\$3,149	\$0	\$3,149
Ontario	\$19	\$3,216	\$6,248	\$0	\$9,483	\$562	\$10,045
Manitoba	\$413	\$3,523	\$9,933	\$0	\$13,870	\$0	\$13,870
Saskatchewan	\$24	\$4,679	\$10,606	\$0	\$15,310	\$0	\$15,310
Alberta	\$19	\$3,654	\$8,831	\$0	\$12,503	\$0	\$12,503
North	\$30	\$1,775	\$3,478	\$0	\$5,284	\$236	\$5,520
Headquarters	\$0	\$0	\$0	\$488	\$488	\$0	\$488
Total	\$522	\$19,215	\$44,647	\$488	\$64,872	\$798	\$65,669

Table 5.1: Total NIHB MS&E expenditures by type and region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

Annual NIHB MS&E expenditures

NIHB MS&E expenditures increased by 17.3% during fiscal year 2022 to 2023. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the benefit in fiscal 2021 to 2022 once restrictions were ended, impacted growth in the past two years. Over the past five years, growth in MS&E expenditures has ranged from a high of 17.3% in 2021 to 2022 to a low of -3.2% in 2020 to 2021.

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

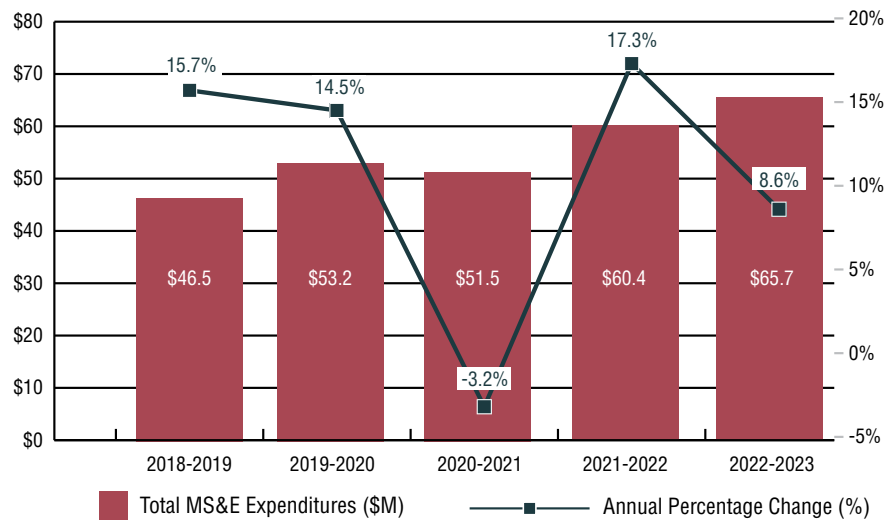


Chart 5.2: Annual NIHB MS&E expenditures.

Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Annual NIHB MS&E expenditures

Region	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	\$3,900	\$4,359	\$4,177	\$4,508	\$4,785
Quebec	\$2,345	\$2,564	\$2,379	\$2,855	\$3,149
Ontario	\$6,662	\$7,322	\$7,297	\$8,701	\$10,045
Manitoba	\$9,166	\$11,966	\$11,146	\$13,330	\$13,870
Saskatchewan	\$10,762	\$11,889	\$11,908	\$13,352	\$15,310
Alberta	\$9,127	\$10,250	\$9,647	\$11,658	\$12,503
North	\$4,529	\$4,884	\$4,024	\$5,647	\$5,520
Headquarters	-\$10	-\$12	\$592	\$399	\$488
Total	\$46,481	\$53,222	\$51,525	\$60,449	\$65,669

Table 5.2: Annual MS&E expenditures by region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

Per capita NIHB MS&E expenditures by region

2022 to 2023

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

In 2022 to 2023, the national per capita expenditure for NIHB MS&E benefits was \$70. This was an increase of 6.2% from the \$66 recorded in 2021 to 2022.

Alberta had the highest per capita NIHB MS&E expenditures at \$95, followed by Saskatchewan and Manitoba at \$93 and \$84.

Quebec had the lowest per capita MS&E expenditures at \$38 followed by Ontario at \$44. 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.

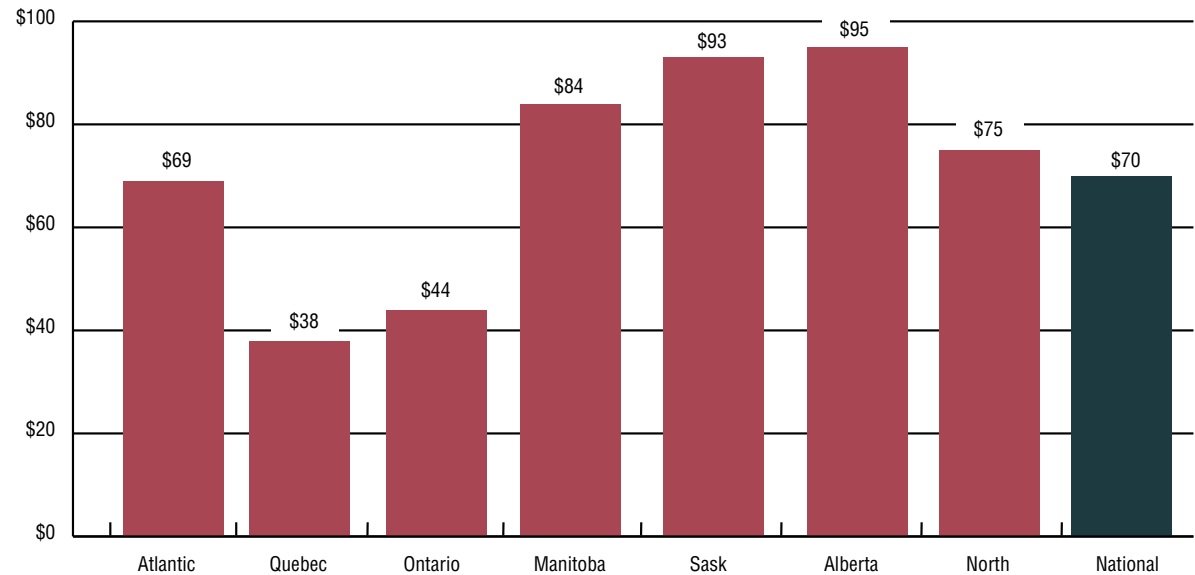


Chart 5.3: Per capita NIHB MS&E expenditures by region.

Source: FST and SVS adapted by Program Analytics and Risk Mitigation

NIHB MS&E utilization rates by region

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

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 2022 to 2023, the national utilization rate was 8.3% for NIHB MS&E benefits paid through the HICPS system.

Region	MS&E Utilization				
	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Atlantic	8%	10%	10%	12%	10%
Quebec	6%	7%	7%	9%	7%
Ontario	5%	5%	5%	7%	6%
Manitoba	10%	11%	12%	14%	11%
Saskatchewan	8%	10%	10%	13%	10%
Alberta	7%	8%	8%	10%	8%
North	6%	7%	7%	11%	8%
National	6%	7%	6%	9%	8%

Table 5.3: NIHB MS&E utilization rates by region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

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

2021 to 2022

Of the 915,895 clients eligible to receive benefits under the NIHB program, a total of 97,834 claimants, representing 10.7% of the NIHB client population, received at least one MS&E item paid through the Health Information and Claims Processing Services

(HICPS) system in 2021 to 2022. Of this total, 55,791 were female (57%) and 42,043 were male (43%). This compares to the total eligible population where 51% were female and 49% were male.

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

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	47	32	79	18	14	32	36	21	57	132	72	204	157	109	266
5-9	92	56	148	56	35	91	97	65	162	334	276	610	278	203	481
10-14	92	64	156	98	77	175	134	118	252	349	317	666	333	292	625
15-19	62	74	136	73	69	142	136	155	291	391	438	829	356	451	807
20-24	67	122	189	57	85	142	127	219	346	304	581	885	294	663	957
25-29	95	167	262	76	125	201	161	287	448	395	696	1,091	395	820	1,215
30-34	132	187	319	99	155	254	206	320	526	456	718	1,174	478	851	1,329
35-39	150	202	352	130	161	291	272	346	618	451	673	1,124	416	716	1,132
40-44	145	217	362	147	140	287	310	405	715	499	634	1,133	465	586	1,051
45-49	195	278	473	162	217	379	357	514	871	626	779	1,405	518	690	1,208
50-54	266	346	612	194	240	434	525	653	1,178	700	978	1,678	660	828	1,488
55-59	286	439	725	260	330	590	580	763	1,343	815	1,009	1,824	627	880	1,507
60-64	314	431	745	293	389	682	666	848	1,514	809	996	1,805	644	905	1,549
65+	951	1,316	2,267	836	1,272	2,108	1,924	2,851	4,775	1,677	2,382	4,059	1,398	2,194	3,592
Total	2,894	3,931	6,825	2,499	3,309	5,808	5,531	7,565	13,096	7,938	10,549	18,487	7,019	10,188	17,207
Average age	52	54	53	53	56	55	54	56	55	47	48	47	45	47	46

Table 5.4: NIHB MS&E claimants by age group, gender and region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
66	68	134	59	62	121	519	379	898
129	123	252	120	109	229	1,109	870	1,979
162	124	286	104	101	205	1,278	1,098	2,376
150	203	353	96	101	197	1,270	1,498	2,768
143	268	411	59	137	196	1,054	2,085	3,139
190	338	528	63	186	249	1,378	2,625	4,003
246	367	613	104	201	305	1,731	2,813	4,544
288	371	659	107	179	286	1,830	2,657	4,487
272	353	625	131	196	327	1,985	2,550	4,535
338	407	745	124	232	356	2,327	3,139	5,466
380	508	888	213	308	521	2,962	3,889	6,851
417	581	998	270	346	616	3,280	4,387	7,667
425	579	1,004	228	322	550	3,392	4,491	7,883
1,034	1,655	2,689	682	931	1,613	8,537	12,685	21,222
4,240	5,945	10,185	2,360	3,411	5,771	32,652	45,166	77,818
49	50	50	49	50	49	49	51	50

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

2022 to 2023

In 2022 to 2023, 3.5% of all clients were in the 0 to 4 age group, but this group accounted for only 1.6% of all MS&E claims made and only 1.9% of total MS&E expenditures. In contrast, 10.3% of all eligible clients were in the 65+ age group, but they accounted for 36.3 % of all MS&E claims submitted and 35.7% of total MS&E expenditures.

The average MS&E claimant submitted 5 claims in 2022 to 2023, a rate that is relatively consistent over all age groups.

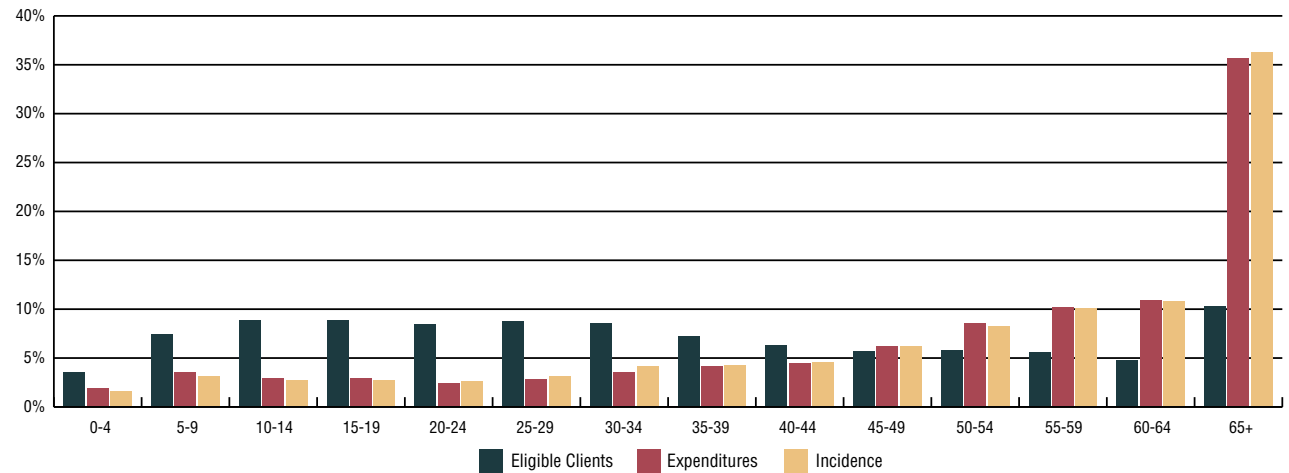


Chart 5.4: Distribution of eligible NIHB population, MS&E expenditures and MS&E incidence by age group.

Source: HICPS, FST and SVS adapted by Program Analytics and Risk Mitigation

NIHB medical supplies expenditures by category

2022 to 2023

In 2022 to 2023, medical surgical supplies such as incontinence items accounted for 79.0% of all medical supply expenditures, an increase from the 74.3% recorded in 2021 to 2022. Self-care supplies, such as enteral feeding bags, represented 5.8% of all medical supply expenditures, followed by audiology supplies, such as hearing aid batteries at 4.9%.

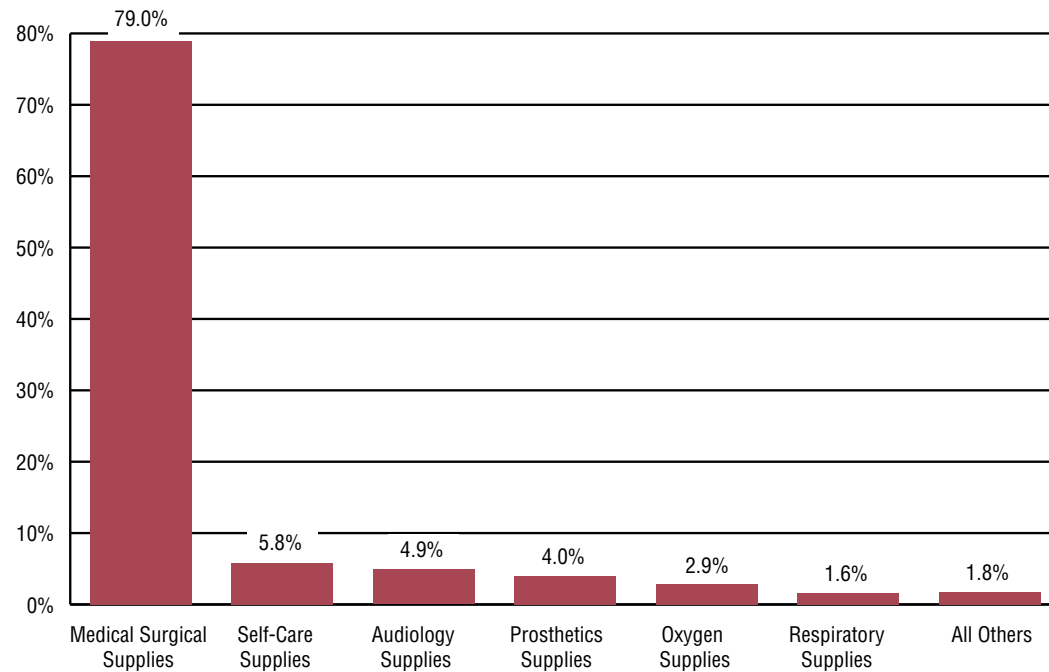


Chart 5.5: NIHB medical supplies expenditures by category.

Source: HICPS adapted by Program Analytics and Risk Mitigation

NIHB medical equipment expenditures by category

2022 to 2023

In 2022 to 2023, mobility equipment such as wheelchairs accounted for 20.2% of all medical equipment expenditures, a decrease from the 21.7% recorded in 2021 to 2022. Audiology equipment, such as hearing aids, represented 19.8% of all medical equipment expenditures, followed by respiratory equipment such as CPAP machines at 10.8%.

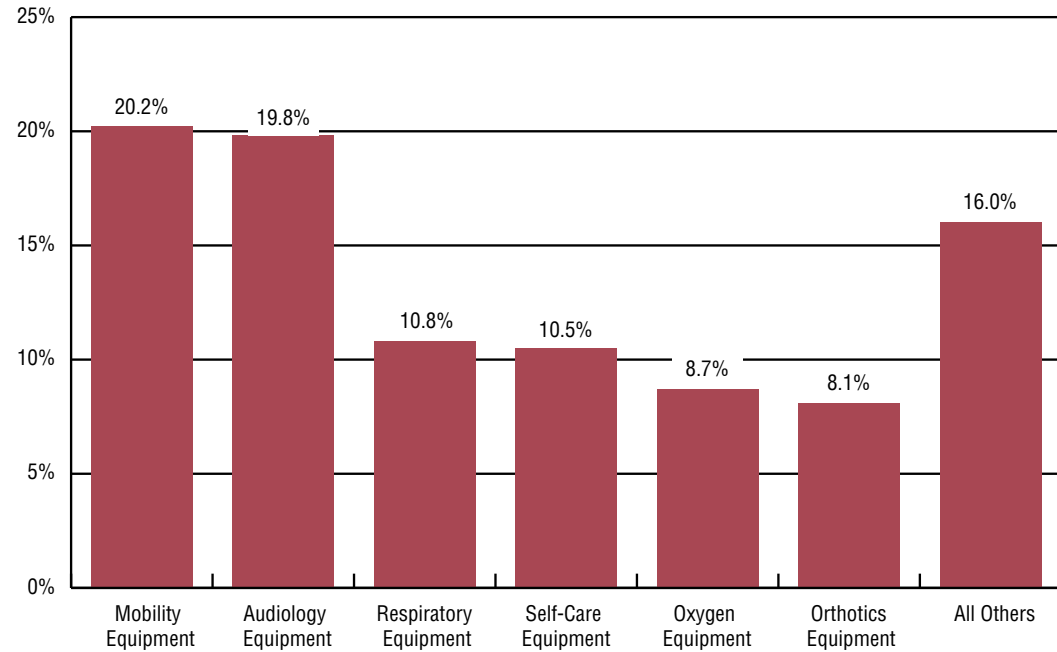


Chart 5.6: NIHB medical equipment expenditures by category.
Source: HICPS adapted by Program Analytics and Risk Mitigation





6

NIHB Dental Expenditure and Utilization Data

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

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

In 2022 to 2023, a total of 330,494 First Nations and Inuit clients accessed dental benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for dental benefits was \$332.8 million or 17.6% 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)

2022 to 2023

NIHB dental expenditures are comprised of multiple distinct components. Fee-for-service dental costs paid through the HICPS system represented the largest expenditure portion, accounting for \$304.9 million or 91.6% of all NIHB dental costs.

The next highest component was contribution agreements, which accounted for \$15.5 million or 4.7% of total dental expenditures. Contribution agreements are used to fund the provision of dental benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

Expenditures for contract dentists providing services to clients in remote communities totalled \$8.7 million or 2.6% of total costs.

HICPS contract costs related to claims processing through the HICPS system totalled \$3.7 million or 1.1% in 2022 to 2023.

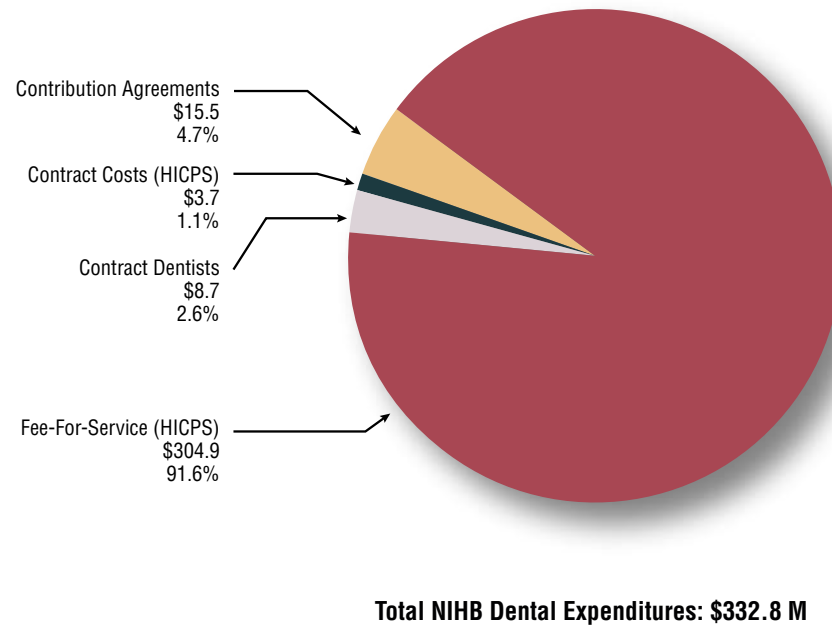


Chart 6.1: Distribution of NIHB dental expenditures (\$ millions).
Source: FST adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

Of the \$332.8 million in NIHB dental expenditures in 2022 to 2023, Saskatchewan (21.2%), Ontario (20.2%) and Alberta (19.6%) had the largest overall proportion. Saskatchewan had the highest total dental expenditures at \$70.5 million and the Atlantic region had the lowest total dental expenditures at \$12.6 million.

Region	Operating			Total Operating Costs	Total Contribution Costs	Total Costs
	Fee-for-service	Contract dentists	HICPS Contract Costs			
Atlantic	\$12,638	\$0	\$0	\$12,638	\$0	\$12,638
Quebec	\$20,427	\$0	\$0	\$20,427	\$0	\$20,427
Ontario	\$57,407	\$2,586	\$0	\$59,993	\$7,135	\$67,128
Manitoba	\$53,659	\$5,726	\$0	\$59,385	\$862	\$60,247
Saskatchewan	\$66,205	\$0	\$0	\$66,205	\$4,275	\$70,480
Alberta	\$62,185	\$67	\$0	\$62,252	\$2,988	\$65,240
North	\$29,761	\$320	\$0	\$30,082	\$251	\$30,332
Headquarters	\$0	\$0	\$3,693	\$3,693	\$0	\$3,693
Total	\$304,913	\$8,699	\$3,693	\$317,305	\$15,511	\$332,816

Table 6.1: Total NIHB dental expenditures by type and region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

Annual NIHB dental expenditures

NIHB dental expenditures increased by 10.1% during fiscal year 2022 to 2023. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the benefit in fiscal 2021 to 2022 once restrictions were ended, significantly impacted growth in those two years.

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

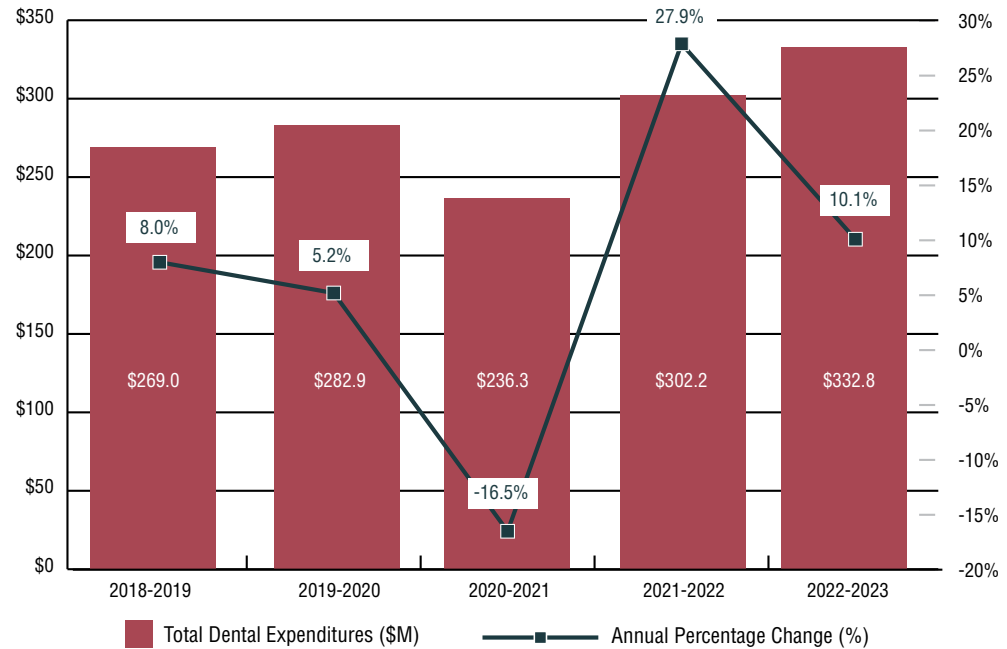


Chart 6.2: NIHB Dental expenditures and annual percentage change.
Source: FST adapted by Program Analytics and Risk Mitigation

Annual NIHB dental expenditures

NIHB Dental Expenditures (\$ 000's)					
Region	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	\$10,841	\$11,545	\$9,455	\$11,801	\$12,638
Quebec	\$17,882	\$18,733	\$14,934	\$19,092	\$20,427
Ontario	\$53,667	\$55,386	\$49,251	\$59,326	\$67,128
Manitoba	\$48,099	\$52,622	\$49,414	\$57,381	\$60,247
Saskatchewan	\$55,603	\$57,639	\$47,507	\$63,408	\$70,480
Alberta	\$51,617	\$54,993	\$47,799	\$58,790	\$65,240
North	\$26,211	\$26,546	\$20,703	\$26,830	\$30,332
Headquarters	\$3,423	\$5,361	\$3,070	\$3,108	\$3,693
Total	\$269,008	\$282,908	\$236,293	\$302,183	\$332,816

Table 6.2: NIHB dental expenditures by region (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Per capita NIHB dental expenditures by region

2022 to 2023

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

In 2022 to 2023, national per capita NIHB dental expenditures were \$352, an increase of 7.7% from \$327 in 2021 to 2022.

Alberta had the highest per capita dental expenditures at \$495, followed by Saskatchewan at \$426 and the Northern region at \$413. The Atlantic region had the lowest per capita dental expenditures at \$182 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.

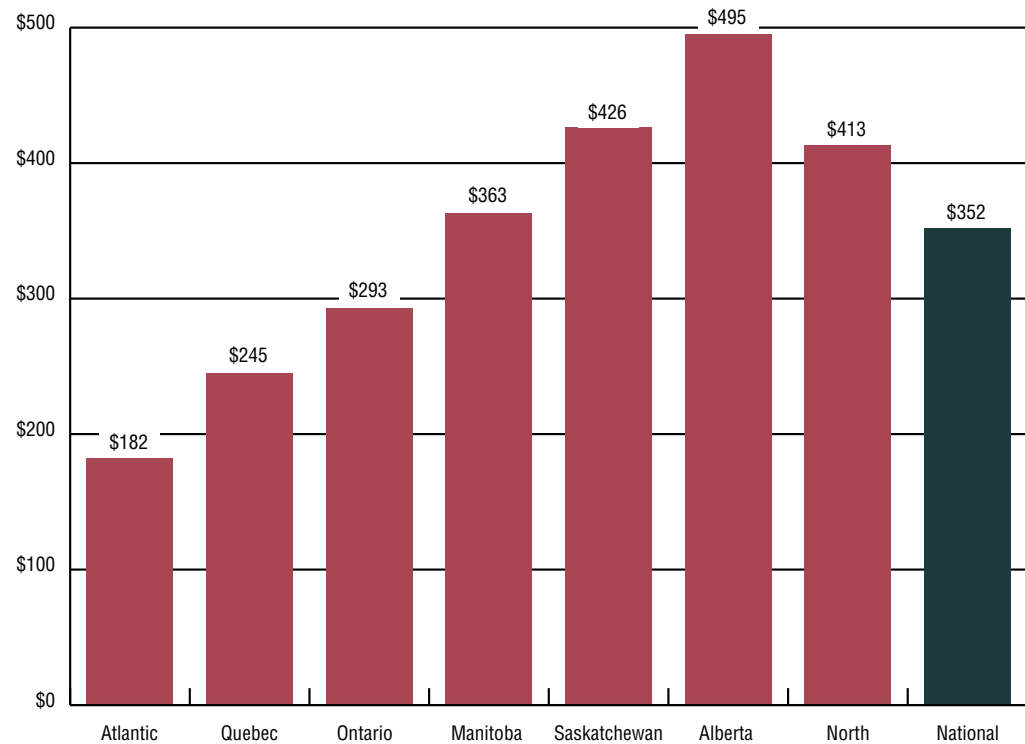


Chart 6.3: Per capita NIHB dental expenditures by region.

Source: FST and SVS adapted by Program Analytics and Risk Mitigation

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 2022 to 2023, the national utilization rate for dental benefits paid through the HICPS system was 35%. National NIHB dental utilization rates in 2020 to 2021 were impacted by provincial/territorial public health restrictions on the provision of in-person services due to the coronavirus (COVID-19) outbreak.

Dental utilization rates vary across the regions with the highest dental utilization rates found in Alberta and Quebec at 41% and 39% respectively. The lowest dental utilization rate was in Yukon (31%). 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 44% in 2022 to 2023. 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 34%. The utilization rate also does not reflect services received through Indigenous Services Canada programs such as Community Oral Health Services which include dental therapy services and the Children's Oral Health Initiative (COHI).

Over the two year period between 2021 to 2022 and 2022 to 2023, 442,128 distinct clients received NIHB dental services through HICPS, resulting in an overall 47% utilization rate over this period.

Region	Dental Utilization					NIHB dental utilization last two years 2021 to 2023
	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023	
Atlantic	37%	36%	30%	35%	35%	46%
Quebec	43%	42%	34%	38%	39%	50%
Ontario	32%	32%	26%	30%	32%	41%
Manitoba	39%	37%	27%	32%	33%	46%
Saskatchewan	39%	38%	32%	37%	38%	53%
Alberta	42%	42%	36%	40%	41%	55%
Yukon	37%	35%	29%	32%	31%	45%
N.W.T.	41%	39%	32%	36%	38%	64%
Nunavut	40%	38%	27%	32%	33%	39%
National	37%	37%	30%	34%	35%	47%

Table 6.3: NIHB dental utilization rates by region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

NIHB dental claimants by age group, gender and region

2022 to 2023

Of the 936,006 clients eligible to receive dental benefits through the NIHB program, 330,494 claimants (35%) received at least one dental procedure paid through the HICPS system in 2022 to 2023.

Of this total, 186,231 were female (56%) and 144,263 were male (44%), 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 (37 years of age). The average age for female and male claimants was 34 and 32 years of age respectively.

Approximately 33% of all dental claimants were under 20 years of age. 36% of male claimants were in this age group compared to 30% of female claimants. Approximately 8% of all claimants were seniors aged 65 and over in 2022 to 2023.

Region	Atlantic			Quebec			Ontario			Manitoba			Saskatchewan		
	Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	108	97	205	195	207	402	702	682	1,384	774	721	1,495	1,118	1,154	2,272
5-9	498	560	1,058	1,201	1,151	2,352	2,770	2,762	5,532	2,747	2,787	5,534	3,136	3,379	6,515
10-14	804	826	1,630	1,515	1,534	3,049	3,281	3,492	6,773	2,995	3,318	6,313	3,752	3,945	7,697
15-19	1,104	1,153	2,257	1,282	1,378	2,660	3,178	3,290	6,468	2,887	3,390	6,277	3,200	3,918	7,118
20-24	873	1,066	1,939	936	1,267	2,203	2,439	3,127	5,566	1,999	2,736	4,735	2,316	3,209	5,525
25-29	869	1,255	2,124	1,098	1,554	2,652	2,588	3,500	6,088	2,121	2,820	4,941	2,207	3,461	5,668
30-34	880	1,157	2,037	1,061	1,429	2,490	2,379	3,278	5,657	1,938	2,796	4,734	2,317	3,271	5,588
35-39	722	997	1,719	873	1,302	2,175	1,951	2,716	4,667	1,520	2,190	3,710	1,869	2,636	4,505
40-44	689	963	1,652	915	1,144	2,059	1,747	2,630	4,377	1,364	1,786	3,150	1,583	2,105	3,688
45-49	702	907	1,609	829	1,150	1,979	1,725	2,350	4,075	1,306	1,728	3,034	1,395	1,937	3,332
50-54	781	1,056	1,837	900	1,169	2,069	1,813	2,578	4,391	1,251	1,751	3,002	1,427	1,956	3,383
55-59	765	1,069	1,834	950	1,282	2,232	1,868	2,687	4,555	1,157	1,544	2,701	1,221	1,760	2,981
60-64	684	986	1,670	865	1,164	2,029	1,785	2,683	4,468	901	1,282	2,183	941	1,305	2,246
65+	1,294	1,812	3,106	1,557	2,246	3,803	3,154	5,196	8,350	1,221	1,842	3,063	1,155	1,793	2,948
Total	10,773	13,904	24,677	14,177	17,977	32,154	31,380	40,971	72,351	24,181	30,691	54,872	27,637	35,829	63,466
Average age	39	41	40	36	39	38	35	38	37	30	32	31	29	31	30

Table 6.4: NIHB dental claimants by age group, gender and region. Source: HICPS adapted by Program Analytics and Risk Mitigation

Alberta			North			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
972	1,016	1,988	663	609	1,272	4,553	4,505	9,058
3,065	3,154	6,219	1,109	1,213	2,322	14,637	15,143	29,780
3,623	3,767	7,390	1,206	1,403	2,609	17,324	18,442	35,766
2,934	3,421	6,355	1,100	1,493	2,593	15,814	18,211	34,025
1,979	2,499	4,478	962	1,359	2,321	11,622	15,442	27,064
1,868	2,600	4,468	939	1,401	2,340	11,822	16,767	28,589
1,731	2,499	4,230	882	1,359	2,241	11,312	15,975	27,287
1,524	2,109	3,633	731	1,132	1,863	9,313	13,245	22,558
1,267	1,839	3,106	596	870	1,466	8,265	11,504	19,769
1,124	1,596	2,720	546	740	1,286	7,723	10,532	18,255
1,061	1,468	2,529	576	792	1,368	7,907	10,930	18,837
1,001	1,406	2,407	521	702	1,223	7,578	10,597	18,175
751	1,142	1,893	385	600	985	6,378	9,257	15,635
953	1,695	2,648	601	938	1,539	10,015	15,681	25,696
23,853	30,211	54,064	10,817	14,611	25,428	144,263	186,231	330,494
28	31	30	30	32	31	32	34	33

NIHB fee-for-service dental expenditures by service category

2022 to 2023

In 2022 to 2023, expenditures for restorative services (crowns, fillings, etc.) were the highest of all dental service categories at \$131.1 million. Diagnostic services (examinations, radiographs, etc.) at \$35.8 million and preventive services (scaling, sealants, etc.) at \$33.0 million were the next highest service categories. Rounding out the top 5 were oral surgery (extractions, etc.) at \$32.0 million and endodontic services (root canal treatments, etc.) at \$21.6 million.

In 2022 to 2023, the three highest dental procedures by expenditure were composite restorations (\$111.2 million), scaling (\$24.9 million) and extractions (\$22.6 million).

Fee-For-Service Top 5 Dental Service Categories (\$ Millions) And Percentage Change			
Dental Sub-Benefit	2021 to 2022	2022 to 2023	% Change from 2021 to 2022
Restorative Services	\$124.4	\$131.1	5.4%
Diagnostic Services	\$32.8	\$35.8	9.2%
Preventive Services	\$30.5	\$33.0	8.4%
Oral Surgery Services	\$28.5	\$32.0	12.1%
Endodontic Services	\$20.4	\$21.6	6.0%

Table 6.5: NIHB fee-for-service dental expenditures by service category. Source: HICPS adapted by Program Analytics and Risk Mitigation

Fee-For-Service Top 5 Dental Procedures (\$ Millions) And Percentage Change			
Dental Procedure	2021 to 2022	2022 to 2023	% Change from 2021 to 2022
Composite Restorations	\$106.3	\$111.2	4.6%
Scaling	\$22.8	\$24.9	9.4%
Extractions	\$20.2	\$22.6	12.1%
Root Canal Therapy	\$18.5	\$19.7	6.4%
Intraoral Radiographs	\$12.3	\$13.4	9.2%

Table 6.6: NIHB fee-for-service dental expenditures by procedure. Source: HICPS adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

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 21.7% of claims, but only 16.5% of expenditures.

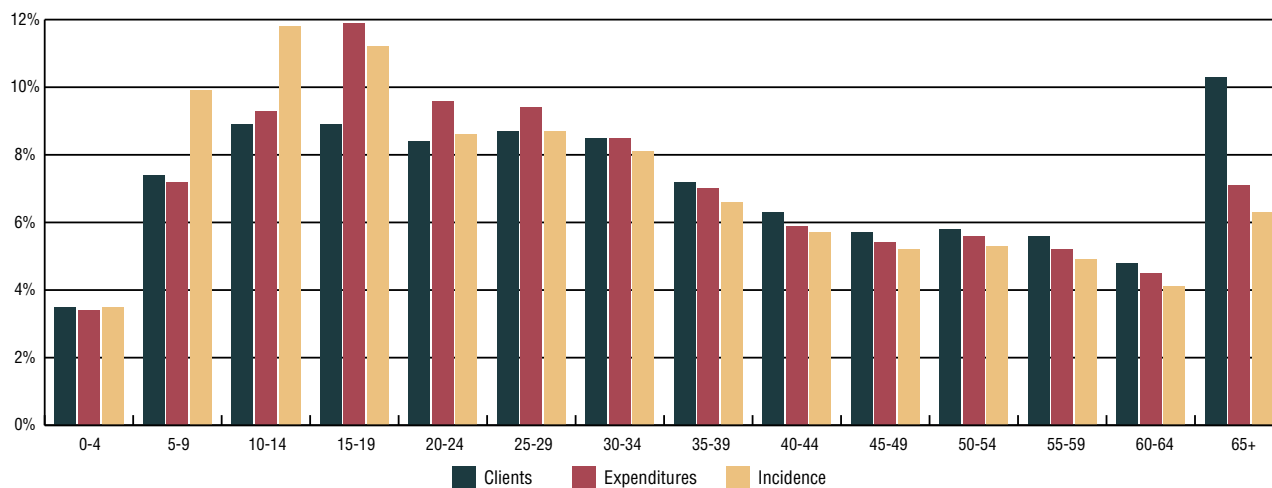


Chart 6.4: Distribution of eligible NIHB population, dental expenditures and incidence by age group.
Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation



7 NIHB Medical Transportation Expenditure and Utilization Data

In 2022 to 2023, Non-Insured Health Benefits Medical Transportation expenditures were \$710.6 million or 37.6% of total NIHB expenditures. The medical transportation benefit is the largest program expenditure.

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

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

Medical transportation benefits include:

- **ground travel (private vehicle, commercial taxi, fee-for-service driver and vehicle, band vehicle, bus, train, snowmobile taxi, and ground ambulance)**
- **air travel (scheduled flights; chartered flights; helicopter; and air ambulance)**

- **water travel (motorized boat; boat taxi; and ferry)**
- **living expenses (meals and accommodations)**
- **transportation costs for health professionals to provide services to isolated communities**

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

- **medical services insured by provincial/territorial health plans (e.g., appointments with physician, diagnostic tests, hospital care)**
- **publicly funded 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 clients who require transportation outside their community to deliver their babies.

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

Distribution of NIHB medical transportation expenditures (\$ Millions)

2022 to 2023

In 2022 to 2023, NIHB medical transportation expenditures totalled \$710.6 million.

Contribution agreements for the management of medical transportation benefits by First Nations communities, territorial governments and other organizations represented the largest component, accounting for \$316.5 million, or 44.5% of total benefit expenditures.

Of benefit expenditures managed by the NIHB program, living expenses at \$98.2 million (13.8%), scheduled flights at \$97.4 million (13.7%) and air ambulance at \$92.8 million (13.1%) were the largest expenditures, accounting for a combined total of over 40%.

Rounding out medical transportation expenditures are costs for land ambulance at \$61.4 million (8.6%), land and water transportation at \$33.6 million (4.7%) and chartered flights at \$10.7 million (1.5%).

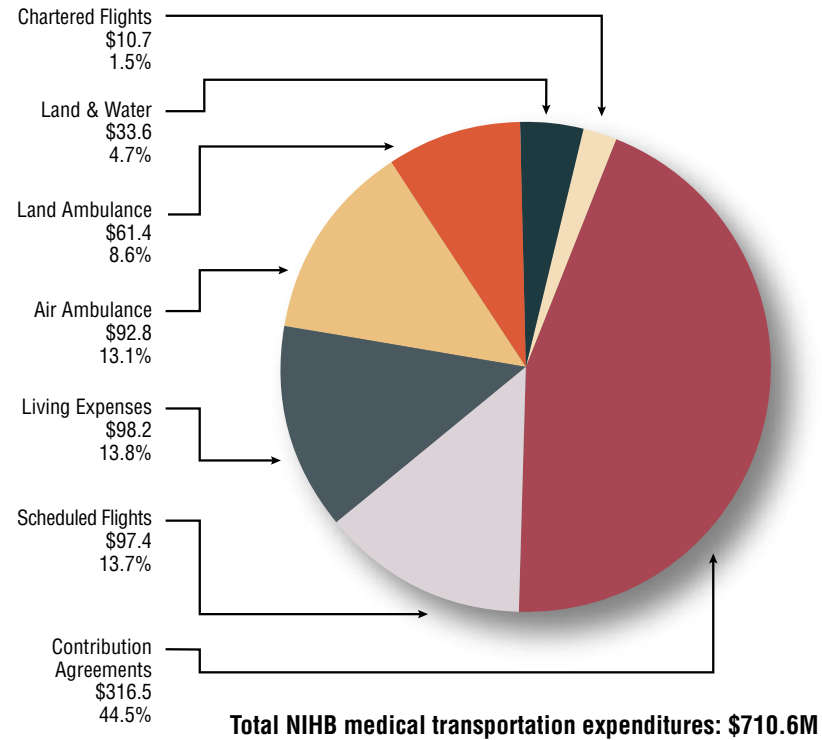


Chart 7.1: Distribution of NIHB medical transportation expenditures (\$ Millions).
Source: FST adapted by Program Analytics and Risk Mitigation

Annual NIHB medical transportation expenditures

NIHB medical transportation expenditures increased by 18.0% in 2022 to 2023 compared to the previous year. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the medical transportation benefit in fiscal 2021 to 2022 once restrictions were ended, impacted growth in those two years. Over the past five years, overall medical transportation costs have grown by 43.5% from \$495.0 million in 2018 to 2019 to \$710.6 million in 2022 to 2023.

On a regional basis, the highest 5 year growth rate was in Saskatchewan where expenditures grew by 52.5% from \$75.3 million in 2018 to 2019 to \$114.9 million in 2022 to 2023. This was followed by Manitoba with an increase of 48.5% from \$157.0 million in 2018 to 2019 to \$233.1 million in 2022 to 2023.

Manitoba had the highest total medical transportation expenditures at \$233.1 million in 2022 to 2023, followed by Ontario at \$140.3 million and Saskatchewan at \$114.9 million.

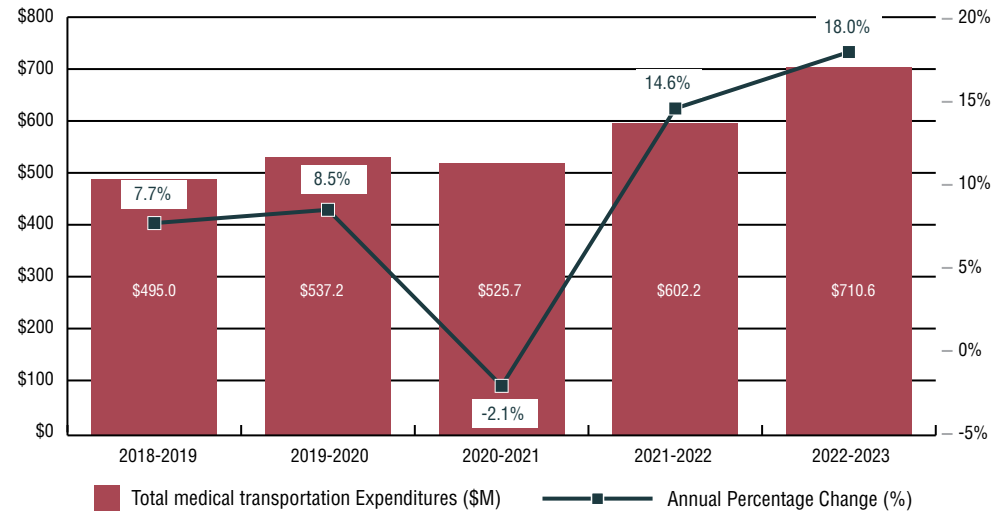


Chart 7.2: Annual NIHB medical transportation expenditures. Source: FST adapted by Program Analytics and Risk Mitigation

NIHB Medical Transportation Expenditures (\$ 000'S)					
Region	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	\$11,820	\$13,910	\$13,263	\$15,776	\$17,512
Quebec	\$24,642	\$25,729	\$25,379	\$26,775	\$28,921
Ontario	\$98,605	\$106,638	\$90,646	\$114,814	\$140,343
Manitoba	\$156,961	\$168,686	\$155,790	\$184,200	\$233,140
Saskatchewan	\$75,330	\$83,947	\$84,951	\$103,152	\$114,863
Alberta	\$56,870	\$61,669	\$59,492	\$67,206	\$71,908
North	\$70,806	\$76,601	\$96,194	\$90,286	\$103,926
Total	\$495,034	\$537,179	\$525,715	\$602,208	\$710,614

Table 7.1: NIHB Medical transportation expenditures by region (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

In 2022 to 2023 Manitoba had the highest overall NIHB medical transportation expenditures at \$233.1 million, primarily as a result of air transportation, which totalled \$131.5 million. High medical transportation costs in the region reflect in part the large number of First Nations clients living in remote or fly-in only northern communities.

Ontario had the second highest medical transportation expenditures total in 2022 to 2023 at \$140.3 million. Saskatchewan and the Northern region followed at \$114.8 million and \$103.9 million, respectively.

Type	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	North	Total
Scheduled Flights	\$3,383	\$194	\$35,466	\$47,640	\$7,760	\$1,125	\$1,829	\$97,396
Air Ambulance	\$56	\$25	\$31	\$78,020	\$9,157	\$3,310	\$2,201	\$92,799
Chartered Flights	\$3	\$1	\$511	\$5,825	\$1,543	\$2,814	\$0	\$10,698
Land Ambulance	\$439	\$223	\$1,156	\$11,527	\$34,469	\$13,572	\$4	\$61,390
Land & Water	\$1,168	\$145	\$5,282	\$3,955	\$19,347	\$2,712	\$1,004	\$33,614
Living Expenses	\$2,111	\$63	\$37,675	\$36,855	\$11,542	\$7,290	\$2,703	\$98,237
Total Operating	\$7,161	\$651	\$80,121	\$183,822	\$83,818	\$30,824	\$7,740	\$394,135
Total Contributions	\$10,184	\$26,194	\$50,890	\$46,484	\$28,361	\$38,389	\$84,194	\$284,696
Total	\$17,512	\$28,921	\$140,343	\$233,140	\$114,863	\$71,908	\$103,926	\$710,614
% Change from 2021-2022	11.0%	8.0%	22.2%	26.6%	11.4%	7.0%	15.1%	18.0%

Table 7.2: NIHB medical transportation expenditures by type and region (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Per capita NIHB medical transportation expenditures by region

2022 to 2023

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

In 2022 to 2023, the national per capita expenditure for NIHB medical transportation benefits was \$759, an increase of 15.5% from the \$658 recorded in 2021 to 2022.

The Northern region had the highest per capita expenditure in medical transportation at \$1,414, followed by Manitoba at \$1,406. These expenditures reflect the large number of First Nations and Inuit clients living in remote or fly-in communities that need to urban centres to access health services.

In contrast, the Atlantic region had the lowest per capita expenditure at \$252. 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.

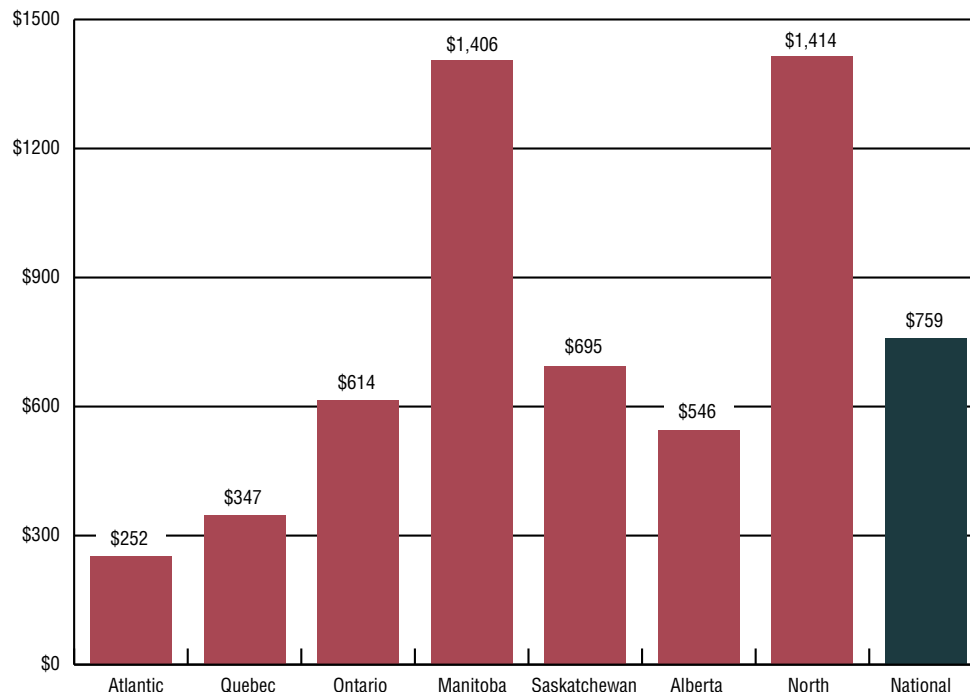


Chart 7.3: Per capita NIHB medical transportation expenditures by region
SVS and FST adapted by Program Analytics and Risk Mitigation



NIHB Vision Care Expenditure and Utilization Data

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

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

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

In 2022 to 2023, a total of 160,904 First Nations and Inuit clients accessed vision care benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for vision care benefits was \$49.5 million or 2.6% of total NIHB expenditures.

Distribution of NIHB vision care expenditures (\$ millions)

2022 to 2023

NIHB vision care expenditures are comprised of several distinct components. Fee-for-service vision care costs paid through HICPS system represented the largest expenditure portion, accounting for \$44.9 million or 90.7% of all NIHB vision care costs.

The next highest component was contribution agreements, which accounted for \$4.3 million or 8.8% of total vision care costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of vision care benefits.

HICPS contract costs related to claims processing through the HICPS system totalled \$238 thousand or 0.5% in 2022 to 2023.

Regional vision care, at \$49,600 or 0.1% of vision care benefit costs, refers to vision care claims paid through Indigenous Services Canada regional offices.

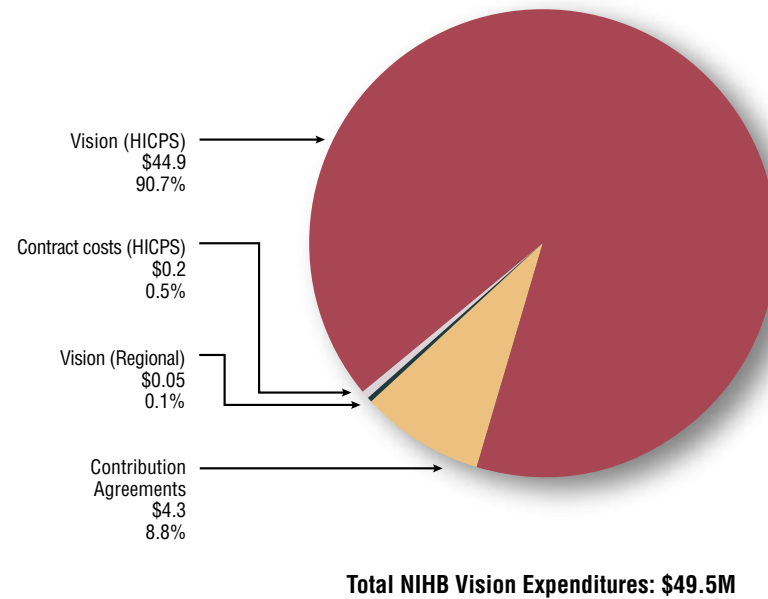


Chart 8.1: Distribution of NIHB vision care expenditures (\$ Millions).
Source: FST adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

NIHB vision care expenditures totalled \$49.5 million in 2022 to 2023, an increase of 3.5% from the previous year.

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

Region	Operating			Total Operating Costs	Contributions	Total Costs
	Fee for Service	Regional	HICPS Contract Costs			
Atlantic	\$4,140	\$8.7	\$0.0	\$4,149	\$0	\$4,149
Quebec	\$4,081	\$0.0	\$0.0	\$4,081	\$0	\$4,081
Ontario	\$8,009	\$0.0	\$0.0	\$8,009	\$624	\$8,633
Manitoba	\$7,151	\$0.0	\$0.0	\$7,151	\$518	\$7,669
Saskatchewan	\$10,585	\$0.0	\$0.0	\$10,585	\$0	\$10,585
Alberta	\$8,000	\$0.0	\$0.0	\$8,000	\$1,446	\$9,446
North	\$2,897	\$40.9	\$0.0	\$2,938	\$1,744	\$4,683
Headquarters	\$0	\$0.0	\$238.2	\$238	\$0	\$238
Total	\$44,864	\$49.6	\$238.2	\$45,152	\$4,332	\$49,484

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

Annual NIHB vision care expenditures and percentage change

NIHB vision care expenditures increased by 3.5% during fiscal year 2022 to 2023. Over the past five years, growth in vision care expenditures has ranged from a high of 26.1% in 2019 to 2020 to a low of -13.9% in 2020 to 2021.

On a regional basis, the highest growth rate over this five year period was in Quebec where expenditures grew by 113.9% from \$1.9 million in 2018 to 2019 to \$4.1 million in 2022 to 2023. Manitoba had largest net increase in expenditures over this period, where costs grew by \$3.0 million.

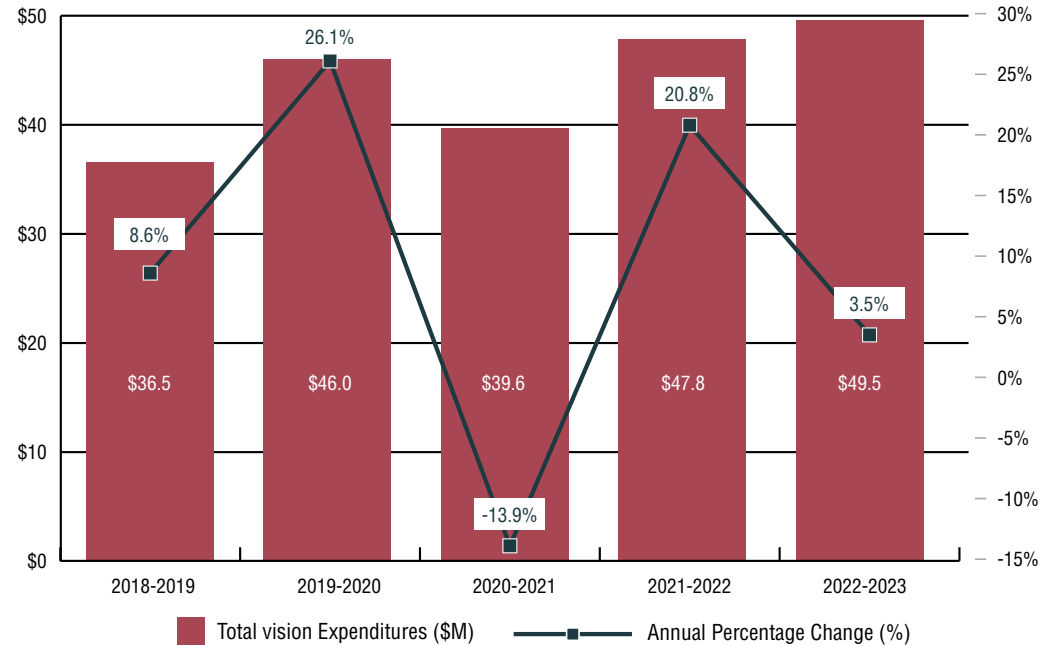


Chart 8.2: Annual NIHB vision care expenditures. Source: FST adapted by Program Analytics and Risk Mitigation

Region	NIHB Vision Care Expenditures (\$ 000'S)				
	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2021 to 2022
Atlantic	\$3,885	\$4,150	\$3,436	\$4,158	\$4,149
Quebec	\$1,908	\$2,736	\$2,814	\$3,938	\$4,081
Ontario	\$6,744	\$7,860	\$7,346	\$8,113	\$8,633
Manitoba	\$4,699	\$6,935	\$6,042	\$7,334	\$7,669
Saskatchewan	\$7,822	\$9,844	\$8,493	\$10,581	\$10,585
Alberta	\$7,696	\$10,514	\$8,030	\$9,405	\$9,446
North	\$3,713	\$3,929	\$3,206	\$4,081	\$4,683
Total	\$36,467	\$45,968	\$39,594	\$47,819	\$49,484

Table 8.2: NIHB vision care expenditures (\$ 000's) by region. Source: FST adapted by Program Analytics and Risk Mitigation

Per capita NIHB vision care expenditures by region

2022 to 2023

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

In 2022 to 2023, the national per capita expenditure in NIHB vision care benefits was \$53, an increase of 1.3% from the \$52 recorded in 2021 to 2022.

Alberta had the highest per capita expenditure at \$72, followed by Saskatchewan and the North at \$64. The lowest per capita NIHB vision care benefit expenditure was in Ontario at \$38.

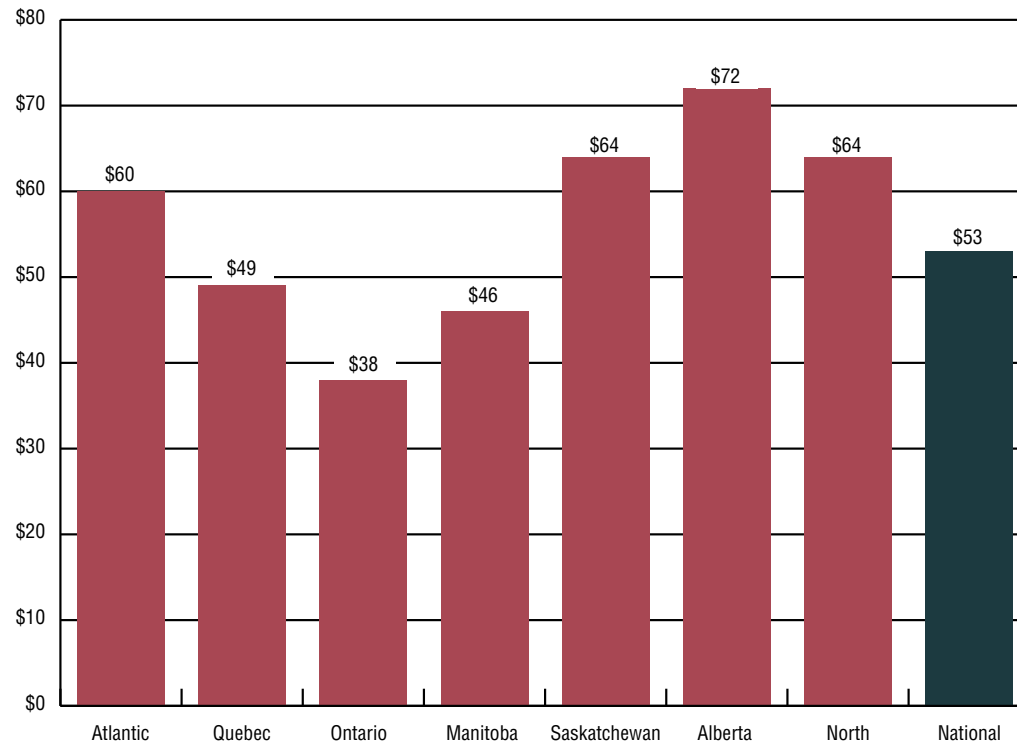


Chart 8.3: Per capita NIHB vision care expenditures by region.
 Source: SVS and FST adapted by Program Analytics and Risk Mitigation

NIHB vision care claimants by age group, gender and region

2022 to 2023

Of the 936,006 clients eligible to receive benefits under the NIHB program, a total of 160,904 claimants, representing 17.2% of the NIHB client population, had at least one vision care claim paid through the Health Information and Claims Processing Services (HICPS) system in 2022 to 2023. Of this total, 97,247 were female (60.4%) and 63,657 were male (39.6%). This compares to the total eligible population where 51% were female and 49% were male.

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

REGION	Atlantic			Quebec			Ontario			Manitoba		
Age group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	98	88	186	17	24	41	34	46	80	61	35	96
5-9	479	451	930	342	295	637	740	640	1,380	908	699	1,607
10-14	800	662	1,462	600	455	1,055	1,519	1,122	2,641	1,811	1,413	3,224
15-19	787	557	1,344	661	423	1,084	1,450	1,188	2,638	1,895	1,226	3,121
20-24	646	392	1,038	574	345	919	1,375	919	2,294	1,343	784	2,127
25-29	651	379	1,030	643	364	1,007	1,417	859	2,276	1,395	748	2,143
30-34	625	404	1,029	629	328	957	1,394	869	2,263	1,361	733	2,094
35-39	553	314	867	562	313	875	1,194	653	1,847	1,083	602	1,685
40-44	571	302	873	555	336	891	1,289	656	1,945	918	515	1,433
45-49	625	413	1,038	558	376	934	1,311	851	2,162	919	606	1,525
50-54	668	481	1,149	620	389	1,009	1,394	907	2,301	991	577	1,568
55-59	683	466	1,149	612	412	1,024	1,337	920	2,257	874	577	1,451
60-64	669	431	1,100	609	370	979	1,382	845	2,227	792	516	1,308
65+	1,345	903	2,248	994	663	1,657	2,461	1,567	4,028	1,134	757	1,891
Total	9,200	6,243	15,443	7,976	5,093	13,069	18,297	12,042	30,339	15,485	9,788	25,273
Average Age	40	39	40	40	40	40	41	39	40	34	34	34

Table 8.3: NIHB mental health counselling expenditures by region (\$ 000's). Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

REGION	Saskatchewan			Alberta			North			TOTAL		
Age group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	124	120	244	86	57	143	18	14	32	439	386	825
5-9	1,551	1,294	2,845	965	792	1,757	193	159	352	5,202	4,353	9,555
10-14	2,583	2,055	4,638	1,687	1,360	3,047	433	310	743	9,483	7,407	16,890
15-19	2,753	2,046	4,799	1,719	1,237	2,956	508	348	856	9,838	7,069	16,907
20-24	2,150	1,348	3,498	1,380	964	2,344	479	260	739	8,038	5,049	13,087
25-29	2,333	1,294	3,627	1,439	894	2,333	536	284	820	8,488	4,861	13,349
30-34	2,198	1,318	3,516	1,424	893	2,317	512	243	755	8,239	4,837	13,076
35-39	1,792	1,015	2,807	1,196	749	1,945	455	199	654	6,910	3,887	10,797
40-44	1,498	909	2,407	1,050	674	1,724	394	225	619	6,357	3,668	10,025
45-49	1,497	959	2,456	913	615	1,528	428	223	651	6,328	4,080	10,408
50-54	1,441	945	2,386	870	579	1,449	478	327	805	6,540	4,241	10,781
55-59	1,329	830	2,159	842	545	1,387	487	313	800	6,250	4,110	10,360
60-64	1,038	690	1,728	718	452	1,170	429	312	741	5,700	3,645	9,345
65+	1,725	1,045	2,770	959	603	1,562	741	475	1,216	9,435	6,064	15,499
Total	24,012	15,868	39,880	15,248	10,414	25,662	6,091	3,692	9,783	97,247	63,657	160,904
Average Age	34	33	34	34	33	33	40	41	40	37	36	36

NIHB vision care expenditures by category

2022 to 2023

In 2022 to 2023, new eyewear, such as eyeglasses, accounted for \$38.1 million or 86.3% of all HICPS vision care expenditures. Eye exams were \$5.4 million or 12.2%, followed by repairs at \$321 thousand or 0.7%.

Category	Claimants	Expenditures	% Change from previous year
New Eyewear	139,021	\$38,071,603	2.7%
Eye Exams	78,357	\$5,396,941	-2.5%
Repairs	3,780	\$320,533	-11.4%
Early Replacement	1,243	\$201,635	31.1%
Add ons	6,856	\$87,045	6.8%
Other	109	\$19,236	-43.2%

Table 8.4: NIHB vision care claimants and expenditures (\$ 000's) by category.
Source: HICPS adapted by Program Analytics and Risk Mitigation





NIHB Mental Health Counselling Expenditure and Utilization Data

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

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

In 2022 to 2023, a total of 31,836 First Nations and Inuit clients accessed mental health counselling benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for mental health counselling benefits was \$98.9 million or 5.2% of total NIHB expenditures. Many clients access mental health counselling benefits delivered through contribution agreements with First Nations and Inuit communities or organizations, or by contracted travelling professionals. As neither of these is paid through the HICPS system, utilization reported below therefore does not include clients accessing the benefit through contribution agreements or travelling provider arrangements.

Distribution of NIHB mental health counselling expenditures (\$ millions)

2022 to 2023

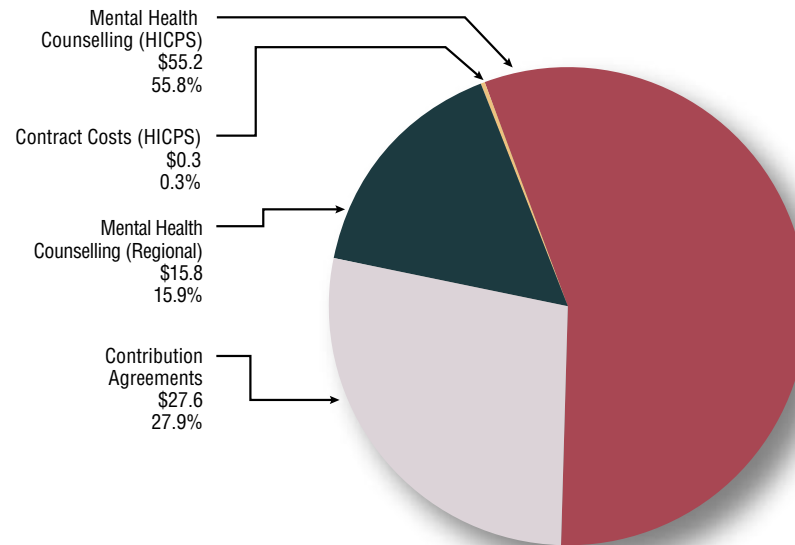
NIHB mental health counselling expenditures are comprised of several distinct components.

Fee-for-service mental health counselling costs paid through HICPS system represented the largest expenditure portion, accounting for \$55.2 million or 55.8% of all NIHB mental health counselling costs.

The next highest component was contribution agreements, which accounted for \$27.6 million or 27.9% of total mental health counselling costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of mental health counselling benefits.

Regional mental health counselling, at \$15.8 million or 15.9% of mental health counselling benefit costs, refers to mental health counselling claims paid through Indigenous Services Canada regional offices.

HICPS contract costs related to claims processing through the HICPS system totalled \$270 thousand or 0.3% of mental health counselling benefit costs in 2022 to 2023



Total NIHB Mental Health Counselling Expenditures: \$98.9M

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

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

2022 to 2023

NIHB mental health counselling expenditures totalled \$98.6 million in 2022 to 2023, an increase of 5.2% from the previous year.

Saskatchewan had the highest mental health counselling costs at \$25.2 million, or 25.5% of total mental health counselling expenditures, followed by Ontario at \$24.5 million (24.8%) and Manitoba at \$16.4 million (16.6%). Headquarters expenditures are costs related to claims processing through the HICPS system.

Region	Operating			Total Operating Costs	Contributions	Total Costs
	Fee for Service	Regional	HICPS Contract Costs			
Atlantic	\$3,729	\$24	\$0	\$3,753	\$3,165	\$6,918
Quebec	\$3,391	\$1,493	\$0	\$4,885	\$1,497	\$6,381
Ontario	\$22,960	\$0	\$0	\$22,960	\$1,531	\$24,491
Manitoba	\$5,108	\$6,149	\$0	\$11,256	\$5,136	\$16,393
Saskatchewan	\$11,444	\$4,177	\$0	\$15,621	\$9,573	\$25,194
Alberta	\$7,186	\$3,910	\$0	\$11,096	\$4,718	\$15,815
North	\$1,390	\$0	\$0	\$1,390	\$2,004	\$3,394
Headquarters	\$0	\$0	\$270	\$0	\$0	\$0
Total	\$55,208	\$15,753	\$270	\$71,231	\$27,624	\$98,855

Table 9.1: NIHB mental health counselling expenditures by region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

NIHB mental health counselling expenditures and annual percentage change

NIHB mental health counselling expenditures increased by 5.3% during fiscal year 2022 to 2023. Over the past five years, mental health counselling costs have grown by 131.8% from \$42.7 million in 2018 to 2019 to \$98.9 million in 2022 to 2023. Budget 2017 provided funding to expand the benefit by removing the requirement that counselling be provided in response to a crisis. Over the past five years, growth in mental health counselling expenditures has ranged from a high of 33.6% in 2020 to 2021 to a low of 5.3% in 2022 to 2023.

The five year annualized growth rate for NIHB mental health counselling expenditures is 18.3%.

On a regional basis, the highest growth rates over this period were in the Atlantic region where expenditures grew by 258.1% from \$1.9 million in 2018 to 2019 to \$6.9 million in 2022 to 2023. This was followed by Saskatchewan with an increase of 220.2% from \$7.9 million in 2018 to 2019 to \$25.2 million in 2022 to 2023.

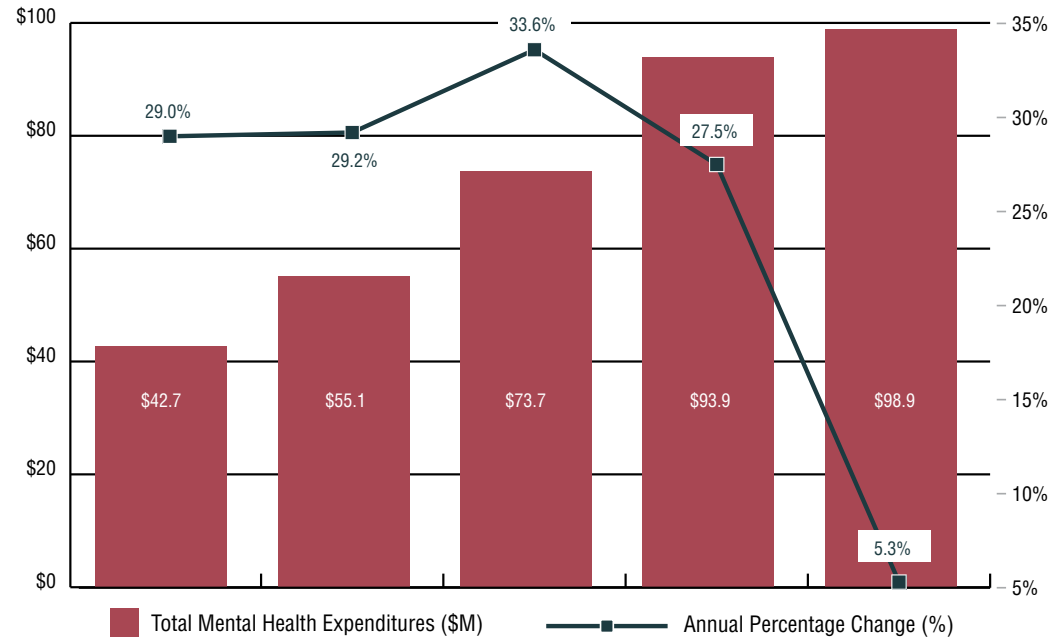


Chart 9.2: NIHB mental health counselling expenditures and annual percentage change.
Source: FST adapted by Program Analytics and Risk Mitigation

NIHB Mental Health Expenditures (\$ 000'S)					
Region	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Atlantic	\$1,932	\$3,428	\$6,037	\$7,001	\$6,918
Quebec	\$2,382	\$3,138	\$4,493	\$5,604	\$6,381
Ontario	\$9,053	\$12,116	\$15,491	\$21,762	\$24,491
Manitoba	\$9,705	\$11,475	\$13,803	\$16,333	\$16,393
Saskatchewan	\$7,867	\$11,783	\$16,770	\$24,881	\$25,194
Alberta	\$9,545	\$11,020	\$12,843	\$14,771	\$15,815
North	\$2,172	\$2,167	\$3,895	\$3,333	\$3,394
Total	\$42,656	\$55,126	\$73,652	\$93,890	\$98,855

Table 9.2: NIHB mental health expenditures (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

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

In 2022 to 2023, the national per capita expenditure for the NIHB mental health counselling benefit was \$106 per NIHB-eligible client.

Saskatchewan had the highest per capita expenditure at \$152, followed by Alberta at \$120. Per capita expenditure was lowest in the North, at \$46. Note that mental health counselling per capita expenditures in the North are underrepresented as mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements.

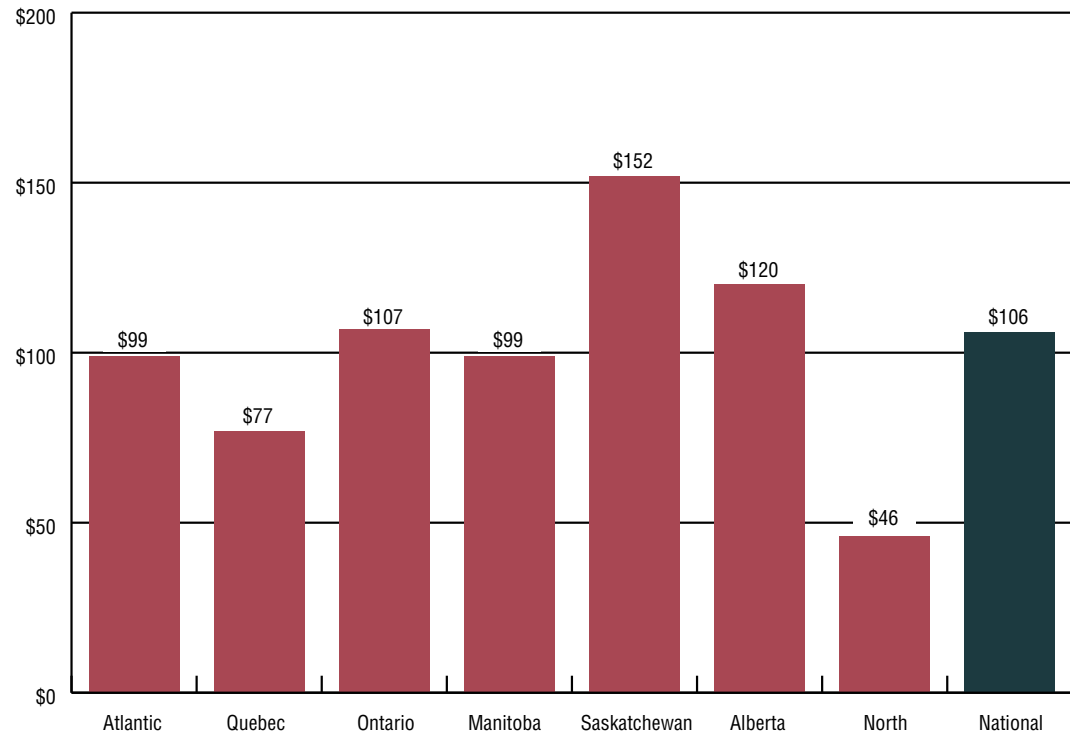


Chart 9.3: Per capita NIHB mental health counselling expenditures by region (\$ 000's).
Source: SVS and FST adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

Of the 936,006 clients eligible to receive benefits under the NIHB program, a total of 31,836 claimants, representing 3.4% of the NIHB client population, had at least one mental health counselling claim paid through the Health Information and Claims Processing Services (HICPS) system in 2022 to 2023. Of this total, 22,050 were female (69.3%) and 9,786 were male (30.7%). This compares to the total eligible population where 51% were female and 49% were male.

Note that these figures underrepresent mental health counselling utilization, because they do not include clients accessing mental health counselling benefits delivered through contribution agreements or through travelling provider arrangements. This includes clients in Nunavut and the Northwest Territories, where mental health counselling services are funded via contribution agreements. As such, these claims are not captured in the HICPS system.

The average age of mental health counselling claimants was 32 years. The average age for female and male claimants was 33 and 31 years of age, respectively.

REGION	Atlantic			Quebec			Ontario			Manitoba		
	Age group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male
0-9	28	27	55	19	24	43	260	244	504	52	23	75
10-14	124	88	212	107	44	151	602	362	964	208	110	318
15-19	190	78	268	120	64	184	819	385	1,204	333	152	485
20-24	201	75	276	160	51	211	751	327	1,078	358	138	496
25-29	261	82	343	199	78	277	961	379	1,340	368	144	512
30-34	201	78	279	178	68	246	843	335	1,178	317	134	451
35-39	146	71	217	150	60	210	748	310	1,058	225	90	315
40-44	116	34	150	112	57	169	606	269	875	172	67	239
45-49	101	26	127	97	48	145	509	233	742	123	56	179
50-54	66	32	98	75	31	106	433	168	601	98	49	147
55-59	57	22	79	69	20	89	340	135	475	76	25	101
60-64	30	13	43	49	19	68	263	89	352	44	17	61
65+	41	10	51	43	19	62	272	84	356	53	18	71
Total	1,562	636	2,198	1,378	583	1,961	7,407	3,320	10,727	2,427	1,023	3,450
Average Age	32	30	31	34	34	34	34	31	33	31	30	31

Table 9.3: NIHB mental health counselling claimants by age group, gender and region. Source: HICPS and SVS adapted by Program Analytics and Risk Mitigation

REGION	Saskatchewan			Alberta			North			TOTAL		
Age group	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-9	119	102	221	83	86	169	6	8	13	573	521	1,094
10-14	447	248	695	305	232	537	23	32	56	1,831	1,120	2,951
15-19	689	283	972	367	208	575	47	22	69	2,586	1,204	3,790
20-24	579	243	822	331	146	477	59	27	86	2,469	1,013	3,482
25-29	741	269	1,010	393	152	545	72	31	103	3,029	1,153	4,182
30-34	709	290	999	434	174	608	78	19	97	2,799	1,117	3,916
35-39	585	241	826	327	124	451	62	21	83	2,271	931	3,202
40-44	410	207	617	248	111	359	59	20	79	1,743	772	2,515
45-49	334	157	491	160	74	234	27	16	43	1,371	616	1,987
50-54	297	127	424	140	50	190	34	24	58	1,156	487	1,643
55-59	212	105	317	117	40	157	47	17	64	928	371	1,299
60-64	146	64	210	66	21	87	15	19	34	622	244	866
65+	160	63	223	67	22	89	34	19	53	672	237	909
Total	5,428	2,399	7,827	3,038	1,440	4,478	563	275	838	22,050	9,786	31,836
Average Age	33	32	33	32	28	31	37	37	37	33	31	32

NIHB mental health counselling expenditures by category

2022 to 2023

In 2022 to 2023, individual counselling sessions accounted for \$38.1 million or 68.4% of all HICPS mental health counselling expenditures. Telehealth counselling sessions were \$16.0 million or 28.8%, followed by other at \$702 thousand or 1.3%.

Category	Claimants	Expenditures	% Change from previous year
Individual Counselling Session	21,793	\$38,170,679	33.4%
Telehealth Counselling Session	8,400	\$16,049,967	3.3%
Other	2,493	\$701,991	40.8%
Family Counselling Session	368	\$406,445	13.2%
Group Counselling Session	470	\$485,032	28.3%

Table 9.3: NIHB mental health counselling claimants and expenditures (\$ 000's) by category.
Source: HICPS adapted by Program Analytics and Risk Mitigation





10 Year Regional Expenditure Trends

Atlantic region

Annual expenditures in the Atlantic Region for 2022 to 2023 totalled \$92.5 million, an increase of 9.8% over the \$84.2 million spent in 2021 to 2022. Pharmacy expenditures in 2022 to 2023 increased by 12.7% to \$45.8 million, medical transportation costs increased by 11.0% to \$17.5 million and dental expenditures increased by 7.1% to \$12.6 million. Mental health expenditures decreased by 1.2%, MS&E expenditures increased by 6.2% and vision care expenditures decreased by 0.2%.

Pharmacy expenditures accounted for almost half of NIHB expenditures in the Atlantic Region 49.5%. Medical transportation expenditures ranked second at 18.9%, followed by dental at 13.7%. MS&E, vision care and mental health counselling expenditures accounted for 5.2%, 7.5% and 4.5% of total expenditures respectively.

Atlantic Region

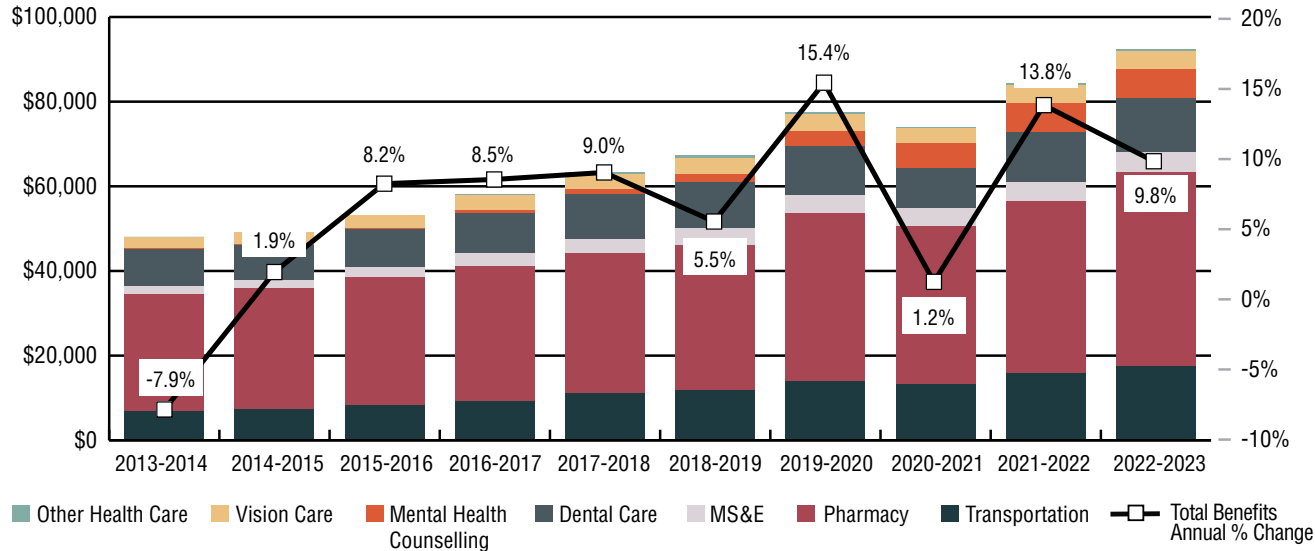


Chart 10.1: Percentage change in Atlantic region NIHB expenditures (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Atlantic region	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$6,916	\$7,419	\$8,380	\$9,277	\$11,147	\$11,820	\$13,910	\$13,263	\$15,776	\$17,512
Pharmacy	\$27,517	\$28,398	\$30,064	\$31,899	\$33,021	\$34,348	\$39,724	\$37,323	\$40,657	\$45,819
MS&E	\$2,064	\$2,120	\$2,449	\$2,990	\$3,279	\$3,900	\$4,359	\$4,177	\$4,508	\$4,785
Dental	\$8,609	\$8,238	\$8,846	\$9,593	\$10,610	\$10,841	\$11,545	\$9,455	\$11,801	\$12,638
Mental health	\$235	\$169	\$419	\$601	\$1,204	\$1,932	\$3,428	\$6,037	\$7,001	\$6,918
Vision care	\$2,757	\$2,666	\$3,021	\$3,502	\$3,632	\$3,885	\$4,150	\$3,436	\$4,158	\$4,149
Other	\$0	\$21	\$44	\$207	\$427	\$516	\$314	\$293	\$326	\$666
Total	\$46,033	\$46,912	\$50,773	\$55,079	\$60,040	\$63,342	\$73,071	\$73,984	\$84,227	\$92,488

Table 10.1: Atlantic region annual expenditures by benefit (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Quebec

Annual expenditures in Quebec for 2022 to 2023 totalled \$128.0 million, an increase of 9.1% from the \$117.4 million spent in 2021 to 2022.

Medical transportation expenditures increased by 8.0% to \$28.9 million in 2022 to 2023, pharmacy expenditures increased by 10.2% to \$64.8 million and dental expenditures increased by 7.0% to \$20.4 million. MS&E costs increased by 10.3%, mental health expenditures increased by 13.9% and vision care expenditures increased by 3.6%.

Pharmacy expenditures accounted for half of total NIHB expenditures in Quebec in 2022 to 2023 at 50.6%. Medical transportation expenditures ranked second at 22.6%, followed by dental at 16.0%. Mental health counselling, MS&E and vision care expenditures accounted for 5.0%, 2.5% and 3.2% of total expenditures respectively.

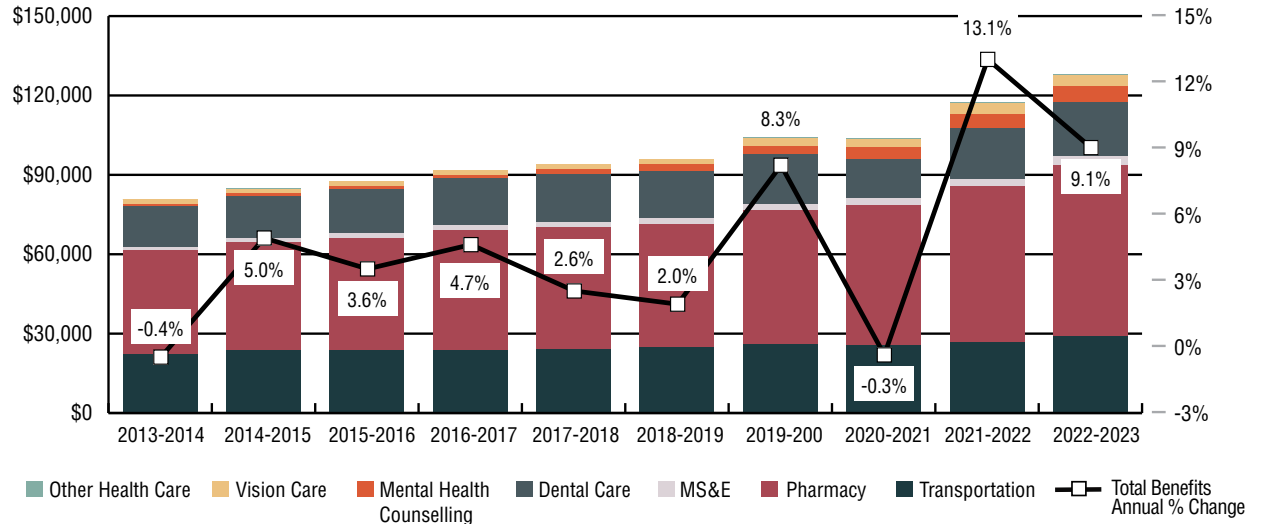


Chart 10.2: Percentage change in Quebec NIHB expenditures (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Quebec	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$21,945	\$23,506	\$23,687	\$23,501	\$23,918	\$24,642	\$25,729	\$25,379	\$26,775	\$28,921
Pharmacy	\$39,324	\$40,897	\$42,554	\$45,554	\$46,227	\$46,623	\$50,747	\$53,282	\$58,827	\$64,799
Dental	\$1,501	\$1,684	\$1,752	\$1,994	\$2,163	\$2,345	\$2,564	\$2,379	\$2,855	\$3,149
MS&E	\$15,216	\$15,799	\$16,641	\$17,569	\$17,961	\$17,882	\$18,733	\$14,934	\$19,092	\$20,427
Mental Health Counselling	\$1,003	\$1,148	\$1,148	\$1,292	\$1,861	\$2,382	\$3,138	\$4,493	\$5,604	\$6,381
Vision Care	\$1,619	\$1,622	\$1,749	\$1,762	\$1,819	\$1,908	\$2,736	\$2,814	\$3,938	\$4,081
Other	\$0	\$10	\$258	\$263	\$260	\$339	\$490	\$493	\$282	\$258
Total	\$80,608	\$84,666	\$87,690	\$91,831	\$94,210	\$96,120	\$104,136	\$103,773	\$117,373	\$128,017

Table 10.2: Quebec Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS adapted by Program Analytics and Risk Mitigation

Ontario

Annual expenditures in Ontario for 2022 to 2023 totalled \$365.1 million, an increase of 12.2% from the \$325.5 million spent in 2021 to 2022.

In 2022 to 2023, pharmacy expenditures in Ontario increased by 1.6% to \$113.8 million, while medical transportation costs increased by 22.2% to \$140.3 million. Dental expenditures increased by 13.2% to \$67.1 million. Mental health counselling expenditures increased by 12.5%, while MS&E increased by 15.5% and vision care expenditures increased by 6.4%.

Medical transportation expenditures accounted for 38.4% of total expenditures for Ontario. Pharmacy costs ranked second at 31.2%, followed by dental at 18.4%. Mental health, MS&E and vision care expenditures accounted for 6.7%, 2.8% and 2.4% of total expenditures respectively.

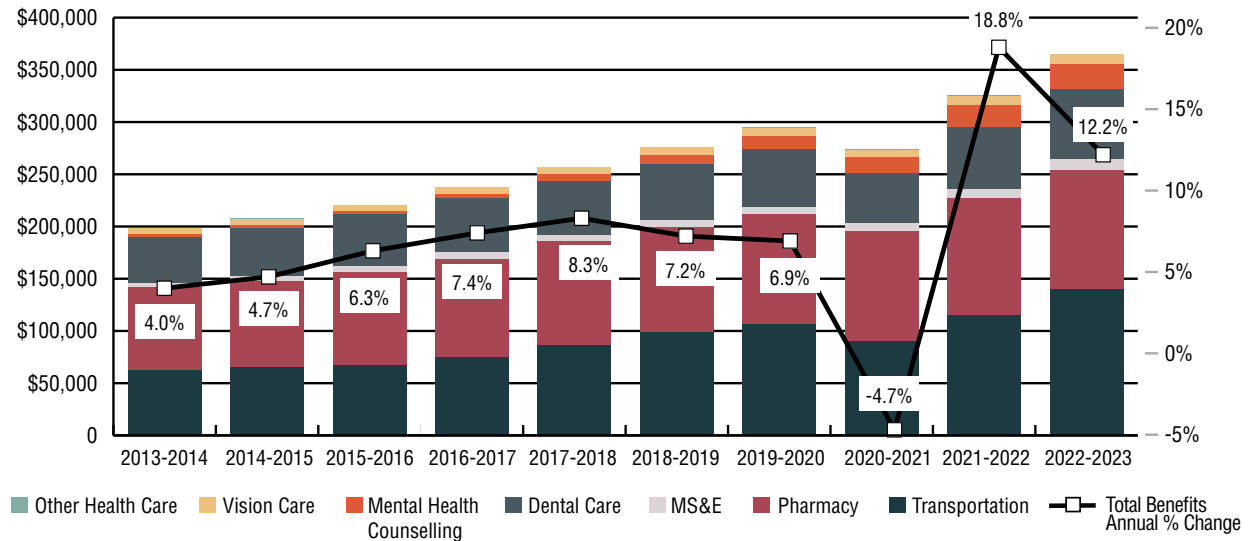


Chart 10.3: Percentage change in Ontario NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Ontario	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$62,865	\$65,781	\$67,772	\$74,890	\$86,091	\$98,605	\$106,638	\$90,646	\$114,814	\$140,343
Pharmacy	\$78,510	\$81,982	\$88,872	\$94,101	\$99,550	\$100,558	\$104,760	\$105,300	\$112,069	\$113,842
MS&E	\$4,505	\$4,255	\$4,811	\$5,825	\$5,915	\$6,662	\$7,322	\$7,297	\$8,700	\$10,045
Dental	\$43,972	\$46,759	\$49,903	\$52,105	\$52,055	\$53,667	\$55,386	\$47,218	\$59,326	\$67,128
Mental Health Counselling	\$2,862	\$2,803	\$3,021	\$4,091	\$6,028	\$9,053	\$12,116	\$15,491	\$21,762	\$24,491
Vision Care	\$5,721	\$5,717	\$6,160	\$6,223	\$6,848	\$6,744	\$7,860	\$7,346	\$8,113	\$8,633
Other	\$0	\$2	\$11	\$254	\$375	\$500	\$883	\$688	\$710	\$587
Total	\$193,929	\$203,043	\$215,738	\$231,663	\$250,947	\$269,127	\$287,643	\$273,987	\$325,494	\$365,069

Table 10.3: Ontario Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Manitoba

Annual expenditures in Manitoba for 2022 to 2023 totalled \$451.8 million, an increase of 15.5% from the \$391.2 million spent in 2021 to 2022. Medical transportation expenditures in 2022 to 2023 increased by 26.6% to \$233.1 million, while pharmacy costs increased by 7.0% to \$120.2 million. Dental expenditures increased by 5.0% to \$60.2 million. Mental health counselling, MS&E and vision care expenditures increased by 0.4%, 4.0% and 4.6% respectively.

Due to the higher proportion of clients living in northern or remote communities in Manitoba, medical transportation expenditures comprised more than half of total expenditures in Manitoba at 51.6%. Pharmacy costs ranked second at 26.6%, followed by dental at 13.3%. Mental health counselling, MS&E and vision care expenditures accounted for 3.6%, 3.1% and 1.7% of total expenditures respectively.

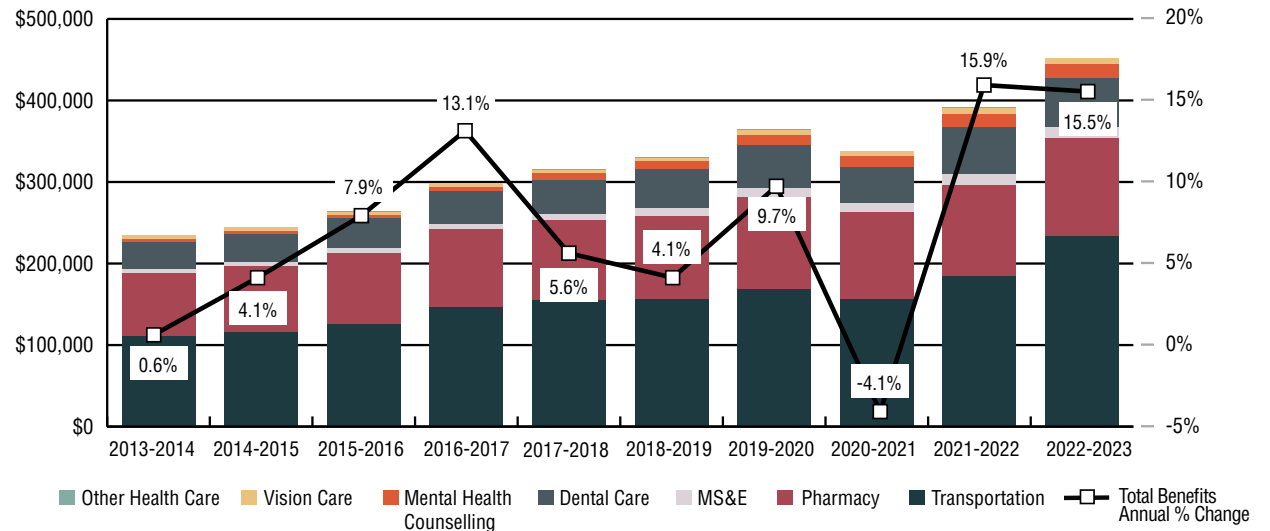


Chart 10.4: Percentage change in Manitoba NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Manitoba	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$111,016	\$115,705	\$125,308	\$147,167	\$155,370	\$156,961	\$168,686	\$155,794	\$184,200	\$233,140
Pharmacy	\$77,034	\$81,059	\$87,997	\$94,757	\$98,046	\$101,250	\$112,025	\$106,851	\$112,353	\$120,207
MS&E	\$4,908	\$5,045	\$5,300	\$6,341	\$6,985	\$9,166	\$11,966	\$11,145	\$13,330	\$13,870
Dental	\$33,649	\$33,527	\$36,764	\$39,986	\$41,949	\$48,099	\$52,622	\$44,149	\$57,381	\$60,247
Mental Health Counselling	\$3,622	\$4,099	\$3,780	\$5,635	\$8,124	\$9,705	\$11,475	\$13,803	\$16,333	\$16,393
Vision Care	\$4,348	\$4,800	\$4,212	\$4,204	\$4,479	\$4,699	\$6,935	\$5,529	\$7,334	\$7,669
Other	\$0	\$0	\$17	\$240	\$240	\$240	\$240	\$245	\$247	\$273
Total	\$229,670	\$239,190	\$258,077	\$291,989	\$308,208	\$320,953	\$351,983	\$337,517	\$391,177	\$451,799

Table 10.4: Manitoba Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Saskatchewan

Annual expenditures in Saskatchewan for 2022 to 2023 totalled \$363.3 million, an increase of 8.3% from the \$335.6 million spent in 2021 to 2022.

NIHB pharmacy expenditures increased in Saskatchewan by 5.6% to \$126.7 million, while medical transportation costs increased by 11.4% to \$114.9 million. Dental cost increased by 11.2% to \$70.5 million. Mental health counselling, MS&E and vision care costs increased by 1.3%, 14.7% and 0.04% respectively.

Pharmacy expenditures comprised the largest portion of total NIHB expenditures in Saskatchewan at 34.9%, medical transportation costs ranked second at 31.6%, followed by dental at 19.4%. Mental health, MS&E and vision care expenditures accounted for 6.9%, 4.2% and 2.9% of total expenditures respectively.

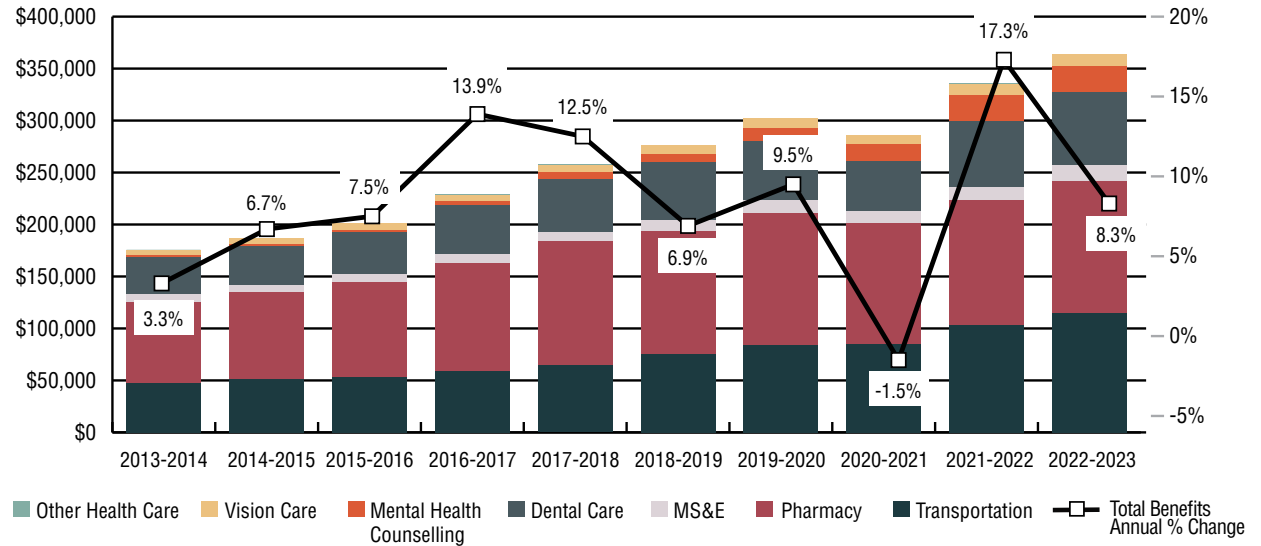


Chart 10.5: Percentage change in Saskatchewan NIHB expenditures (\$ '000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Saskatchewan	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$47,180	\$51,543	\$53,566	\$58,902	\$64,363	\$75,330	\$83,947	\$84,951	\$103,152	\$114,863
Pharmacy	\$78,546	\$83,361	\$91,170	\$104,082	\$119,326	\$118,250	\$126,963	\$116,188	\$120,000	\$126,676
MS&E	\$6,911	\$6,542	\$7,260	\$8,382	\$9,426	\$10,762	\$11,889	\$11,908	\$13,352	\$15,310
Dental	\$36,399	\$37,679	\$41,028	\$47,321	\$50,635	\$55,603	\$57,639	\$47,507	\$63,408	\$70,480
Mental Health Counselling	\$1,017	\$1,351	\$1,631	\$3,304	\$6,559	\$7,867	\$11,783	\$16,770	\$24,881	\$25,194
Vision Care	\$5,611	\$6,066	\$6,104	\$6,533	\$6,905	\$7,822	\$9,844	\$8,493	\$10,581	\$10,585
Other	\$0	\$0	\$4	\$210	\$210	\$210	\$210	\$211	\$211	\$211
Total	\$168,752	\$180,000	\$193,502	\$220,352	\$247,997	\$265,082	\$290,386	\$286,028	\$335,584	\$363,319

Table 10.5: Saskatchewan Annual Expenditures by Benefit (\$ '000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Alberta

Annual expenditures in Alberta for 2022 to 2023 totalled \$271.8 million, an increase of 9.2% from the \$248.9 million spent in 2021 to 2022. Medical transportation expenditures increased by 7.0% to \$71.9 million, while pharmacy costs increased by 11.3% to \$96.5 million. Dental expenditures increased by 11.0% to \$65.2 million. Mental health counselling, MS&E and vision care expenditures increased by 7.1%, 7.3% and 0.4% respectively

Pharmacy expenditures accounted for 35.5% of total NIHB expenditures in Alberta. Medical transportation costs ranked second at 26.5%, followed by dental at 24.0%. Mental health counselling, MS&E and vision care expenditures accounted for 5.8%, 4.6% and 3.5% of total expenditures respectively.

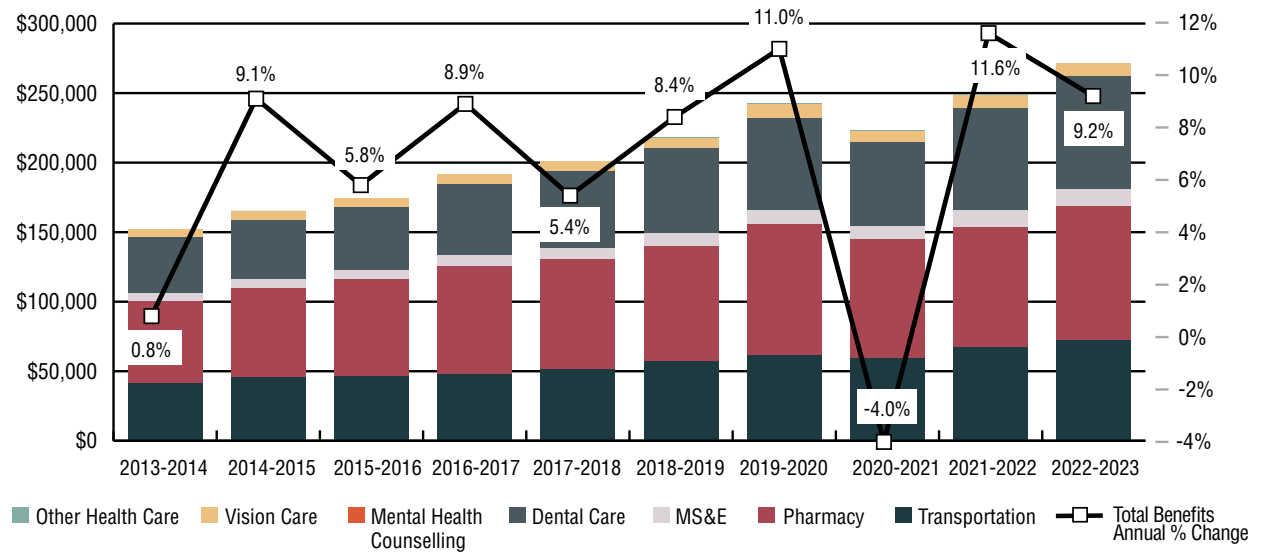


Chart 10.6: Percentage change in Alberta NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Alberta	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$41,451	\$45,756	\$46,252	\$48,157	\$51,187	\$56,870	\$61,669	\$59,492	\$67,206	\$71,908
Pharmacy	\$58,777	\$64,087	\$69,992	\$77,265	\$79,343	\$83,103	\$93,776	\$84,920	\$86,680	\$96,511
MS&E	\$6,136	\$6,487	\$5,938	\$8,236	\$8,260	\$9,127	\$10,250	\$9,647	\$11,658	\$12,503
Dental	\$34,928	\$35,974	\$39,753	\$44,315	\$47,637	\$51,617	\$54,993	\$47,741	\$58,790	\$65,240
Mental Health Counselling	\$4,959	\$6,010	\$6,003	\$6,444	\$7,761	\$9,545	\$11,020	\$12,843	\$14,771	\$15,815
Vision Care	\$5,936	\$7,084	\$6,207	\$6,928	\$6,764	\$7,696	\$10,514	\$8,030	\$9,405	\$9,446
Other	\$0	\$0	\$3	\$0	\$291	\$291	\$204	\$280	\$360	\$360
Total	\$146,051	\$158,911	\$168,211	\$183,108	\$192,983	\$209,122	\$232,177	\$222,953	\$248,869	\$271,783

Table 10.6: Alberta Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Northern region

Annual expenditures in the Northern region for 2022 to 2023 totalled \$181.8 million, an increase of 12.2% from the \$162.1 million spent in 2021 to 2022.

Medical transportation expenditures increased by 15.1% to \$103.9 million in 2022 to 2023 while pharmacy costs increased by 6.2% to \$33.5 million. Dental expenditures increased by 13.1% to \$30.3 million. Mental health counselling expenditures and vision care expenditures increased by 1.8% and 14.8% respectively, while MS&E expenditures decreased by 2.2%..

Similar to Manitoba, medical transportation expenditures comprised the largest portion of total NIHB expenditures in the Northern region at 57.2%. Pharmacy costs ranked second at 18.4%, followed by dental at 16.7%. MS&E, vision care, and mental health counselling expenditures accounted for 3.0%, 2.6% and 1.9% of total expenditures respectively.

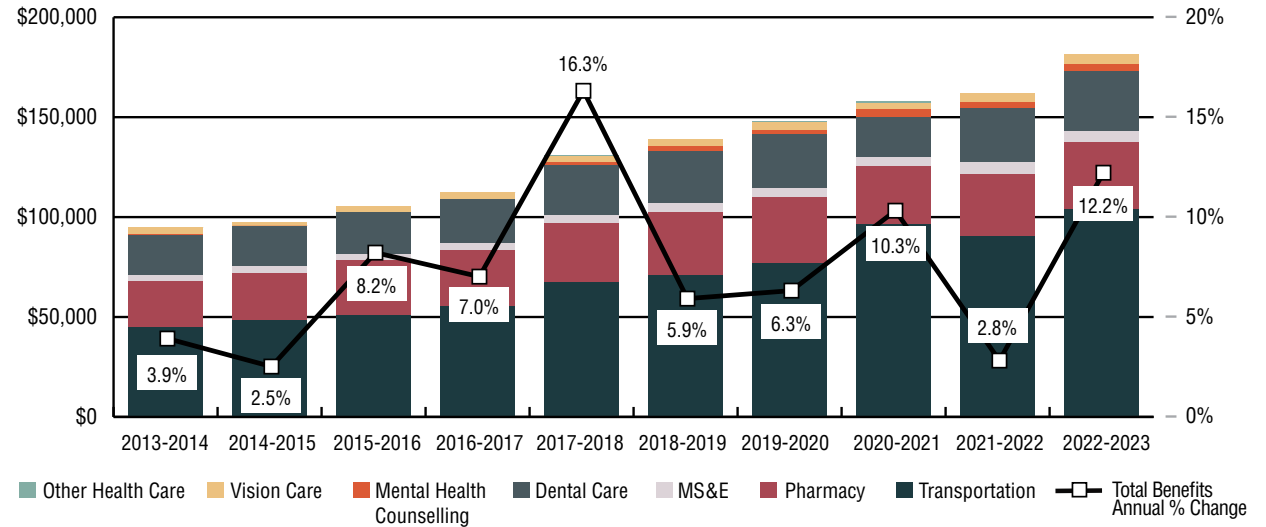


Chart 10.7: Percentage change in Northern Region NIHB expenditures (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Northern region	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Transportation	\$44,703	\$48,246	\$50,940	\$55,125	\$67,413	\$70,806	\$76,601	\$96,194	\$90,286	\$103,926
Pharmacy	\$23,144	\$23,941	\$27,408	\$28,488	\$29,373	\$31,571	\$33,220	\$29,479	\$31,499	\$33,457
MS&E	\$2,949	\$3,101	\$3,146	\$3,263	\$4,018	\$4,529	\$4,884	\$4,024	\$5,647	\$5,520
Dental	\$20,415	\$20,413	\$20,936	\$21,966	\$25,141	\$26,211	\$26,546	\$20,342	\$26,830	\$30,332
Mental Health Counselling	\$2	\$0	\$191	\$362	\$1,528	\$2,172	\$2,167	\$3,895	\$3,333	\$3,394
Vision Care	\$3,763	\$1,743	\$2,564	\$3,217	\$3,131	\$3,713	\$3,929	\$3,206	\$4,081	\$4,683
Other	\$0	\$1	\$1	\$0	\$346	\$1	\$498	\$524	\$405	\$485
Total	\$92,027	\$94,343	\$102,040	\$109,157	\$126,933	\$134,474	\$142,961	\$157,664	\$162,080	\$181,796

Table 10.7: Northern Region Annual Expenditures by Benefit (\$ 000's). Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation





NIHB Program Administration

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
- data analysis and reporting
- adjudicating benefit requests through the NIHB Drug Exception Centre and the Dental Predetermination Centre
- providing expert advice through the MS&E Review Centre
- producing national program communications for NIHB clients and providers and
- maintaining relationships with partner organizations at the national level as well as with other federal departments and agencies.

The roles of NIHB regional offices include:

- adjudicating benefit requests for medical transportation, mental health counselling, vision care and medical supplies and equipment
- coordinating medical transportation arrangements such as flights and accommodations
- maintaining relationships with partner organizations at the provincial/territorial level as well as with provincial/territorial officials
- managing contribution agreements (CA) and certain contracts
- managing travelling provider arrangements.

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

2022 to 2023

Table 11.1 outlines program administration expenditures by region as well as NIHB headquarters (HQ) costs. In 2022 to 2023, total NIHB administration costs were \$74.0 million representing an increase of 5.8% over the previous fiscal year.

Claims processing costs are also addressed in the individual benefit sections of this report.

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.

Categories	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Northern region	HQ	Total
Salaries	\$1,716	\$2,186	\$5,066	\$4,483	\$4,076	\$4,068	\$1,601	\$19,693	\$42,890
EBP	\$463	\$588	\$1,360	\$1,210	\$1,101	\$1,089	\$432	\$5,302	\$11,545
Operating	\$77	\$26	\$51	\$57	\$92	\$55	\$52	\$2,500	\$2,909
Subtotal	\$2,255	\$2,800	\$6,477	\$5,751	\$5,269	\$5,212	\$2,085	\$27,495	\$57,344
Claims processing contract costs									\$16,619
Total administration costs									\$73,962

Table 11.1: NIHB program administration expenditures by region (\$ 000's). Source: FST adapted by Program Analytics and Risk Mitigation

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

In 2022 to 2023, total NIHB benefit expenditures were \$1,891.7 million, of which direct benefit expenditures totaled \$1,875.1 million and expenditures for claims processing administration amounted to \$16.6 million. An additional \$57.3 million was spent on salaries and operating costs associated with program administration. Some administrative costs paid within contribution agreements are not captured in these data.

Total NIHB program administration costs (\$74.0 million, including claims processing and other program administration) as a proportion of direct benefit expenditures (\$1.9 billion), was 3.9% in 2022 to 2023. Over the past five fiscal years, the percentage of NIHB program administration costs as a proportion of total benefit expenditures has ranged from a high of 5.1% in 2019 to 2020 to a low of 3.9% in 2022 to 2023.

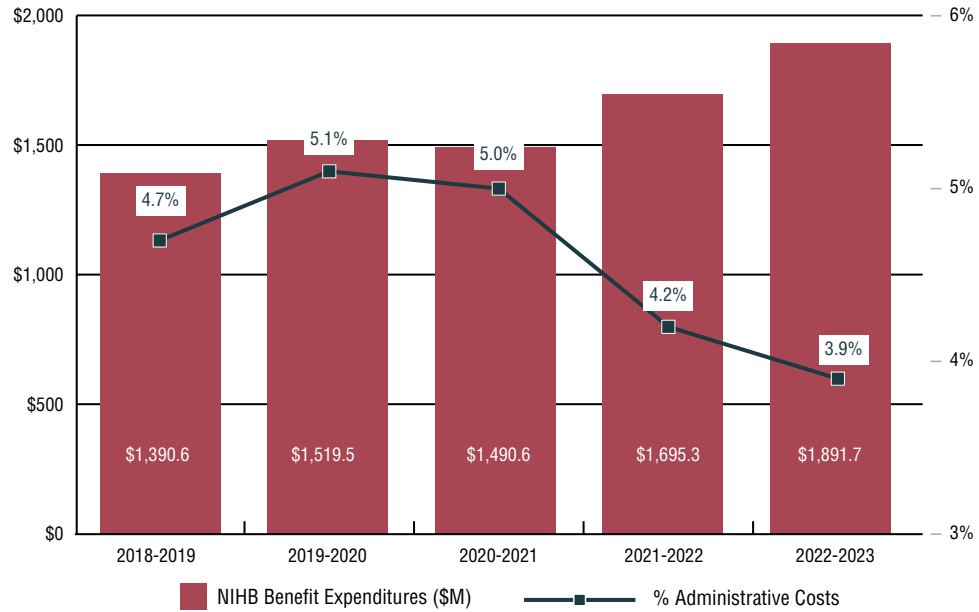


Chart 11.1: Non-Insured Health Benefits administration costs as a proportion of benefit expenditures (\$ Millions).
 Source: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

Health Information and Claims Processing Services (HICPS)

2022 to 2023

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

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

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

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

Number of active providers registered in the Health Information and Claims Processing Services (HICPS) system

2022 to 2023

Benefit providers can register with Express Scripts Canada to provide benefits to NIHB clients and bill the Program directly. An active provider refers to a provider who has submitted at least one claim in the 24 months prior to March 31, 2023.

As of March 31, 2023, there were 42,337 active pharmacy, dental, MS&E, mental health counselling and vision care providers registered with the HICPS claims processor to deliver NIHB benefits. The number of active providers by region and by benefit is outlined in the table below.

Region	Pharmacy	MS&E	Dental	Vision Care	Mental Health
Atlantic	873	375	1,312	515	473
Quebec	2,043	245	3,363	937	416
Ontario	4,559	884	8,451	1,668	1,468
Manitoba	504	99	1,230	199	268
Saskatchewan	481	171	906	312	428
Alberta	1,806	375	3,978	1,026	528
British Columbia	998	47	796	63	7
North	31	27	414	21	40
Total Claim Lines	11,295	2,223	20,450	4,741	3,628

Table 11.2: Number of NIHB providers by region and benefit April 2021 to March 2023. Source: HICPS adapted by Program Analytics and Risk Mitigation

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

2022 to 2023

Table 11.3 sets out the total number of pharmacy, dental, MS&E, mental health counselling and vision care claims settled through the HICPS system in fiscal year 2022 to 2023. During this period, more than 32 million claim lines were processed through HICPS. Ontario had the highest volume of total claims processed at 8.3 million, followed by Manitoba at 6.0 million and Saskatchewan at 5.6 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 medical practitioner may result in multiple claim lines as several procedures are performed at the same time.

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

Region	Pharmacy	Dental	MS&E	Mental Health	Vision Care	Total
Atlantic	1,880,350	196,601	57,644	33,104	32,562	2,200,261
Quebec	3,579,067	242,161	50,037	18,871	20,546	3,910,682
Ontario	7,323,342	728,794	75,142	153,639	49,961	8,330,878
Manitoba	5,227,748	592,057	127,189	34,881	38,285	6,020,160
Saskatchewan	4,635,487	695,599	134,746	70,882	64,328	5,601,042
Alberta	3,926,806	653,594	85,445	63,453	61,001	4,790,299
British Columbia	202,460	38,599	3,008	230	364	244,661
North	1,084,845	275,565	44,965	3,152	9,918	1,418,445
Total Claim Lines	27,860,105	3,422,970	578,176	378,212	276,965	32,516,428

Table 11.3: Number of claim lines processed through HICPS by region and benefit. Source: HICPS adapted by Program Analytics and Risk Mitigation

Claims verification activities

2022 to 2023

As part of risk management activities for the NIHB program, Indigenous Services Canada has mandated its claims processor to maintain a set of pre-payment and post-payment processes, including claims verification activities.

During 2022 to 2023, the claims processor carried out claims verifications as directed by the NIHB program. The verifications address the need of the NIHB program to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms and conditions of the program as outlined in the appropriate NIHB Benefit Guide, Claims Submission Kit, Provider Billing Agreement and other relevant documents.

There are five components within claims verification activities for the pharmacy, medical supplies and equipment, dental benefit, vision care, and mental health counselling areas. These are:

- **Daily Claim Verification Program, which consists of a review of a defined sample of claims submitted by providers the day following receipt by the claims processor.**
- **Client Confirmation Program, which consists of a monthly mail-out to NIHB clients to confirm the receipt of services that have been paid on their behalf.**
- **On-Site Claim Verification Program, which consists of the selection of a sample of claims for administrative validation against a provider's records through an on-site visit.**
- **Desk Claim Verification Program, which consists of the selection of a sample of claims for administrative validation against a provider's records and conducted at a distance.**
- **Financial Recovery Program, which consists of a focused recovery assessment.**

The following figures identify the number of initiated verifications and recoveries from components of the on-site, desk and financial verification processes during the 2022 to 2023 fiscal year.

Completion of the claim verification process often spans more than one fiscal year. Although the complete recovery for any verification may overlap into another fiscal year, recoveries from claims verification activities are recorded in the fiscal year in which they are received. Subsequent appeals to reversals may result in claim payment if confirmed services are in compliance with the terms and conditions of the NIHB Program.

Region	Pharmacy Recoveries	Dental Recoveries	MS&E Recoveries	Mental Health Counselling Recoveries	Vision Care Recoveries
Atlantic	\$1,630	\$0	\$0	\$0	\$0
Quebec	\$0	\$0	\$0	\$0	\$0
Ontario	\$875	\$10,177	\$0	\$71,342	\$0
Manitoba	\$3,461	\$14,987	\$0	\$26,058	\$899
Saskatchewan	\$19,772	\$37,942	\$0	\$262,639	\$3,255
Alberta	\$19,137	\$38,797	\$3,431	\$68,190	\$0
British Columbia	\$0	\$317	\$0	\$0	\$0
Yukon	\$0	\$0	\$0	\$0	\$0
N.W.T.	\$2,834	\$0	\$0	\$0	\$0
Nunavut	\$11,766	\$0	\$0	\$0	\$0
Total	\$59,476	\$102,221	\$3,431	\$428,228	\$4,154

Table 11.4: Claim verification recoveries by region. Source: Express Scripts Canada adapted by Program Analytics and Risk Mitigation





NIHB Policy and Program Initiatives

NIHB Drug benefit listing and review

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

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

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

NIHB Drugs and Therapeutics Advisory Committee (DTAC)

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

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

NIHB Oral Health Advisory Committee (NOHAC)

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

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

NIHB Medical Supplies and Equipment Advisory Committee (MSEAC)

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

Drug Exception Centre (DEC)

The Drug Exception Centre is a call centre that provides efficient responses to all requests for drugs that are not on the NIHB Drug Benefit List or require prior approval, for extemporaneous mixtures containing exception or Limited Use (LU) drugs, for prescriptions on which prescribers have indicated “no substitution,” and for claims that exceed \$1,999.99.

The 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.

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

Dental Predetermination Centre

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

Medical Supplies and Equipment Review Centre

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

Client and provider communications

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

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

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

The Government of Canada website is a key venue for sharing NIHB 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 X* (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, and can be found at: <https://www.sac-isc.gc.ca/eng/1579274812116/1579708265237>.

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.**

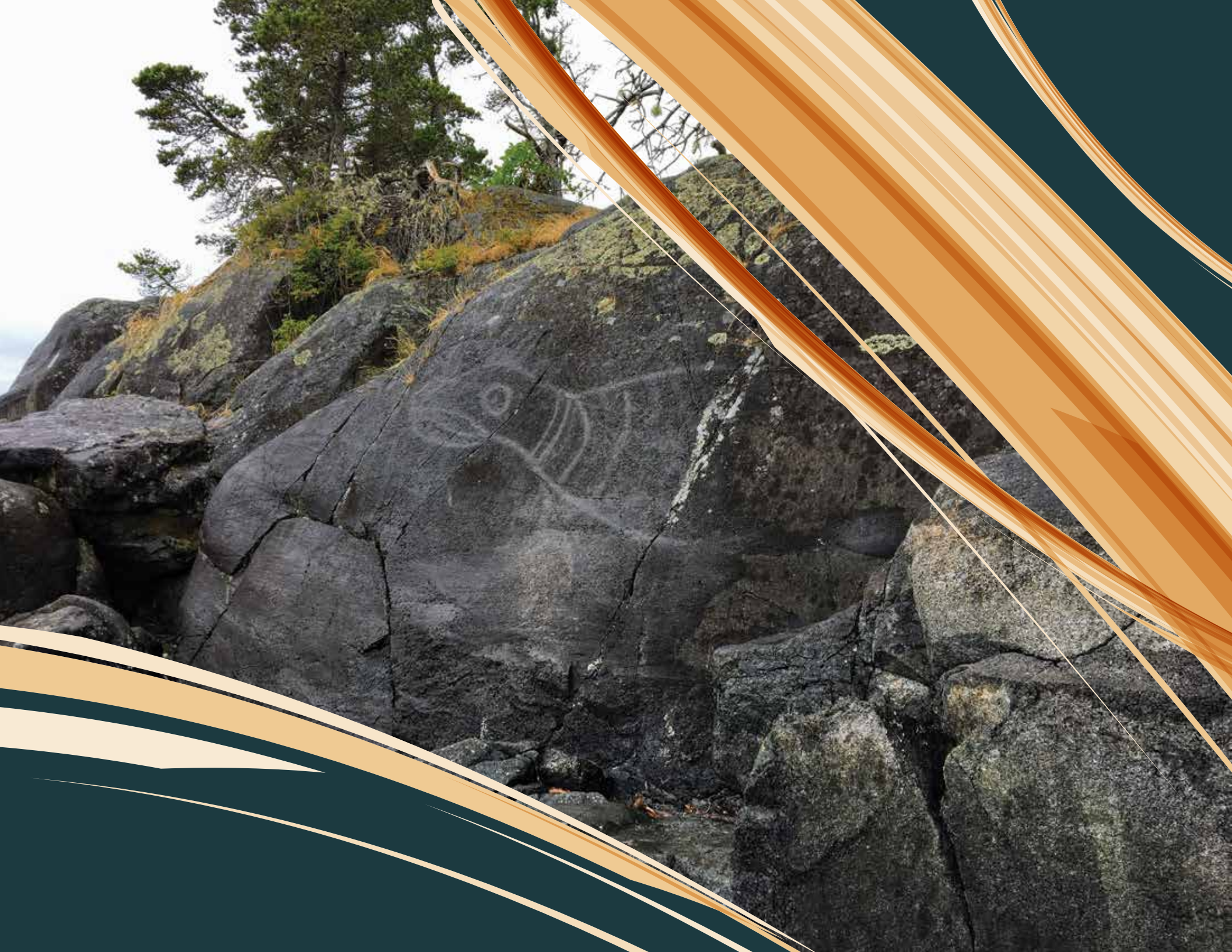
NIHB program representatives engage regularly with Navigators and support them in their work by sharing Program information, responding to inquiries, and assisting with client cases. Navigators also provide valuable support to the program by sharing their insight on client experiences, and working collaboratively to improve client-focused service.

Collaboration with First Nations and Inuit partners

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

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

Indigenous Services Canada continues to work with the Inuit Tapiriit Kanatami (ITK) to improve the quality, access, and delivery of NIHB benefits to Inuit clients. NIHB and ITK representatives meet regularly to discuss issues of concern, and identify opportunities for improvement. In January 2023, NIHB and ITK established a new engagement table including representatives of the National Inuit Committee on Health to discuss priorities and concerns for Inuit NIHB clients. NIHB shares information and updates Inuit partners regularly on progress made to advance priorities identified by Inuit partners.



Information contained in the 2022 to 2023 NIHB Annual Report has been extracted from several databases. All tables and charts are footnoted with the appropriate data sources. These data sources are considered to be of very high quality but, as in any administrative data set, some data may be subject to coding errors or other anomalies. For this reason, users of the data should always refer to the most current edition of the NIHB Annual Report. Please note that some table totals may not add due to rounding procedures.

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

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

Starting in 2020 to 2021, expenditures for the NIHB MS&E benefit are being reported separately from NIHB pharmacy benefit expenditures. As such, historical 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 the Registrar's office of 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 land claim organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

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

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

Medical transportation data

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

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

