

Manitoba Health Appeal Board

Annual Report
April 1, 2020 - March 31, 2021



This communication is available in multiple formats upon request.

**Manitoba Health Appeal Board
Annual Report
April 1, 2020 to March 31, 2021**

Table of Contents

MESSAGE FROM THE CHAIR	page 1
HISTORY, JURISDICTION AND PROCESS	
History:	
Manitoba Health Appeal Board	page 2
Appeal Panel for Home Care	page 2
Amalgamated Manitoba Health Appeal Board	page 2
Previous Changes to Legislation	page 3
Jurisdiction	page 3
Board Membership	page 5
Board Biographies	page 6
Board Administrative Staff	page 9
Appeals and Hearings:	
Appeals	page 10
Hearings	page 10
Recording of Hearings	page 11
Decisions of the Board	page 12
Judicial Review	page 12
Canadian Legal Information Institute (CanLII)	page 12
FINANCIAL INFORMATION	
Operating Budget	page 13
Salaries Budget	page 14

BOARD ACTIVITIES 2020-21

Appeal Sitings and Meetings:

Appeal Sitings	page 15
French Language Appeal Hearings	page 15
Composition of Board Quorums/Panels	page 16
General Business Meetings	page 16

Appeal Sitings and General Meetings Statistics	page 17
-------------------------------------------------------------	---------

Appeals:

Authorized Charge Appeals	page 18
Insured Benefit Appeals.....	page 20
Home Care Program Appeals	page 22
Personal Care Home Decisions.....	page 23
Other Appeals	page 24
The Emergency Medical Response and Stretcher Transportation Act	page 24

Public Communication	page 26
-----------------------------------	---------

Communication Activities.....	page 26
Hearing Guide	page 26
Brochures	page 26
Guidelines and Policies	page 26

Website	page 26
---------------	---------

Canadian Legal Information Institute (CanLII)	page 26
-----------------------------------------------------	---------

Message from the Chair

I am pleased to present this report for the period April 1, 2020 to March 31, 2021 for the Manitoba Health Appeal Board. It is published as part of this Board's role to provide a transparent and accountable process for resolving disagreements within certain parts of our province's health care system.

Since its inception in 1993, this tribunal serves as a positive example of how to meet the public's need for access to justice on a cost effective and timely basis. Most matters before this Board are resolved quickly, often within a few months of arising. Unique to this year was the COVID-19 pandemic which was present for the entirety of the year. It caused the Board to switch to remote hearings to support social distancing and safety of the public. This was achieved by the Board with the support of its staff and their ability to pivot with the ever changing environment. Additionally, during this year, the Board welcomed a new Board Administrator, Amanda Cloutier. The Board would like to thank Richard Loiselle for his dedication as Acting Administrator while this competition was filled. The support staff who dedicated themselves during this year of uncertainty were Doreen Côté, and Rolan Tan.



Joan Holmstrom
Chair

History, Jurisdiction and Process

History

Manitoba Health Appeal Board

- On March 31, 1993, the amalgamation and integration of the Manitoba Health Services Commission and the Department of Health was finalized with the proclamation of The Health Services Insurance and Consequential Amendments Act.
- On April 1, 1993, the former Manitoba Health Services Commission ceased to exist as a corporate entity and its staff and operations were amalgamated with the Manitoba Department of Health.
- At the same time, the proclamation of the *Act* established the Manitoba Health Appeal Board to hear and determine a wide range of specific appeals, including review of Authorized Charges for personal care homes, eligibility/coverage for Insured Benefits, licenses for operation of a laboratory or a personal care home and other matters prescribed by regulation.
- In June 1998, the Act was amended to change the name of the Board to the Manitoba Health Appeal Board.
- In 2001, the Minister of Health assigned the Manitoba Health Appeal Board as the authority to hear appeals under the new Manitoba Hepatitis C Compassionate Assistance Program.

Appeal Panel for Home Care

- On May 26, 1994, the Minister of Health announced two new committees for the Continuing Care program; one of which was the Appeal Panel for Home Care. The Panel consisted of seven members and its mandate was to hear appeals from people who disagreed with decisions regarding their eligibility for, or changes to, home care service. It reported directly to the Minister of Health and was not legislated.

Amalgamated Manitoba Health Appeal Board

- In May 2006, the Appeal Panel for Home Care and the Manitoba Health Appeal Board were amalgamated under the Manitoba Health Appeal Board, which assumed responsibility for hearing Home Care appeals.

Previous Changes to Legislation

- On November 17, 2008, the Manitoba Health Appeal Board Regulation (M.R. 175/2008) was enacted to formalize an individual's right to appeal decisions made by a regional health authority with respect to eligibility for and/or the type or level of Home Care services.
- On January 9, 2009, the Minister of Health formally assigned the Manitoba Health Appeal Board the duty to conduct appeals regarding Home Care services brought pursuant to Manitoba Health Appeal Board Regulation 175/2008.

Jurisdiction

The Manitoba Health Appeal Board is an independent quasi-judicial administrative tribunal established pursuant to section 9 of The Health Services Insurance Act.¹

In general, the Board is responsible for:

- a) hearing and determining appeals as specified under The Health Services Insurance Act and its regulations, The Emergency Medical Response and Stretcher Transportation Act and the Charges Payable by Long Term Patients Regulation made under The Mental Health Act;
- b) performing any other duties assigned by any act of the Legislature or any regulation;
- c) performing any other duties assigned by the Minister.

Specifically, the Board hears a wide range of appeals, including decisions where a person has been:

- assessed an authorized charge (daily rate) in a personal care home, a hospital or other designated health facility and is dissatisfied with a review decision made by Manitoba Health;
- refused registration as an insured person under The Health Services Insurance Act;
- denied entitlement to a benefit under The Health Services Insurance Act (for example, out-of-province medical services, transportation subsidies, medically required plastic surgery);
- refused an approval to operate a laboratory or a specimen collection centre, or conditions have been imposed on their approval, or their approval has been revoked;
- refused an approval to operate a personal care home, or conditions have been imposed on their approval, or their approval has been revoked;

¹Sections 1, 12, 13 and 20(3) of The Emergency Medical Response and Stretcher Transportation Act also make reference to the Board's powers to hear appeals under this legislation. The provisions in this Act are closely aligned with the provisions set out in The Health Services Insurance Act related to the Board's authority and mandate.

- refused a licence to operate an emergency medical response system or a stretcher transportation service or had the licence suspended or cancelled;
- refused a licence to act as an emergency medical response technician, stretcher attendant or ambulance operator or had the licence suspended or cancelled;
- denied financial assistance under the Manitoba Hepatitis C Compassionate Assistance Program;
- decision made by a regional health authority regarding eligibility, type or level of service under the Manitoba Home Care Program and is dissatisfied with the decision;
- decision made by a regional health authority assessment panel in relation to an application for personal care in a personal care home and is dissatisfied with the decision.

Board Membership

Section 9 of The Health Services Insurance Act states the Board must consist of not less than five members appointed by the Lieutenant Governor in Council. Board members' terms are specified in the appointing Order-in-Council and each member continues to hold office until he/she is reappointed, a successor is appointed or the appointment is revoked.

During the fiscal year April 1, 2020 to March 31, 2021, the Board consisted of the following members:

1. Joan Holmstrom, LL.B., Chairperson
2. Richard Kennett, B.A., B.Ed., M.Ed., Vice-Chairperson
3. Andrea Doyle, B.Sc., LL.B.
4. Dr. Roger Gingerich, B.Sc., M.D.
5. Elaine Graham
6. Dr. Allen Kraut, M.D., FRCPC
7. Alan M. McLauchlan
8. John Peters, B.A., M.Ed.
9. Monica Wood
10. Ian Craven
11. Dr. Rajinder Bhullar
12. Gerard Simard, LL.B.

Board Biographies

Joan Holmstrom, LL.B.

Appointed May 1, 2017

Joan Holmstrom was appointed Chairperson of the Board effective August 7, 2019.

Joan Holmstrom (Winnipeg) is the director of competence for the Law Society of Manitoba where she also held the previous positions of claims counsel and complaints counsel. Prior to her time with Law Society of Manitoba, she was liability claims manager with Leonard French and Company as well as a litigation associate with Hill Abra Dewar. Ms. Holmstrom graduated with a Bachelor of Laws Degree from the University of Manitoba in 1989.

Richard Kennett, B.A., B.Ed., M.Ed.

Appointed October 26, 2011

Mr. Kennett was appointed Vice-Chairperson of the Board effective March 12, 2014.

From 1970 to 2000, Richard Kennett was a teacher and vice principal in the Winnipeg School Division. From 2000 to 2010, he developed and managed a Manitoba Justice youth crime prevention funding program called “Lighthouses”. The program provided grants to community groups across Manitoba to engage youth outside school hours in safe and productive settings. He has served on the following governance boards – Mediation Services, The Community Unemployed Help Centre and The John Howard Society. From 1995 to 2004, he received extensive training in the facilitation of restorative justice interventions and has, until recently, been a regular mediator for Youth Justice Committees and for Mediation Services. He has facilitated victim/offender cases diverted from the courts, as well as community disputes.

Andrea R. Doyle, B.Sc., LL.B.

Appointed July 11, 2017

Andrea Doyle is a lawyer with the firm Thompson Dorfman Sweatman LLP (“TDS”). She graduated from the University of Manitoba, Faculty of Law in 2009 and was called to the Manitoba Bar in 2010. Andrea has a broad practice that includes administrative law, bankruptcy and insolvency law, civil litigation and corporate and commercial law. She is fluently bilingual in English and in French. Andrea is a member of the Canadian Bar Association French Speaking Common Law Members Section Executive. She has previously been a member of the Manitoba Bar Association Council and the University of Winnipeg Alumni Association Council.

Dr. Roger Gingerich, B.Sc., M.D.

Appointed November 2, 2016

Dr. Gingerich graduated from the Faculty of Medicine at the University of Manitoba in 1985. His career as a family doctor has been to provide medical care in rural settings. He has a special interest in international medical relief and has worked with refugees during the unrest in Haiti (1995), the Kosovo Crisis (1999), the Mozambique floods (2000), and in Darfur, Sudan (2004). He has delivered medical care to disadvantaged patients in over 10 countries. From 2008-2014, he served as Chairperson of the Board at Providence University College and Seminary in Otterburne, MB, and has served in various other leadership positions including committees with Doctors Manitoba, the College of Physicians and Surgeons of Manitoba, and in his local community. He also served as Executive Director of the Christian Medical and Dental Society of Canada for 5 years. He currently practices medicine in Steinbach, MB.

Elaine Graham

Appointed May 1, 2017

Elaine Graham brings a business background to the Manitoba Health Appeal Board (MHAB). She retired as manager of a printing company 5 years ago. She graduated with a Bachelor of Commerce from the University of Manitoba in 1975. She worked in the Winnipeg banking industry before getting married and moving to Portage la Prairie, where she still resides. She has worked for the federal government in HR, owned her own photo shop and worked part-time teaching for Red River College when her children were pre-school. She is very active in her home community, having served as president of the Curling Club and promotions chair for various events including; World Jr. Curling, Provincial Curling and Manitoba Games. She brought Big Sisters to Portage and more recently started a pickleball club. Elaine brings a balanced perspective to the MHAB as part-owner of a medical clinic, wife of a chiropractor, mother of a chiropractor, naturopath and massage therapist.

Allen Kraut, M.D., FRCPC

Appointed May 1, 2015

Dr. Kraut is an Associate Professor in the Departments of Internal Medicine and Community Health Sciences at the University of Manitoba. He is a specialist in Internal Medicine and Occupational Medicine. He graduated from the University of Manitoba Medical School and completed training in Internal Medicine in Winnipeg and Occupational Medicine in New York City. Dr. Kraut is the Medical Director of the Winnipeg Regional Health Authority's Occupational Medicine program. He was an attending physician in Internal Medicine at the Health Sciences Center (HSC) for 30 years, and practices clinical occupational medicine at the Manitoba Federation of Labour Occupational Health Clinic and the HSC. Dr. Kraut has served as a consultant to a variety of labour, industry and government organizations in the field of occupational health.

Alan M. McLauchlan

Appointed February 1, 2014

Alan McLauchlan has a background in Justice from his career with the Royal Canadian Mounted Police followed by a second career as a college instructor. His expertise includes conflict resolution and restorative justice. He presently is self-employed and provides training to organizations on a variety of topics including justice issues, crime prevention and restorative justice. Alan also works on expanding on his families Non Timber Forest Product company, one of the largest in Manitoba.

John Peters, B.A., M.Ed.

Appointed May 9, 2018

John Peters served as an educator in the Hanover School Division for 35 years. He started his teaching career in 1972 and later became a Vice-principal, Principal, Assistant Superintendent and Superintendent/CEO. Following his retirement as Superintendent in 2006, he was asked to serve as the Executive Director of the Bethesda Foundation. This Foundation's mission is to enhance health service in the region through innovation, partnership and funding. During his 10 years with the Foundation he was able to assist the Board and be part of a team instrumental in bringing several important projects to fruition, including a Crisis Stabilization Unit, a Primary Care Centre, housing for marginalized persons, and most recently, an increased number of personal care beds for the community. John and his wife Connie, a retired registered nurse, live in Steinbach, close to their two married children and three grandchildren.

Monica Wood

Appointed August 7, 2019

Monica Wood is the director of development with Vila Rosa care home. She has a diverse work background that includes experience in business, non-profits, academia and the volunteer sector. She previously worked in a variety of roles at the University of Winnipeg including as director of Enrollment Services and director of Admissions. Ms. Wood has also developed governance experience by serving on boards including the Manitoba Council of International Education and the University of Winnipeg – Board of Regents.

Ian Craven

Appointed August 7, 2019

Ian Craven is a partner in MNP's Winnipeg office. A professional management consultant for more than 30 years, Mr. Craven provides economic and business development research and advice to private and public corporations, not-for-profit organizations, Indigenous organizations and government. Ian has a Master of Business Administration degree from the University of Manitoba and holds a Certified Management Consultant and Chartered Professional Accountant designation. He was an inaugural member of the Farm Debt Review Board of Canada for the Manitoba Region, involved with CMA Manitoba and an inaugural member of the board of the CPA Western School of Business.

Dr. Rajinder Bhullar

Appointed August 7, 2019

Dr. Rajinder Bhullar is a professor and associate dean of research in the College of Dentistry at the Rady Faculty of Health Sciences. As part of this position, Dr. Bhullar holds positions on numerous boards including the Research Awards Committee, Research Advisory Committee, College of Dentistry Graduate Studies and Research Committee and the Department of Oral Biology Graduate Studies and Research Committee among others.

Gerard Simard

Appointed August 7, 2019

Gerard Simard is a partner with Smith Neufeld Jodoin LLP. Gerard has experience in most areas of law, including civil matters; however, his areas of expertise are real estate and condominium law, commercial and agricultural transactions, wills and estate planning as well as corporate transactions. Gerard obtained his Bachelor of Arts degree (with a major in French Literature) from the University of Manitoba in 1992. Gerard is fluently bilingual in French and English and studied one year at the Université of Perpignan in southwestern France before obtaining his law degree. Gerard was called to the Manitoba Bar in 1995 and is now a partner with the firm. Gerard has served as a legal advisor to several not-for-profit and charitable organizations in Southeast Manitoba and is an active member of the Knights of Columbus Council of La Broquerie as well as one of the directors of La Broquerie Catholic Church.

Board Administrative Staff

The Manitoba Health Appeal Board administrative office staff manage the day-to-day business of the Board and provides administrative assistance and support to the Board in carrying out its responsibilities.

Administrative Staff

During 2020-21 the Board's staff consisted of the following individuals:

Amanda Cloutier	Administrator
Richard Loiselle	Acting Administrator
Rolan Tan	Office Manager
Doreen Côté	Office Manager/Acting Administrator
Tracey Schaak	Administrative Assistant

Appeals and Hearings

Appeals

Appeals coming before the Board vary in nature. Overall, the appeals heard by the Board during 2020-21 related to decisions regarding payment of benefits with respect to insured medical services and/or travel subsidies, refused registration as an insured person, assessed authorized charges (daily rates) for residents of personal care homes and other long-term facilities, and Home Care services.

Hearings

Section 9(10) of The Health Services Insurance Act provides that the Board may establish its own rules of practice and procedure including rules respecting meetings and hearings, not inconsistent with this or any other act of the Legislature or any regulation regarding the Board. Accordingly, the Board has adopted standard Rules of Procedure for the hearing of appeals. All parties appearing before the Board are provided with a copy of the Board's Rules of Procedure at the time an appeal is filed, and a copy of the Rules is also available on the Board's website.

The Act also directs that appeals shall be conducted on an informal basis and the Board is not bound by the rules of law respecting evidence applicable to judicial proceedings.

With respect to Insured Benefit appeals, the Board has developed an Information Checklist that is provided to appellants on Insured Benefit appeals in advance of the hearing. This checklist is meant to assist appellants by making them aware of the type of information the Board may find pertinent to their position and the nature of evidence the Board is able to take into consideration on a case-by-case basis.

All parties have the right to attend hearings in person and/or to be represented by legal counsel or another person of their choice who they have designated in writing as their representative or who has the authority to act on their behalf. While some appellants choose not to appear at their hearing, they were usually represented by legal counsel or designated individuals such as advocates, family members or friends. As the respondent to the appeals, Manitoba Health and the regional health authorities have had representatives present at all hearings. Manitoba Health has also chosen to be represented at all Insured Benefit hearings by legal counsel and, on occasion a regional health authority has also chosen to be represented by legal counsel on Home Care and Personal Care Home Placement appeals.

Where notice of a hearing has been duly provided but an appellant and/or representative fails to attend on the hearing date, the Board may proceed with the hearing to make a determination on the appeal based on the written material filed by both parties for the hearing and the oral presentation of the respondent. Alternatively, the Board may direct that the hearing be rescheduled to a later date.

At an appeal hearing, the appellant is allowed to present their case and make a submission first, followed by questions by the Board and the respondent. The respondent is then provided with an opportunity to present their case and submission, followed by questions by the Board and the appellant. All questions and answers must be directed through the Chair. The appellant is then given a final opportunity to make any last comments before the hearing concludes.

Recording of Hearings

It is the practice of the Board to digitally record all hearings so that a record of proceedings can be made available if required. The recordings also assist the Board in the preparation of its written reasons for decision.

Pursuant to Board policy, the recordings are maintained on an encrypted USB and are securely retained by the Administrator for a minimum period of three years. Thereafter, they are destroyed, unless there is a judicial review underway, in which case the recordings are maintained until judicial proceedings are concluded.

Parties to a hearing may request a copy of the recording. However, the Board's records are governed by the disclosure provisions set out in The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act. Therefore, depending on the nature of the request, a transcript of proceedings may be required so that the information can be reviewed and a determination made as to whether severing of the record is required in accordance with the legislation. The cost of the preparation of a transcript is borne by the requesting party.

Decisions of the Board

After the conclusion of an appeal hearing, the Board meets in-camera to discuss the evidence and submissions and to make a decision.

After considering the merits of the written and oral evidence and submissions by the parties, in making a decision² on an appeal, the Board may confirm, set aside or vary the decision in accordance with the provisions of The Health Services Insurance Act and regulations or refer the matter back to the person authorized to make the decision for further consideration with the Board's instructions.³

The Board's decision with reasons is prepared in written format and issued to all parties generally within four to six weeks after the hearing date.

Judicial Review

Unless otherwise provided for in any act or regulation, the decisions of the Board on appeals are final. However, like any administrative tribunal, an application for judicial review of the Board's decision may be made to a court. In Manitoba, the appropriate court would be the Manitoba Court of Queen's Bench. An application for judicial review might be made on issues such as the tribunal having made an error of law; having acted without proper jurisdiction; or having made a significant error in procedural aspects of a hearing.

There were no applications for judicial review filed in the Manitoba Court of Queen's Bench by any party for the 2020-2021 year.

Canadian Legal Information Institute (CanLII)

The Board started to post redacted appeal decisions on the CanLII website (www.canlii.org/en/mb/) in 2015. Identifying information is removed from all decisions prior to posting. The Board decided to post appeal decisions for transparency, fairness, educational and research value.

²Section 9(9) of The Health Services Insurance Act states: "A decision or action of the majority of the members of the panel or of the majority of the members of the board constituting a quorum is a decision or action of the board."

³The powers of the Board on appeal is set out in Section 10(5) of The Health Services Insurance Act.

FINANCIAL INFORMATION 2020-21

In 2020-21, the annual operating budget for the Manitoba Health Appeal Board was \$127,000, and the annual salaries budget was \$187,000.

What was unique for this year is there was no travel, mileage or food expenses as the Board members worked remotely due to the COVID-19 pandemic. Additionally, the board remuneration hadn't been processed correctly, so board member fees that should have been recognized in the 2020-21 operating budget, were carried over to the 2021-22 operation budget when this reporting error being fixed.

Operating Budget

The annual operating budget expenditures were \$64, 916.52 for an under expenditure of the overall operating budget of \$62,083.48.

Operating Budget: 2020-21 Manitoba Health Appeal Board		
Budget		\$127,000
Less Actuals		
Board Remuneration (per diems)	\$14,617.84	
Other Expenditures	\$50,298.68	
Total Actuals		<u>\$64,916.52</u>
Variance (under budget)		<u>(\$62,083.48)</u>

Figure 1 – Operating Budget

Board members are paid a per diem when they attend hearings:

- Chair: \$256.00 per half day and \$446.00 per full day
- Members: \$146.00 per half day and \$255.00 for a full day
- Physician Members: paid based on specialty and location at the sessional rates established for medical practitioners.

Board members are also paid a per diem for pre-hearing preparation, decision writing, and duties unrelated to hearings (e.g., attendance at a meeting):

- Chair: \$74.33 per hour
- Members: \$42.50 per hour
- Physician members: at the current hourly sessional rate

Members are also reimbursed for reasonable travel and out-of-pocket expenses incurred in carrying out their responsibilities in accordance with government established rates.

Salaries Budget

The actual salary expenditures were \$121,859 for an under expenditure of \$13,440.

Salaries Budget: 2020-21 Manitoba Health Appeal Board				
Description	FTE^[1]	Estimate	Actual	Variance Over (Under)
Staff Salaries	3 FTE	\$187,000	\$135,380	(\$51,620)
Employee Benefits	3 FTE	\$23,000	N/A	N/A

Figure 2 – Salaries Budget

^[1] Full time equivalents

Board Activities 2020-21

Appeal Sitings and Meetings

Appeal Sitings

During 2020-21, sittings of the Board were scheduled on Thursdays with Authorized Charge appeals usually heard in the morning and Insured Benefit appeals in the afternoon. Whenever possible, hearings for Home Care and other types of appeals were also scheduled on Thursdays, with flexibility to use other week days when necessary.

Sittings of the Board this year were done by teleconference due to the COVID-10 pandemic. The staff participated at the Board's office located at 102 – 500 Portage Avenue, Winnipeg, Manitoba.

During 2020-21 the Board held thirty-three sittings for the purpose of hearing appeals and considering complex motions:

# Sitings Held	Type of Appeal
28	Authorized Charges
14	Insured Benefit
1	Home Care
0	Other

Figure 3 – Sitings Held in 2020-21

On average, the Board heard three appeals at each sitting for Authorized Charge appeals. Generally, the Board heard only one appeal at a sitting for Insured Benefit and other types of appeals. At times, if there is more than one rate year being appealed by the same Appellant, the Board will hear both at the same time, which is also a reason why sittings held could be lower than the number of appeals received.

It is also noteworthy that there were 61 hearings scheduled but subsequently cancelled, sometimes a day before, or the day of, the hearing. There were several reasons for the cancellation or adjournment of the hearings: 1) Manitoba Health provided payment for the requested medical service, 2) Manitoba Health provided health coverage, 3) a regional health authority amended its decision to the satisfaction of the appellant, 4) appellants withdrew their appeals and, 5) hearings were rescheduled at the request of the parties for various reasons.

Unique to this year there were additional cancellations occurred at the beginning of the reporting year as it was the beginning of the COVID-19 pandemic and while the staff sorted out how to proceed with MHAB hearings during this challenging time. There was also a delay on a couple of hearings as the appellant was hopeful that in-person hearings would resume in the near future, this delay creates challenging schedules later and causes a backlog.

Additionally, there were no training sessions offered in this fiscal year, so the board members didn't attend any developmental conferences or training sessions.

French Language Appeal Hearings

The Manitoba Health Appeal Board is one of the quasi-judicial tribunals that hears citizens directly in the official language of their choice. During 2020-21, there were no requests made by parties to an appeal to conduct hearings in the French language.

Composition of Board Quorums/Panels

Taking into consideration the nature of each type of appeal, the Board sits in three member quorums/panels.⁴

The Board has decided that a five member panel should be structured for complex appeals and that a physician should be scheduled on an appeal panel when there is a medical focus to the issue at appeal and that a lawyer be scheduled on an appeal panel when there is a jurisdictional issue at appeal.

Board members are scheduled on a rotating basis, utilizing their various areas of expertise as required. Due to the medical nature of Insured Benefit appeals and the complex legal issues that can arise, it has been the practice of the Board to have at least one physician, whenever possible, and one lawyer member of the Board participate on the panel for this type of hearing.

General Business Meetings

During 2020-21, the Manitoba Health Appeal Board did not meet for a general meeting due to the pandemic. Typically these meetings happen once a fiscal year to discuss a number of issues relevant to the work of the Board which included review of Board Guidelines & Policies, Conduct of a Hearing, review of the draft fiscal year Report statistics, and issues for discussion with meeting with the Minister.

⁴Section 9(6) of The Health Services Insurance Act states: “Except where provided otherwise in this or any other Act of the Legislature or any regulation respecting the board, any three members of the board constitute a quorum ...”
Section 9(7) of the Act states “The board may sit in panels of at least three members.”

Appeal Sitings and General Meetings Statistics

A review of the appeals received, the Board's sittings and general meetings held in the current and past four fiscal years indicates the following:

Appeals Received					
Type	2020-21	2019-20	2018-19	2017-18	2016-17
Authorized Charges	50	52	60	60	44
Request for Waiver of Authorized Charge	0	1	0	1	3
Insured Benefits	39	36	35	51	45
Hepatitis C Compassionate Assistance Program	0	0	0	3	0
Home Care Program	5	8	12	18	17
Personal Care Home	2	2	3	8	8
Other Appeals	0	1	4	0	0
Total	96	100	113	140	117

Figure 4 – Review of Appeals Received

As can be seen by the chart in Figure 4 above, the number of appeals received by the Board decreased from 100 in 2019-20 to 96 in 2020-21.

The reason for the decrease of appeals for 2020-21 in comparison to the 2019-20 fiscal year was, related to a slight decrease in Authorized Charges and Home Care appeals. Home Care Appeals dropped by 38% from the previous year. The figures provided in table 4 show that appeals filed with the Board fluctuate from year to year and consequently are unpredictable.

As of 2017-2018, the Board is no longer accepting Request for Waiver of Authorized Charge appeals. There were no request for waiver of authorized charges received in 2020-21.

Appeals Heard					
Type	2020-21	2019-20	2018-19	2017-18	2016-17
Authorized Charges	28	22	29	21	22
Request for Waiver of Authorized Charges	0	0	0	0	0
Insured Benefits	16	26	15	26	28
Hepatitis C Compassionate Assistance Program	0	0	0	1	0
Home Care Program	1	4	7	8	12
Personal Care Home	0	0	0	1	0
Other Appeals	0	1	1	2	0
Total⁵	45	53	52	59	62

Figure 5 – Comparison of Appeals Heard

As can be seen by the chart in Figure 5, the number of appeals heard by the Board during 2020-21 are eight less than the number of appeals heard in the previous fiscal year.

⁵This total does not include the appeals that were withdrawn or struck off the Board's hearing schedule during the fiscal year. Information rationalizing appeals that were withdrawn or struck off is shown starting on page nineteen of the report.

The number of appeals heard in 2020-21 may be slightly higher than the total number of appeals received for the following reasons:

- The Authorized Charges appeals decreased slightly in 2020-21 from 2019-20.
- Due to the onset of the pandemic in March of 2020, three appeals in April were cancelled and re-scheduled at a later date and an additional two in May and June. This impacted the number of appeals that was heard in 2020-21 and would have otherwise had more appeals heard than the previous fiscal year as a re-scheduling can create a backlog of hearings.
- Appellants were unable to proceed for a number of reasons and the appeal was carried forward to the next fiscal year – e.g., health-related reasons, the appeal process hasn't been completed in full, appellants are away on vacation, or they require additional time to gather their evidence, and unique to this time was one appeal waiting to return to an in-person hearing when that would be possible.
- Appellants submitted new information to the respondent and the respondent was in the process of reviewing the new information.

Below is a chart comparing total sittings and meetings over the past five years.

Sittings and General Meetings			
Fiscal Year	# of Appeal Sittings	# of General Meetings	Total Appeal Sittings/ General Meetings
2020-21	43	0	43
2019-20	53	1	54
2018-19	32	0	32
2017-18	51	1	52
2016-17	44	2	46

Figure 6 – Comparison of Number of Sittings and General Meetings Held

APPEALS

The following is a statistical summary of appeals received and heard for 2020-21.

Authorized Charge Appeals

Appeals Received

The Board received fifty Authorized Charge appeals, which is two appeals less than the number of appeals received in the previous fiscal year⁶.

⁶ In addition, there were 15 appeals brought forward from the previous fiscal year.

Breakdown of Authorized Charge Appeals Received by Regional Health Authority

The following figure shows the breakdown by regional health authority (RHA) of the fifty two Authorized Charge appeals received in 2020-21:

RHA	Appeals
Interlake-Eastern	4
Northern	1
Prairie Mountain	6
Southern Health-Santé Sud	7
RHA Subtotal	18
Winnipeg	32
Total	50

Figure 7 – Breakdown by RHA of Appeals Received

Appeals Heard

During 2020-21, the Board held twenty-eight hearings for Authorized Charge appeals, which is six more than from the previous year's total of twenty-two. There were three hearings that addressed two rate year appeals in the same sitting as it was the same Appellant. For this reason, there will be a different total of hearings from the total number of hearing dispositions.

Disposition of Authorized Charge Appeals Heard

The disposition of the twenty-four decision by the Board in 2020-21 is as follows:

Disposition	Number	%
Appeals dismissed	19	59.4%
Appeals allowed to minimum charge	2	6.2%
Appeals allowed to other rate	11	34.4%
Total	32	100%

Figure 8 – Disposition of Authorized Charge Appeals

Note that there were two situations where one hearing covered two different rate years for an Appellant, which is why the number of dispositions is higher than the number of hearings.

In addition to the above-noted appeals that were heard, twenty-three Authorized Charge appeals were closed prior to a hearing being held for the following reasons:

Manitoba Health amended its review decision	16
Withdrawn by Appellant for other reasons	2
Appellant deceased prior to hearing ⁷	6
Appeal filed prematurely ⁸	0
Total	24

⁷ Pursuant to Manitoba Health's policy, if it is informed that an appellant dies while an appeal is in process and has not yet been heard, the authorized charge (daily rate) will be adjusted to the previous year's assessed rate, or the current minimum rate if assessed the minimum rate in the previous rate year, or if the Appellant is a new resident in personal care. If the estate of the Appellant is not satisfied with Manitoba Health's adjusted rate, it may continue on with the appeal before the Board.

⁸ Appeals filed prior to Manitoba Health making a decision on a Request for Review; as a result, there was no decision from which to appeal.

The withdrawal of sixteen authorized charge appeals occurred because Manitoba Health amended review decisions based on additional financial information that was provided during the appeal process. Much of the financial information clarified income, thereby allowing Manitoba Health to reconsider the daily rate charge.

There were eight appeals pending at the end of the fiscal year and carried forward to 2021-22.⁹

Insured Benefit Appeals

The vast majority of Insured Benefit appeals relate to Manitoba Health’s denial of requests for funding benefits for medical services received outside Manitoba and Canada. Individuals denied registration as an insured person may also appeal.

Appeals Received

The Board received thirty-nine Insured Benefit appeals in 2020-21, which is an increase from the previous fiscal year’s total of thirty-six¹⁰.

Multiple Issues with Insured Benefit Appeals Received

It is to be noted that there can be more than one issue involved with an Insured Benefit appeal. For example, an appellant may appeal Manitoba Health’s denial to pay benefits as well as a travel subsidy related to a medical service that was provided out of the province.

Appeals Heard

During 2020-21, the Board held seventeen hearings for Insured Benefit appeals, which is a decrease from the previous year’s total of twenty-six.

Insured Benefit Appeals Heard				
2020-21	2019-20	2018-19	2017-18	2016-17
17	26	15	26	28

Figure 9 – Comparison of Appeals Heard

Disposition of Insured Benefit Appeals Heard

The disposition of the seventeen Insured Benefits appeals scheduled for a hearing by the Board is as follows:

Disposition	Number	%
Appeals allowed	1	6%
Appeals dismissed	15	88%
Allowed in part	1	6%
Appeal hearing commenced but did not proceed ¹¹	0	0%
Total	17	100%

Figure 10 – Disposition of Insured Benefit Appeals

⁹ Appeals were carried forward for the following reasons: the appellants or their representative were not available to attend a hearing prior to the end of the fiscal year; the respondent was in the process of reviewing new documents that were submitted by the appellant.

¹⁰ In addition, there were 12 appeals brought forward from the previous fiscal year.

¹¹ At the commencement of the hearing, the appellant clarified that the procedure for which benefits were denied, and which gave rise to the appeal, was no longer being contemplated. The Board determined that there was no longer a basis for the appeal hearing to take place.

The report shows that eighty-eight percent of Insured Benefits appeals were unsuccessful. There are several possible explanations for why this occurred.

Ultimately however, each case must be decided on its own merits. In that regard it is worth keeping in mind that many of the Insured Benefits Appellants presented very sympathetic facts and circumstances.

Courts describe boards like this one as “creatures of statute” with no “inherent jurisdiction”. That means that this Board is bound to follow the laws as they have been put in place by the Legislature. It does not have the power to change the rules, even in cases where its members may feel a great deal of sympathy for an appellant. The role of the Board is limited to applying those rules to the facts of the cases that come before it.

Examples of some of the legislative requirements with insured benefit appeals that are commonly not met by appellants are:

- Manitoba Health did not receive a referral from an appropriate Manitoba specialist for insured care and treatment that cannot be rendered in Manitoba or elsewhere in Canada prior to the treatment occurring.
- Evidence from a Manitoba specialist is required to demonstrate what services or investigations are medically necessary and why they or a service of equal nature are not readily available in Manitoba or elsewhere in Canada.
- Prior approval was not granted for the requested service.

In addition to the above-noted appeals that were heard, thirty Insured Benefit appeals were closed prior to a hearing being held for the following reasons:

Withdrawn as Manitoba Health approved payment	1
Withdrawn as Manitoba Health approved registration /coverage	7
Withdrawn by Appellant for other reasons	2
Appeal filed prematurely	0
Issue resolved by the parties	0
Struck-off (failure to actively pursue)	<u>3</u>
Total	13

There were twenty-six appeals pending at the end of the fiscal year and carried forward to 2021-22. Appeals were carried over to the next fiscal year because:

- Appeals were opened at the MHAB toward the end of the fiscal year which results in the appeal processing period running into the next fiscal year, and
- Appellants have requested extension of time for various reasons which has delayed scheduling a hearing date and carried the appeal file over into the next fiscal year.
- This year the staffing turnover was significant and there was never stability established during an already challenging time because of the pandemic.

Home Care Program Appeals

Appeals Received

The Board received five appeals from decisions related to the provision of home care services in the province in 2020-21, which is a decrease from the previous fiscal year's total of eight¹².

Appeals Heard

During 2020-21, the Board held one hearing for Home Care appeals, which is a decrease of three from the previous fiscal year.

Disposition of Home Care Program Appeals Heard

The appeal hearing held in 2020-21 were disposed of as follows:

Disposition	Number	%
Appeals allowed	0	0%
Appeals allowed in part/varied	0	0%
Appeals dismissed	1	100%
Total	1	100%

Figure 12 – Disposition of Home Care Appeals

In addition to the appeal that was heard, one appeal was withdrawn by the appellant.

Four appeals were pending at the end of the fiscal year and carried forward to 2021-22.

The Home Care appeals heard over the past five years were disposed of as follows:

Disposition	Disposition of Home Care Appeals				
	2020-21	2019-20	2018-19	2017-18	2016-17
Allowed/ Allowed In Part	0	2	2	3	6
Dismissed	1	2	5	3	6
Withdrawn (resolved by RHA)	0	3	0	0	0
Withdrawn (other)	1	1	0	0	0
Heard & Adjourned	0	0	0	1	0
Pre-mature	0	1	0	0	0
Resolved during the hearing	0	0	0	1	0
Total	2	9	7	8	12

Figure 13 – Disposition of Home Care Appeals by Year

¹² In addition, there was one appeal that were brought forward from the previous fiscal year.

Breakdown by Regional Health Authority of Home Care Appeals

The following is the breakdown by regional health authority of the five Home Care appeals received in 2020-21 in comparison to the appeals received in the four prior fiscal years:

RHA	Appeals 2020-21	Appeals 2019-20	Appeals 2018-19	Appeals 2017-18	Appeals 2016-17
Interlake-Eastern	1	0	0	2	4
Northern	0	0	0	1	1
Southern Health	0	1	1	0	1
Prairie Mountain Health	0	0	4	2	0
RHA Subtotal	1	1	5	5	6
Winnipeg	4	7	7	13	11
Total	5	8	12	18	17

Figure 14 – Breakdown by RHA of Appeals Received

Home Care Program appeals received from regional health authorities in 2020-21 other than Winnipeg is one of five received in total or 20 percent of appeals, while appeals from Winnipeg numbered 4 of five received or 80 percent.

A summary of the Winnipeg/Other RHA proportions for the past five years is shown below. It indicates that percentages vary, as is to be expected with small data sets, but suggests that significantly more appeals, on a proportional basis, are generated from within Winnipeg each year.

Home Care Program Appeals		
Fiscal Year	% RHAs other than Winnipeg	% Winnipeg
2020-21	20%	80%
2019-20	12.5%	87.5%
2018-19	42%	58%
2017-18	28%	72%
2016-17	35%	65%

Figure 15 – Winnipeg/Other RHAs Breakdown of Home Care Appeals

Personal Care Home Decisions

Appeals Received

The Board received two appeals in relation to a panel decision.

Appeals Heard

The Board held no hearings for an assessment panel decision appeal.

The Board received two appeals, and one was carried over to the following fiscal year:

Personal Care Home Placement Appeals Received					
Fiscal Year	2020-21	2019-20	2018-19	2017-18	2016-17
Appeals Received	2	2	3	3	8

Figure 16 – Comparison of Appeals Received

Other Appeals

There are “Other” types of appeals that the Manitoba Health Appeal Board has been mandated to hear by other legislative acts, regulations and programs as assigned by the Minister of Health.

In the past, these “Other” appeals have included the following:

- emergency health transportation
- conditions and terms of licensing of laboratories and facilities and diagnostic services
- Manitoba Hepatitis C Compassionate Assistance Program

Manitoba Hepatitis C Compassionate Assistance Program

In 2020-21, the Board received no appeals regarding a decision of the Manitoba Hepatitis C Compassionate Assistance Program to deny financial assistance.

The Emergency Medical Response and Stretcher Transportation Act

In 202-21 there were no appeals received under this Act regarding the temporary suspension of a licence.

There were no appeals received under the Act regarding the Northern Patient Transportation Program.

One “Other” appeal was heard by the Board (which had been received in 2017-18) regarding a person who appealed a decision from the Medical Assistance in Dying Program with the Winnipeg Regional Health Authority. The Board denied the appeal.

The following figure details the number and type of “Other” appeals received over the past five fiscal years:

Fiscal Year	Number of Appeals	“Other” Appeals
2020 - 2021	0	
2019 – 2020	1	<i>The Emergency Medical Response and Transportation Act - Northern Patient Transportation Program</i>
2018 – 2019	1	<i>The Emergency Medical Response and Transportation Act - Northern Patient Transportation Program</i>

	2	Provincial Drug Program – Exceptional Drug Status ¹³
2017-2018	1	<i>The Emergency Medical Response and Transportation Act</i>
	1	Medical Assistance in Dying (MAiD)
	1	Provincial Drug & Ancillary Program
	1	<i>Mental Health Act</i> – issue outside the Board’s jurisdiction
2016-17	0	
2015-16	1	Laboratory Specimen Collection Centre Licence
	1	Cleft Lip and Palate Program
2014-15	1	Laboratory License

Figure 17 – “Other” Appeals Received

There were no appeals received regarding decisions made by the Provincial Drug Program (Exceptional Drug Status); however, the Board does not have jurisdiction to hear these appeals.

¹³ The Board did not have jurisdiction to hear these appeals.

Public Communication

Communication Activities

Strategies have been developed by the Board to communicate information to the public and appropriate service providers and agencies about the Board and its appeal process. These activities keep individuals and appropriate service providers and social agencies advised of the right to appeal certain decisions to the Board, and are a key component of an effective appeal process.

Hearing Guide

The Board developed a Hearing Guide to assist parties to an appeal understand the appeal and hearing process. The Hearing Guide is posted on the Board's website and is available in print form at the Board office.

Brochures

The Manitoba Health Appeal Board brochure is normally posted on the Board's website. Brochures are distributed to appellants and, upon request, to members of the public.

Guidelines and Policies

Board guidelines and policies are posted on the MHAB website. This is done for transparency and for public access to information that may be relevant to the preparation of an appeal.

Website

The Manitoba Health Appeal Board website contains detailed information about the Board, the types of appeals heard, the appeal process, and provides access to forms required to initiate an appeal. The website is located at:

<http://www.manitoba.ca/health/appealboard>

Canadian Legal Information Institute (CanLII)

The Board started to post redacted appeal decisions on the CanLII website (www.canlii.org/en/mb/) in 2015. Identifying information is removed from all decisions prior to posting. The Board has decided to post appeal decisions for the following purposes: transparency, fairness, educational and research value.