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MANITOBA HEALTH  
APPEAL BOARD

**ANNUAL REPORT**

APRIL 1, 2024 - MARCH 31, 2025



This communication is available in multiple formats upon request.





# Manitoba Health Appeal Board Annual Report April 1, 2024 to March 31, 2025

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# Message from the Chair

As Chair of the Manitoba Health Appeal Board (The Board), I am honoured to serve Manitobans by upholding the principles of fairness, transparency, and accountability in our province’s health care system. Our Board plays a vital role in ensuring that individuals have access to an independent and impartial process when appealing decisions related to health services.

Over the past year, we have continued to strengthen our commitment to timely and respectful hearings, while adapting to the evolving needs of our community. Whether addressing appeals related to insured benefits, home care, or personal care home placements, our goal remains the same: to provide a clear and accessible path to justice for all Manitobans.

I extend my sincere gratitude to the dedicated members of the Board and our administrative staff, whose professionalism and compassion are the foundation of our work. I also thank the individuals who bring their concerns forward—your voices help us improve the system for everyone.

Sincerely,



Joan Holmstrom  
Chair, Manitoba Health Appeal Board

# 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 by the Manitoba Health 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 the 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 concerning 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 pursuant to Manitoba Health Appeal Board Regulation 175/2008.

## Jurisdiction

The Manitoba Health Appeal Board (The Board) is an independent quasi-judicial administrative tribunal established pursuant to section 9 of The Health Services Insurance Act<sup>1</sup> whose members are appointed by Order-in-Council.

The Board is responsible for:

- hearing and determining appeals as specified under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act* and *The Mental Health Act (Charges Payable by Long Term Patients Regulation 155/97)*;
- performing any other duties assigned by any Act or regulation of the Legislature; and
- performing any other duties assigned by the Minister.

In summary, the Board:

- serves as an appeal body for recipients and providers of health services and others as provided for in the legislation referred to above;
- ensures natural justice, fairness, and due process for appellants and respondents;
- provides timely, fair and impartial adjudication and independent decisions regarding appeals; and
- serves as an advisory body to the Minister on all matters referred by the Minister and responds to requests from the Minister within a reasonable time.

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<sup>1</sup>Sections 2(1), 9, 10, 57(4), 57(5), 58, 61, 85.1(1), 85.1(2), 112.1, 113(1)(dd), 118.2(1), 118.2(3), 118.2(4) and 127(1) of the The Health Services Insurance Act specifically refer to the Board. Sections 1, 12, 13 and 20(3) of The Emergency Medical Response and Stretcher Transportation Act also refer 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.

## 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 achieved through an Order in Council.

A member shall be appointed to hold office for the term specified and shall continue to hold office until the member is reappointed, a successor is appointed, or the appointment is revoked. Practice consists of having a roster of physicians, lawyers and lay members.

During the fiscal year April 1, 2024 to March 31, 2025, the Board increased from 18 members to 20 members and consisted of the following members:

1. Joan Holmstrom, LL.B., Chairperson
2. Dr. Rajinder Bhullar, Vice-Chairperson
3. Teresa Banman
4. Kristine Barr, LL.B.
5. Ian Craven, CPA
6. Andrea Doyle, B.Sc., LL.B.
7. Don Dunnigan
8. Elaine Graham
9. Heba Abd El Hamid
10. George Kolomaya
11. Dr. Allen Kraut M.D., FRCPC
12. Morgan Lawrence, LL.B
13. Kevin McKnight CPA
14. Edna Nabess
15. John Peters B.A., M.Ed.
16. Alana Parashin LL.B
17. Myrna Philips
18. Dr. William Pope M.D, LL.B, FRCPC
19. Kimberly Stephen
20. Amoy Thompson

## Board Staff

The Board's office staff manage the day-to-day business and support the Board in carrying out its responsibilities.

During 2024-25 the Board's staff consisted of the following individuals:

- |                          |  |
|--------------------------|--|
| 1. Amanda Cloutier       | MHAB Secretary and Privacy Coordinator |
| 2. Rolan Tan             | Hearing Officer                        |
| 3. Flordeliza Leones     | Appeals Coordinator                    |
| 4. Urnusa Bianca De Luna | Appeals Assistant (STEP Student)       |
| 5. David Sopotyk         | Administrative Clerk (STEP Student)    |

## Appeal and Hearing Highlights

### Appeals 2024/2025

Overall, the appeals heard during the 2024-2025 period related to disputes over decisions regarding payment of benefits concerning 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 level of services. Appeals coming before the Board varied in nature and could be quite complex at times.

#### Summary of Heard Appeals

A total of **115 appeals** were heard during this period, covering a range of health care issues. The appeals trends were categorized as follows:

- 1. Coverage Cancelled for Temporary Out-of-Province Travel**  
**21 appeals** (18%) involved individuals whose health coverage was cancelled in the second month of temporary travel outside the province.
- 2. Travel Due to Lengthy Waitlists**  
**19 appeals** (16%) were submitted by individuals who sought out-of-province care due to extended wait times in their home province.
- 3. Implied or Maintained Status**  
**18 appeals** (15%) centered on individuals whose health coverage was affected due to complications with their immigration status being implied or maintained.
- 4. Non-Referral Practitioner Letters**  
**10 appeals** (9%) included letters from medical practitioners that did not meet the formal criteria for a referral, resulting in denied coverage or reimbursement.
- 5. Denied Coverage for dependents**  
**4 appeals** (3%) were from Canadian citizens or permanent residents who were denied health coverage for their dependents.
- 6. Other Types of Appeals**  
**43 appeals** (39%) fell outside the above categories and included a variety of other registration, authorize charge, homecare, panel decisions and coverage-related issues.



## Hearings

The Board has adopted standard Rules of Procedure for hearing appeals. All parties appearing before the Board are provided with a copy of the Board's Rules of Procedure when an appeal is filed, and a copy of the Rules is also available on the Board's website.

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

For the 2024/2025 fiscal year, the Board continued to operate under a hybrid model offering a choice to appellants, in-person or virtual hearings. While the Board did see an increase in applicants' requests for in-person hearings, the majority of applicants continued to choose a virtual option for the format of their hearing. This was especially true for Manitobans from rural or northern communities due to the increased costs associated with traveling to an in-person hearing. The Board also continued to expand the adoption of the Information Checklist for parties to use as a guide throughout all appeals, it is now available for all types of appeals. These checklists are meant to assist appellants by ensuring that they are aware of the type of information the Board may find pertinent to their position and the nature of evidence the Board can take into consideration on a case-by-case basis.

All parties have the right to attend hearings and/or to be represented by legal counsel or another person of their choice who they have designated as their representative. As the respondent to the appeals, Manitoba Health and the Regional Health Authorities have had legal representatives present at all hearings. A small portion of appellants were represented by legal counsel this year. While some appellants chose to self-represent themselves or have a family member act on their behalf, others identified in their application that they required assistance obtaining legal services. MHAB bridged these individuals with the Advocacy Unit within the Public Interest Law Center with the Manitoba Legal Aid office. This service was also used as a consultation service in several Insured Benefit appeals. For 2024/2025 fiscal year, 16% of applicants utilized this program. 19 applications were made to the Advocacy Unit, 8 resulted in advocacy services provided, 8 resulted in consultations for information and 3 applications did not respond to contact.

When the Board issues a notice of hearing, a hearing is held with both parties before a panel of 3 board members and is moderated by a hearing officer. Members are utilized on a rotational basis and/or based on their expertise.

At an appeal hearing, the appellant is allowed to present their case through oral 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 panel Chair. The appellant is then given a final opportunity to make any last comments before the hearing concludes.

Where notice of a hearing has been duly provided but an appellant and/or representative fails to attend on the date of the hearing, 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.

## 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 assist the Board in the preparation of its written reasons for decision.

The recordings are maintained securely and are retained 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*. The cost of the access request 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 decision<sup>2</sup> 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.<sup>3</sup>

The Board's decision with reasons is prepared in written format and issued to all parties. The Board strives to provide a written decision within 12 weeks of the hearing date. All decisions of the Board are posted to the Canadian Legal Information Institute (CanLII) website for transparency, fairness, educational and research value in redacted format.

## 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 King'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 was no application for judicial review filed in the Manitoba Court of King's Bench for the 2024-25 year. There was however one (1) application to the Manitoba Court of Appeals.

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<sup>2</sup>Section 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."

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

# FINANCIAL INFORMATION 2024-2025

In 2024-2025, the annual operating budget for the Manitoba Health Appeal Board was \$127,000 & the annual salaries budget was \$191,354.

## Operating Budget

The annual operating budget expenditures were \$140,722.32 for an over expenditure of \$13,722.32. The over expenditure was largely a result of an increase in appeal sittings and additional professional services required by the Board.

### Operating Budget: 2024-25 Manitoba Health Appeal Board

Budget		\$127,000.00
Less Actuals		
Board Remuneration (per diems)	\$98,845.57	
Other Expenditures	\$41,876.75	
Total Actuals		<u>\$140,722.32</u>
Variance (under budget)		<u>\$13,722.32</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

Actual salary expenditures totaled \$274,756.87, resulting in an over-expenditure of \$83,402.87. This was primarily due to the turnover allowance and increased employee benefit costs. Additional contributing factors included classification changes and the expansion of administrative staff to support a higher volume of appeal sittings.

### Salaries Budget: 2024-25 Manitoba Health Appeal Board

Description	FTE <sup>[1]</sup>	Estimate	Actual	Variance Over (Under)
Staff Salaries	3 FTE	\$179,875.00	\$225,027.66	\$45,152.66
Employee Benefits	3 FTE	\$38,479.00	\$49,729.21	\$11,250.21
Staff Turnover Allowance	3 FTE	\$27,000.00	\$27,000.00	\$27,000.00

Figure 2 – Salaries Budget

<sup>[1]</sup> Full time equivalents

# Board Activities 2024-25

## Appeal Sitings and Meetings

### Appeal Sitings

In 2024–25, the Board held 139 sittings. 115 sittings were to hear appeals and 24 were late-filed bench motions. The number of appeal sittings increased to meet demand. Four hearing dockets were scheduled, with approximately 4 to 8 appeal matters heard each week. Hearings typically took place during the day on Tuesdays or Thursdays, with flexibility to use other weekdays when necessary.

# Sitings Held	Type of Appeal
21	Late-filed Bench Motions
30	Authorized Charges
83	Insured Benefits
1	Home Care
0	Personal Care Home
1	Others

Figure 3 – Sitings Held in 2024-25

The Board’s docket typically contained 3 appeals for each sitting for Insured Benefits/ Authorized Charge Appeals and 1-2 appeals for other types of appeals.

It is noteworthy that there were 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) Manitoba Health amended its review decision regarding authorized charges;
- 4) Regional health authority amended its decision to the satisfaction of the appellant;
- 5) Appellants withdrew their appeals and;
- 6) Hearings were rescheduled at the request of the parties for various reasons.

### French Language Appeal Hearings

MHAB offers active French language services to all Manitobans, allowing citizens to participate in hearings in the official language of their choice. In 2024–25, three (3) requests were made by parties to conduct their appeal hearings in French.

### Composition of Board Quorums/Panels

Board members are assigned to appeal panels on a rotating basis, considering both their availability and areas of expertise. Panels typically consist of three members. Panel composition is tailored to the specific nature of each appeal.

For Insured Benefits appeals, which often involve medical and legal complexities, the Board generally includes at least one physician and one lawyer.

For Authorized Charge appeals, the Board typically includes a lay member with a financial background to ensure appropriate subject matter expertise and two other community lay members.

In cases involving complex jurisdictional or medical issues, a five-member panel may be convened. In such cases, including both a physician and a lawyer is considered best practice.

## General Business Meetings

The Annual General Meeting (AGM) held on September 26, 2024, provided a comprehensive review of our organization's performance over the past year. The meeting underscored our achievements, challenges, and strategic direction moving forward.

MHAB members also participated in the Manitoba Council of Administrative Tribunals (MCAT) conference and new member training. Additionally, the Board's members and its hearing officers completed a decision-writing course offered by MCAT in collaboration with the Law Society.

## Appeal Sittings and General Meetings Statistics

A comparative analysis of appeal sitting trends between 20/21 and 24/25 indicate a **157%** increase in the volume of appeals heard as illustrated in Figure 4. The overall upward trend reflects increased activity and demand for appeal hearings. **Appeals Heard** rose steadily over the five-year period, more than doubling from 45 to 115. **Total cases increased by 157%**, from **54 in 2020–2021** to **139 in 2024–2025**. **Late-filed Bench Motions** peaked at **31 in 2023–2024**, then declined to **24 in 2024–2025**.

	2024-2025	2023-2024	2022-2023	2021-2022	2020-2021
Appeals Heard	115	83	56	61	45
Late-filed Bench Motions (including Request for Review*)	24	31	13	9	9
<b>Total</b>	<b>139</b>	<b>114</b>	<b>69</b>	<b>70</b>	<b>54</b>

Figure 4 – Review of Appeal Trends

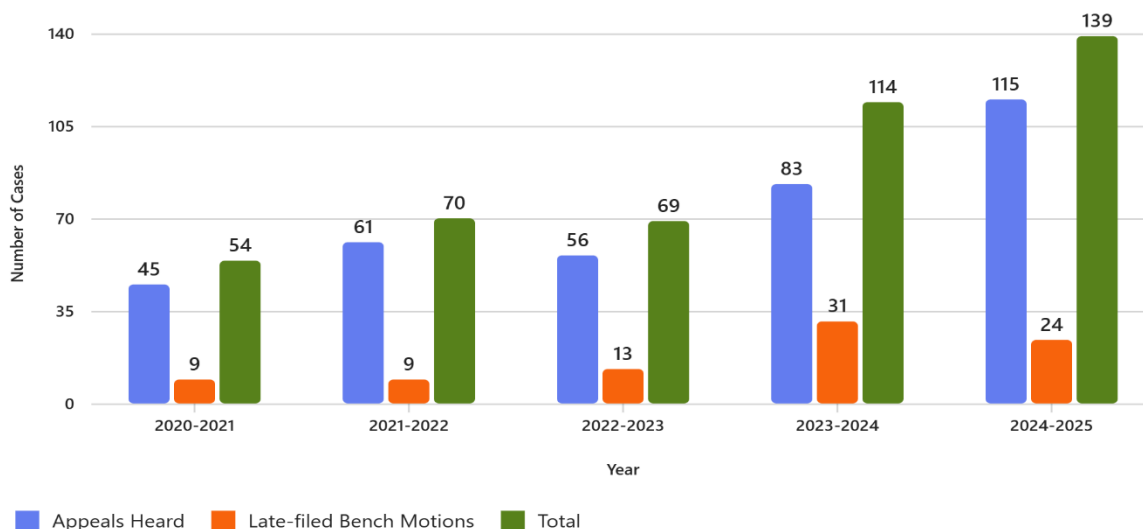


Figure 5 – Appeal Trends 2020-2025

## Appeals Received:

Illustrated in Figure 6, **total appeals received increased by 85%**, from 96 in 2020–21 to 178 in 2024–25. Year over year, an 18% increase in appeals can be observed.

- The largest growth was in Insured Benefits appeals, which rose from 39 to 122 over the five-year period.
- Authorized Charges fluctuated but reached a high of 51 appeals in 2024–25.
- Home Care Program appeals declined steadily, from 12 in 2021–22 to 4 in 2024–25.
- Personal Care Home and Other Appeals remained low and relatively stable throughout.

Appeals Received					
Type	2024-25	2023-24	2022-23	2021-22	2020-21
Authorized Charges	51	60	49	37	50
Insured Benefits	122	83	79	33	39
Home Care Program	4	5	6	12	5
Personal Care Home	0	0	2	3	2
Other Appeals	1	3	1	0	0
<b>Total</b>	<b>178</b>	<b>151</b>	<b>137</b>	<b>85</b>	<b>96</b>

Figure 6 – Review of Appeals Received

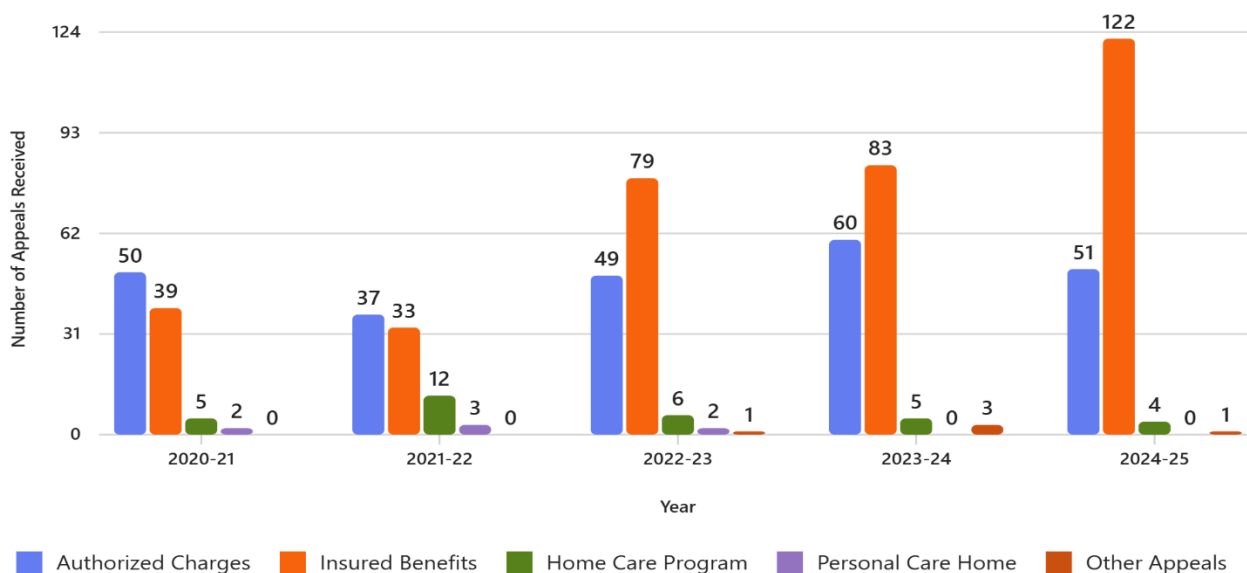


Figure 7 – Review of Appeals Received Trends 2020-2025

## Appeals Heard:

As shown in Figures 8 and 9, additional hearings were scheduled to address the backlog of appeals carried over from the previous fiscal year, as well as to support the increase in new disputes received. These measures were taken as an overall effort to ensure timely access to the appeals process for Manitobans.

This increase in activity is reflected in the following trends:

- Total appeals heard rose by **157%**, from 54 in 2020–21 to 139 in 2024–25.
- Insured Benefits appeals experienced the most significant growth, rising from 16 to 83 over the five-year period.
- Authorized Charges remained relatively stable, peaking at 30 appeals in 2024–25.
- Home Care Program appeals declined from a high of 6 in 2021–22 to just 1 in 2024–25.
- Personal Care Home and Other Appeals remained minimal throughout the period.
- Late-filed Bench Motions fluctuated, peaking at 31 in 2023–24 before decreasing to 24 in 2024–25.

Appeals Heard					
Type	2024-25	2023-24	2022-23	2021-22	2020-21
Authorized Charges	30	29	14	25	28
Insured Benefits	83	50	39	28	16
Home Care Program	1	2	3	6	1
Personal Care Home	0	0	0	2	0
Other Appeals	1	2	0	0	0
Late-filed Bench Motions	24	31	13	9	9
<b>Total<sup>4</sup></b>	<b>139</b>	<b>114</b>	<b>69</b>	<b>70</b>	<b>54</b>

Figure 8 – Comparison of Appeals Heard

Sittings and General Meetings				
Fiscal Year	# of Appeal Sittings	# of Late-Filed Bench Motions	# of General Meetings	Total
2024-25	115	24	1	140
2023-24	83	31	1	115
2022-23	56	13	1	70
2021-22	61	9	1	71
2020-21	45	9	0	54

Figure 9 – Comparison of Number of Sittings and General Meetings Held

<sup>4</sup>This 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 19 of the report.

## APPEALS

The following is a statistical summary of appeals received and heard for 2024-25 by appeal type.

### ***Authorized Charge Appeals***

#### Appeals Received

The Board received 51 Authorized Charge appeals. Figure 8 breaks down the number of appeals by Regional Health Authority (RHA) in 2024-25.

RHA	Appeals
Interlake-Eastern	5
Northern	0
Prairie Mountain	8
Southern Health-Santé Sud	6
<b>RHA Subtotal</b>	<b>19</b>
Winnipeg	32
<b>Total</b>	<b>51</b>

*Figure 10– Breakdown by RHA of Appeals Received*

#### Appeals Heard

The Board held 30 hearings for Authorized Charge appeals. The disposition of the 30 decisions by the Board in 2024-25 is as follows:

Disposition	Number	%
Appeals dismissed	16	53%
Appeals allowed to minimum charge	2	7%
Appeals allowed to other rate	12	40%
<b>Total</b>	<b>30</b>	<b>100%</b>

*Figure 11 – Disposition of Authorized Charge Appeals*

In addition to the above-noted appeals that were heard, 24 Authorized Charge appeals were closed prior to a hearing being held for the following reasons:

Manitoba Health amended its review decision	19
Withdrawn by Appellant for other reasons	3
Struck off (no standing)	0
Appeal filed prematurely <sup>5</sup>	2
<b>Total</b>	<b>24</b>

The withdrawal of **19** 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 seven (7) appeals pending at the end of the fiscal year and carried forward to 2025-26.<sup>6</sup> This backlog was largely due to appeals opened prior to the end of the fiscal year that were not able to be scheduled.

<sup>5</sup> 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.

<sup>6</sup> Appeals were carried forward for the following reasons: appeals were filed closer to the end of the fiscal year; the respondent was in the process of reviewing documents that were submitted by the appellant.



## ***Insured Benefits Appeals***

Most of the Insured Benefits appeals related to Manitoba Health’s denial of requests for funding benefits for medical services received outside Manitoba and Canada and Individuals denied registration as an insured person.

### ***Appeals Received***

The Board received **122** Insured Benefits appeals in 2024-25.

### ***Multiple Issues with Insured Benefits Appeals Received***

More than one issue may be involved with an Insured Benefits appeal and appeals appearing before the Board can be complex in nature. 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***

The Board held 83 hearings for Insured Benefits appeals, which is an increase from the previous year’s total of 50. The disposition of the 83 Insured Benefits appeals scheduled for a hearing by the Board is below. There was 1 hearing that addressed two Appellants in the same sitting. There were 8 hearings that were adjourned and reconvened on a later date.

<b>Disposition</b>	<b>Number</b>	<b>%</b>
Appeals allowed <sup>7</sup>	17	20%
Appeals dismissed	59	71%
Referred back to the Minister	0	0%
Adjourned / Settlement at hearing <sup>8</sup>	7	9%
<b>Total</b>	<b>83</b>	<b>100%</b>

*Figure 12 – Disposition of Insured Benefits Appeals*

The report shows that 71% 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 benefits 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.

<sup>7</sup> Appeals Allowed includes 2 partially approved appeals representing a 2% partial approval rate.

<sup>8</sup> At the commencement of the hearing, the respondent informed the Board that they are granting coverage to the Appellant. The Board determined that there was no longer basis for the appeal hearing to proceed.

- 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.
- Proof of satisfactory evidence the person is legally entitled to work in Manitoba under one (1) or more work permits totaling 12 consecutive months or more.

In addition to the above-noted appeals that were heard, 41 Insured Benefits appeals were closed prior to a hearing being held for the following reasons:

Withdrawn as Manitoba Health approved registration/coverage	14
Withdrawn by Appellant for other reasons	20
Appeal filed prematurely	3
Struck-off (no jurisdiction)	4
<b>Total</b>	<b>41</b>

There were two (2) appeals received regarding a decision from the Provincial Drug Program concerning the Exception Drug Status. However, the Board does not have jurisdiction to hear this type of appeal as such appeals were struck off. The Provincial Drug Program has its own internal review process with the Provincial Drug Programs Review Committee (PDRPC).

There were **47** appeals pending in a backlog at the end of the fiscal year and carried forward to 2025-26. Appeals were carried over to the next fiscal year because:

- Limited scheduling availability.
- Appeals were opened toward the end of the fiscal year which results in the processing period running into the next fiscal year;
- Appellants have requested extension of time for various reasons which delayed scheduling a hearing date and carried the appeal file over into the next fiscal year.

## **Home Care Program Appeals**

### Appeals Received

The Board received four (4) appeals from decisions related to the provision of home care services in the province in 2024-25, which was a decrease from the previous fiscal year's total of 5. One (1) appeal was filed prematurely.

### Appeals Heard

The Board held one (1) hearing for Home Care appeals, which is a decrease from the previous fiscal year's two (2) hearings. The appeal hearings held in 2024-25 were disposed of as follows:

<b>Disposition</b>	<b>Number</b>	<b>%</b>
Appeals allowed	0	0%
Appeals allowed in part/varied	0	0%
Appeals dismissed	1	100%
Appeals dismissed no jurisdiction	0	0%
<b>Total</b>	<b>1</b>	<b>100%</b>

Figure 13 – Disposition of Home Care Appeals

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

Disposition	Disposition of Home Care Appeals				
	2024-25	2023-24	2022-23	2021-22	2020-21
Allowed/ Allowed In Part	0	0	2	0	0
Dismissed	1	2	1	6	1
Withdrawn (resolved by RHA)	0	0	0	0	0
Withdrawn (other)	0	3	3	1	1
Heard & Adjourned	0	0	1	0	0
Premature	1	2	1	5	0
Resolved during the hearing	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>12</b>	<b>2</b>

Figure 14 – Disposition of Home Care Appeals by Year

Breakdown by Regional Health Authority of Home Care Appeals

The following is the breakdown by regional health authority of the 4 Home Care appeals received in 2024-25 in comparison to the appeals received in the four prior fiscal years:

RHA	Appeals 2024-25	Appeals 2023-24	Appeals 2022-23	Appeals 2021-22	Appeals 2020-21
Interlake-Eastern	1	1	0	0	1
Northern	0	0	0	0	0
Southern Health	1	0	1	1	0
Prairie Mountain Health	0	0	0	1	0
<b>RHA Subtotal</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>
Winnipeg	2	4	5	10	4
<b>Total</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>12</b>	<b>5</b>

Figure 15 – Breakdown by RHA of Appeals Received

Home Care Program appeals received from the Regional Health Authorities (RHA) were 50% from Winnipeg and 50% from other RHA areas.

A summary of the proportions for the past five years is shown below. These numbers continue to suggest annually 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
2024-25	50%	50%
2023-24	20%	80%
2022-23	17%	83%
2021-22	17%	83%
2020-21	20%	80%

Figure 16 – Winnipeg/Other RHAs Breakdown of Home Care Appeals

## Personal Care Home Decisions

### Appeals Received

There was no appeal received in relation to a panel decision.

Below is a comparison of Personal Care Home appeals received over the past five years.

	Personal Care Home Placement Appeals Received				
Fiscal Year	2024-25	2023-24	2022-23	2021-22	2020-21
Appeals Received	0	0	2	3	2

Figure 17 – 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

In 2024-2025, one (1) appeal regarding the Manitoba Cleft Lip and Palate Program carried over from the previous fiscal year (2023-24) and subsequently withdrawn by the Appellant following resolution between the Appellant and the regional health authority.

#### The Emergency Medical Response and Stretcher Transportation Act

In 2024-25, there was one (1) appeal received regarding the Northern Patient Transportation Program (NPTP). This appeal was heard and dismissed.

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
2024-2025	1	<i>The Emergency Medical Response and Transportation Act</i> - Northern Patient Transportation Program
2023-2024	1	Manitoba Cleft Lip and Palate Program
	1	<i>The Emergency Medical Response and Transportation Act</i> - Northern Patient Transportation Program
2022-2023	1	Manitoba Wheelchair Program (MWP)
	1	<i>The Emergency Medical Response and Transportation Act</i> - Northern Patient Transportation Program
2021-2022	0	
2020-2021	0	

Figure 18 – “Other” Appeals Received

## 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 with 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 <https://www.gov.mb.ca/health/appealboard/>

### **Canadian Legal Information Institute (CanLII)**

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