

# Office Of Resource Access and Partnership (ORAP) Updates

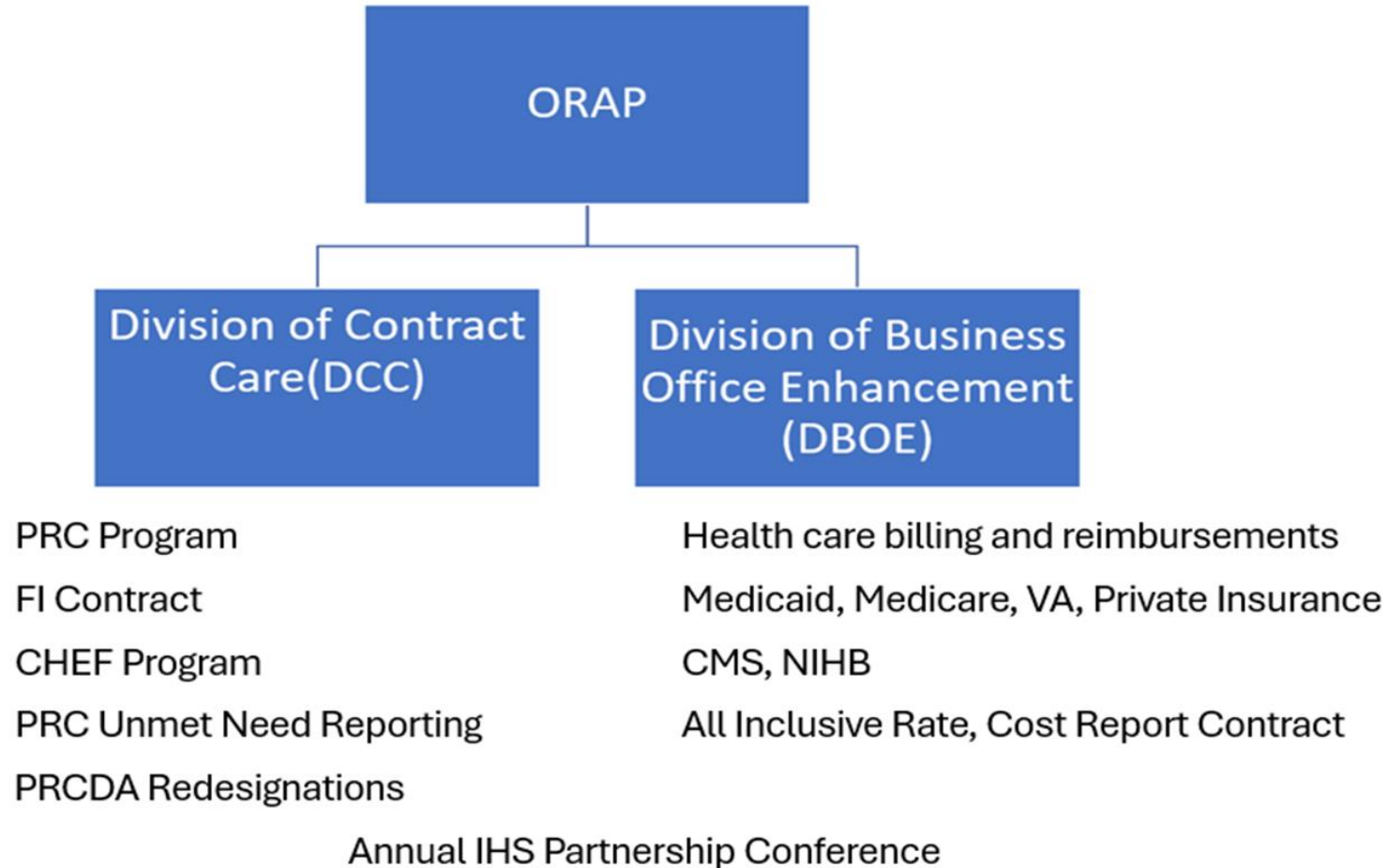
December 11, 2025

**Indian Health Service**

CDR Tracy Sanchez, Acting ORAP Director



## Office of Resource Access and Partnerships (ORAP)



# Catastrophic Health Emergency Fund (CHEF)



- The fund was created by Congress to reimburse medical expenses incurred for catastrophic illnesses and events falling within the PRC payment responsibility of IHS after a threshold cost has been met.
- CHEF is intended to shield IHS and Tribal PRC programs from financial depletion caused by the high cost of catastrophic illnesses and/or events.
- For FY 2024, the cost threshold requirement was \$19,000 and must first be met before reimbursements can be requested from the CHEF.
- For FY 2025, the cost threshold requirement was \$19,095 and must first be met before reimbursements can be requested from the CHEF.
- CHEF reimbursement cannot be made until all alternate resources the patient may be eligible for have been exhausted.
- The CHEF reimburses PRC programs, it does not make the initial payments
- Complete CHEF reimbursement cases are processed on a First In, First Out basis and until all funds for that fiscal year are exhausted

# Catastrophic Health Emergency Fund (CHEF)

- PRC Program \$942 million
- \$347 million (or 37%) is allocated to federal PRC programs
- \$595 million (or 63%) is allocated to tribal PRC programs
- \$54 million CHEF is separate (in addition to the \$942M)
- Catastrophic Health Emergency Fund (CHEF) \$54 million dollar appropriation
  - In FY2025 the ORAP CHEF team disbursed approximately \$33.8 million to federal and tribal (Title I and V) PRC programs

Title I	\$ 1,249,085
Title V	\$15,923,571
Federal	\$16,711,963

# Catastrophic Health Emergency Fund (CHEF)



- Reimbursement requests can be submitted in 2 ways:
  - Electronic CHEF application (ECA)
  - Manual scanning via Secure Data Transfer (SDT)
- Federal sites are required to submit electronically (ECA), tribal sites can submit either SDT or ECA
- ECA is strongly encouraged and preferred
- Tribal sites do NOT have to use RPMS to use the ECA

# Catastrophic Health Emergency Fund (CHEF)



## ECA Advantages:

- All required documentation is entered in the proper order
- All required signatures are captured
- Tracks the place in line (the queue)
- Tracks the status of the case
- Much fewer returns/rejections for missing or incomplete case files
- Much faster processing

# PRC Unmet Need Reporting



- The Unmet Need Report identifies, and aggregates denied and deferred services
- Information and data is used to determine the unmet PRC financial needs
- The information from these reports is used to determine unmet PRC financial need and support program budget justifications to the Department of Health and Human Services (HHS), Office of Management and Budget (OMB), and Congress
- Unmet need reporting is required for all federal PRC programs, it is encouraged for tribal PRC programs
- For CY 24 we received 63 federal responses and 31 tribal responses with an estimated unmet financial need of \$548,748,426
- We are likely underestimating the actual unmet PRC financial need
- We are currently conducting our annual data call for fiscal year 2025

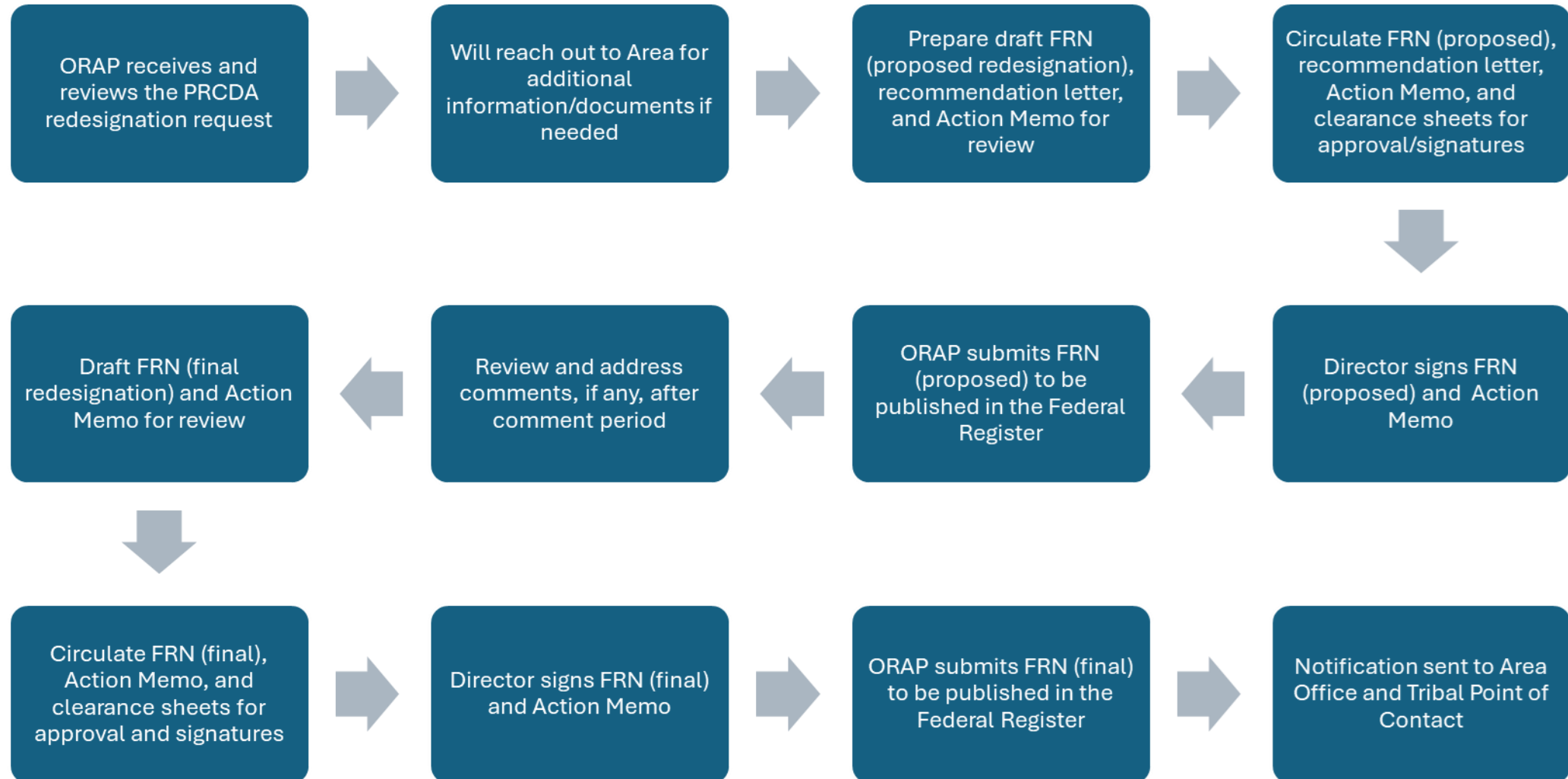
# Purchased Referred Care Delivery Area (PRCDA) Redesignation Updates



- In FY25, ORAP processed PRCDA redesignations for 5 tribes resulting in 1,195 newly eligible PRC beneficiaries
- June 2025-Feasibility study for North Dakota and South Dakota began, anticipated Tribal Consultation to share and discuss the results anticipated in the Spring of 2026
- January 21, 2026-Tribal Consultation in Arizona to discuss a feasibility study
- There is currently 1 tribe with a completed packet in process with ORAP/HQ for re-designation
- There are 5 tribes that have expressed their intention to redesignate their PRCDA and those requests are still at the Area level (Albuquerque-1, Billings-1, Portland-3)



# Purchased Referred Care Delivery Area (PRCDA) Redesignation



# All Inclusive Rate (AIR) Update



- On an annual basis, the Indian Health Service (IHS) calculates and publishes, in the Federal Register, calendar year reimbursement rates. The rates are often referred to as the All-Inclusive Rates (AIRs).
- IHS submits recommended AIR rates to OMB for final approval through HHS and CMS. The approved AIR rates are published in the Federal Register and IHS and tribal systems can then bill and be paid at the new rates.
- The CMS Medicare contractor and State Medicaid agencies are notified when the AIR rates are published so that systems can be updated to pay the new rates.

# All Inclusive Rate (AIR) Update



- The Calendar Year (CY) 2026 All-Inclusive Rates (AIR) are finalized internally, and clearance materials have been submitted for HHS level review.
- A briefing with the Department of Health and Human Services (HHS), the Office of the Assistant Secretary for Financial Resources (ASFR), and the Centers for Medicare & Medicaid Services (CMS) occurred on December 9, 2025. Their official clearance is anticipated this week or early next week.
- A final briefing with the Office of Management and Budget (OMB) is anticipated in mid-December, with the goal of publishing the Federal Register Notice (FRN) by December 31, 2025.



# Questions?



# Contact Information

[tracy.sanchez@ihs.gov](mailto:tracy.sanchez@ihs.gov) -Acting Director  
[felicia.roach@ihs.gov](mailto:felicia.roach@ihs.gov) –Deputy Director  
[hq\\_orapchefonlinesupport@ihs.gov](mailto:hq_orapchefonlinesupport@ihs.gov) –CHEF  
[alison.sanders@ihs.gov](mailto:alison.sanders@ihs.gov) –PRCDA, Unmet Need

