

Health Coverage Options for Immigrants

This fact sheet provides information and guidance Navigators and certified application counselors (collectively, assisters) need to know in order to help immigrants understand their health coverage options.

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July 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

Overview

Many immigrants are eligible for health coverage through the Health Insurance Marketplace^{®i} or through Medicaid or the Children’s Health Insurance Program (CHIP), depending on their immigration status and other eligibility criteria as described in 45 CFR § 152.2 and 42 CFR §§ 435.4, 435.406 (Medicaid) and 457.320 (CHIP). Assistors helping immigrant applicants to enroll in health coverage must be aware of federal and state rules that affect these consumers’ eligibility for different health care and coverage options. Assistors should also help immigrant consumers evaluate their health care coverage options while providing assistance that is culturally and linguistically appropriate.

Marketplace Eligibility

Lawfully present immigrants who meet other basic Marketplace eligibility requirements may be eligible for coverage through the Marketplace. The following table lists some lawfully present immigrant statuses eligible to enroll in Marketplace coverage. For a full list of eligible statuses, visit [HealthCare.gov/immigrants/immigration-status](https://www.healthcare.gov/immigrants/immigration-status).

Marketplace-eligible Lawfully Present Immigrant Statuses	
<ul style="list-style-type: none">• Lawful Permanent Resident (LPR/Green Card holder)• Asylee• Refugee• Cuban/Haitian entrant• Paroled into the U.S.• Conditional entrant granted before 1980• Battered spouse, child, and parent• Victim of trafficking and his/her spouse, child, sibling, or parent• Non-citizen granted withholding of deportation or withholding of removal under the immigration laws or under the Convention Against Torture (CAT)• Member of a federally recognized Indian tribe or American Indian born in Canada	<ul style="list-style-type: none">• Individual with non-immigrant status, including worker visas (e.g., H1, H-2A, H-2B), student visas, U-visa, T-visa, and other visas; and citizens of the Federated States of Micronesia, the Marshall Islands, and the Republic of Palau who are lawfully residing in the U.S.• Temporary Protected Status (TPS)• Deferred Enforced Departure (DED)• Deferred Action Status (except DACA*)• Lawful temporary resident

***Note:** Individuals whose immigration status is unverified and individuals granted Deferred Action for Childhood Arrivals (DACA) status are not eligible to enroll in coverage through the Marketplace, even at full cost, although they may be able to purchase coverage outside the Marketplace.

Eligibility for Marketplace Financial Assistance

Lawfully present immigrants may be eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) to help lower their costs based on their household size, income, and other eligibility criteria.

Most consumers must have an annual household income between 100 percent and 400 percent of the federal poverty level (FPL) to be eligible for financial assistance. However, lawfully present immigrants who are not eligible for Medicaid because of immigration status may be eligible for financial assistance even if their income is below 100 percent of the FPL.

Note: The American Rescue Plan Act of 2021 (ARP; P.L. 117-2) makes the premium tax credit (PTC) available to consumers with household income above 400 percent of the FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan before PTC becomes available at 8.5 percent for Plan Years 2021 and 2022.

Mixed Immigration Status Households

Some consumers live in a mixed immigration status household, which is a household made up of people holding different citizenship or immigration statuses. In this situation, each household member may be eligible for different health coverage options based on their citizenship or immigration status.

Applying for Marketplace Coverage

Attesting to and Verifying Immigration Status

The Marketplace collects citizenship and immigration information only for applicants and/or their household members who are applying for coverage to determine consumers' eligibility for health coverage options. Consumers who attest to having an eligible immigration status should provide the immigration document type and document numbers they have available. The following table lists acceptable documents to verify immigration status. For a full list, visit [HealthCare.gov/immigrants/documentation](https://www.healthcare.gov/immigrants/documentation).

Acceptable Documents to Verify Immigration Status

<ul style="list-style-type: none"> • Permanent Resident card (Green Card/I-551) • Reentry permit (I-327) • Refugee travel document (I-571) • Employment authorization document (I-766) • Machine-readable immigrant visa (with temporary I-551 language) • Temporary I-551 stamp (on passport or I-94/I-94A) • Arrival/departure record (I-94/I-94A) • Arrival/departure record in foreign passport (I-94) • Foreign passport • Certificate of eligibility for nonimmigrant student status (I-20) • Notice of action (I-797) 	<ul style="list-style-type: none"> • Certificate of eligibility for exchange visitor status (DS-2019) • Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada • Certification from the Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) • Document indicating withholding of removal • ORR eligibility letter (if under 18) • Resident of American Samoa card • Alien number (also called alien registration number or USCIS number) or I-94 number
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The Marketplace verifies citizenship and immigration status based on information and documentation provided by the consumer through the Social Security Administration (SSA) and/or the Department of Homeland Security (DHS) Systematic Alien Verification for Entitlements (SAVE) Program; this information will only be used to determine consumers' eligibility and will not be used for immigration enforcement purposes. For more information, refer to the Immigration Customs and Enforcement (ICE) memorandum at [ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf](https://ice.dhs.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf).

Consumers who do not attest to being U.S. citizens or having an eligible immigration status cannot get health coverage through the Marketplace but may still complete a Marketplace application to learn if they may be eligible to receive treatment for an emergency medical condition under Medicaid, which includes labor and delivery, if they meet other eligibility criteria for Medicaid in their state.

Applying for Coverage on Behalf of Family Members

Consumers may apply for coverage through the Marketplace, Medicaid, or CHIP on behalf of their family members even if they are not eligible for coverage themselves and regardless of their own eligibility statuses. For example, parents of U.S. citizens whose immigration status is not verified can apply for coverage as the application filer on behalf of their children. In this case, the application filer is attesting that the family member who is applying for coverage is a U.S. citizen or has an eligible immigration status. Federal and state Marketplaces and state Medicaid and CHIP agencies can't require applicants to provide information about the citizenship or immigration status of any family or household members who aren't applying for coverage. States also can't deny benefits to an applicant because a family or household member who isn't applying hasn't disclosed their citizenship or immigration status. If application

filers need help with the identity verification process, they can call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Data Matching Issues

Data matching issues (DMIs), or “inconsistencies,” occur when information a consumer enters in their Marketplace application doesn’t match the data that the Marketplace has from trusted data sources, like SSA records or Internal Revenue Service (IRS) databases. The most common types of DMIs are related to income, citizenship, and immigration information. If a consumer has a DMI, the consumer’s notice will indicate “Your eligibility is temporary” and will provide a timeframe for consumers to submit documents to confirm information. Consumers can also determine whether they have an unresolved DMI by reviewing the “Application Details” section of their Marketplace account for a list of all unresolved inconsistencies. Consumers with citizenship/immigration DMIs have 95 days from the date of the eligibility notice to resolve the issue. If consumers don’t resolve their citizenship or immigration DMIs, they may lose eligibility for coverage through the Marketplace. For more information on DMIs, visit [HealthCare.gov/help/how-do-i-resolve-an-inconsistency](https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency) and refer to [SOP 4 - Verify Identity and Resolve Potential Data Matching Issues](#).

Medicaid and CHIP Eligibility

Immigrants who are “qualified non-citizens” under 8 USC § 1641, 42 CFR § 435.4 (Medicaid), and 42 CFR § 457.320 (CHIP) may be eligible for coverage through Medicaid and CHIP if they meet all other eligibility criteria in the state (including income and state residency requirements). Many qualified non-citizens have a five-year waiting period to get Medicaid and CHIP coverage (also called the “five-year bar”). This five-year waiting period begins when consumers receive their qualifying immigration status, not when they first enter the United States. Some groups of non-citizens don’t have to wait five years, such as refugees, asylees, and LPRs who used to be refugees or asylees, in accordance with 8 USC § 1613. The following table lists qualified non-citizen statuses eligible for Medicaid as described under 8 USC §§ 1612(b) and 1613 and CHIP under 8 USC § 1613. For a full list of eligible statuses, visit [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.healthcare.gov/immigrants/lawfully-present-immigrants).

Medicaid- and CHIP-eligible Qualified Non-citizen Immigrant Statuses

<ul style="list-style-type: none">• LPR/Green Card holder• Asylees• Refugees• Cuban/Haitian entrants• Paroled into the U.S. for at least one year• Conditional entrant granted before 1980• Battered non-citizens, spouses, children, or parents	<ul style="list-style-type: none">• Victims of trafficking and their spouse, child, sibling, or parent or individuals with a pending application for a Victim of Trafficking visa• Granted withholding of deportation• Member of a federally recognized Indian tribe or American Indian born in Canada• Citizens of the Federated States of Micronesia, the Marshall Islands, and the Republic of Palau (also known as COFA migrants)—Medicaid only*
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***Note:** Effective December 27, 2020, migrants under the Compact of Free Association (COFA) may be eligible for Medicaid if they meet all of the eligibility criteria in their state. COFA migrants are generally citizens of the Marshall Islands, Federated States of Micronesia, and Republic of Palau who are lawfully residing in one of the U.S. states or territories. COFA migrants are considered qualified non-citizens for the purposes of Medicaid eligibility and do not have to wait for five years after receiving their status before qualifying for Medicaid coverage, if otherwise eligible. This policy change does not apply to coverage through separate CHIP programs. However, states that have elected to cover lawfully residing children and/or pregnant individuals in CHIP under Section 214 of the Children’s Health Insurance Reauthorization Act of 2009 (CHIPRA; P.L. 111-3), which is referred to as the CHIPRA 214 option, may cover COFA migrants under this option.

Medicaid/CHIP-eligible statuses (if five-year bar is met) ⁱⁱ	Medicaid/CHIP-eligible statuses (five-year bar does not apply) ⁱⁱⁱ
<ul style="list-style-type: none"> • Lawful Permanent Resident (LPR/Green Card holder) • Paroled into the U.S for one year or more • Battered spouse, child, or parent • Applicants for Victim of Trafficking • Conditional Entrant (granted before 1980) 	<ul style="list-style-type: none"> • Refugee • Asylee • Cuban/Haitian Entrants • Granted Withholding of Deportation • Trafficking survivors and their spouses, children, siblings, or parents • Member of a federally recognized Indian tribe or American Indian born in Canada • Amerasian immigrants • Iraqi and Afghani special immigrants and parolees (eligible until the later of March 1, 2023, or parole term end)^{iv} • COFA migrants (only through CHIPRA 214 option for separate CHIP) • Lawful Permanent Residents (LPR/Green Card holder) who adjusted from a status exempt from the five-year bar • Veterans or active-duty military and their spouses or unmarried dependents who also have “qualified non-citizen” status

If non-citizens are not eligible for Medicaid, either because they are lawfully present but do not have “qualified non-citizen” immigration status or are “qualified non-citizens” but have not met the five-year waiting period, these non-citizen consumers may be eligible for financial assistance through the Marketplace if they otherwise meet Marketplace eligibility requirements. Consumers receiving unemployment compensation in 2021 who have income under 100 percent of the FPL and who are not otherwise eligible for Medicaid may be eligible for APTC and CSRs in 2021.

Consumers can contact their state Medicaid agency for more information on Medicaid and CHIP eligibility. A list of contacts for each state is available at [Medicaid.gov/about-us/beneficiary-resources/index.html#statemenu](https://www.Medicaid.gov/about-us/beneficiary-resources/index.html#statemenu).

Medicaid and CHIP Coverage for Lawfully Residing Children and Pregnant Individuals

Under the CHIPRA 214 option, states have the option to cover lawfully residing pregnant individuals in Medicaid and CHIP and/or to children up to age 19 for CHIP or up to age 21 for Medicaid who would otherwise be eligible for coverage through these programs, despite not having eligible immigration status or who would otherwise be subject to the five-year waiting period. A child or pregnant individual is "lawfully residing" if they are "lawfully present" and otherwise eligible for Medicaid or CHIP in the state. The following table lists some lawfully



present immigrant statuses. For a full list, visit [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.healthcare.gov/immigrants/lawfully-present-immigrants).

Lawfully Present Immigrant Statuses	
<ul style="list-style-type: none">• Qualified non-citizen immigration status with a waiting period [LPR/Green Card holder, paroled into the U.S for one year or more, battered spouse or parent who has a pending or approved petition with HHS, applicants for Victim of Trafficking, conditional entrant (granted before parents 1980)]• Humanitarian status or circumstances (including temporary protected status, special juvenile status, asylum applicants, Convention Against Torture, victims of trafficking)	<ul style="list-style-type: none">• Valid non-immigrant visas• Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals)

Thirty-five states, the District of Columbia, American Samoa, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands (CNMI) have chosen to provide Medicaid coverage to lawfully residing children and/or pregnant individuals, including those individuals who would otherwise be subject to a five-year waiting period under the CHIPRA 214 option. Twenty-eight of these states also cover lawfully residing children and/or pregnant individuals in a separate CHIP. A list of states that provide this option is available at [Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women](https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women).

Under ARP, beginning April 2022, states have the option, for five years, to extend pregnancy-related Medicaid and CHIP eligibility to 12 months. This means that eligible pregnant individuals who are enrolled in pregnancy-related Medicaid or CHIP may be able to continue with this coverage for up to 12 months after giving birth.^v

Medicaid Emergency Coverage

Medicaid provides payment for treatment of an emergency medical condition if consumers meet all Medicaid eligibility criteria in the state (such as income and state residency), regardless of immigration status.^{vi}

Medicare Eligibility

U.S. citizens and qualified lawfully present immigrants age 65 and older who have at least 40 quarters of coverage (10 years for most people), which are earned through payment of payroll taxes during a consumer's working years, may get premium-free Part A Medicare. Some consumers may also use the work history of a spouse to qualify for premium-free Part A Medicare under 42 USC § 1395 and 8 USC § 1611(b)(3), respectively.

Consumers who meet these requirements but do not have sufficient quarters of coverage to be entitled to premium-free Part A may elect to enroll in Medicare Part B coverage (which also has

a five-year residency requirement for aliens lawfully admitted for permanent residence) and then purchase Medicare Part A coverage, as described under 42 CFR § 406.20 and sections 1836 and 1818 of the Social Security Act Title XVIII. Because consumers with this type of Medicare coverage pay monthly premiums for Part A, it is called Medicare premium Part A (42 CFR § 406.20 through 42 CFR § 406.38). If consumers do not purchase premium Part A and B when they first become eligible, they may have to pay late enrollment penalties if they choose to sign up later under 42 CFR § 408.20 through 408.27.

Consumers may be eligible for help from their state with paying their Medicare premiums through Medicare Savings Programs (MSPs). Consumers must be eligible for Medicare Part A and meet specific income and resource limits to qualify. In some cases, MSPs may also pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments if consumers meet certain conditions. Consumers enrolled in premium-free Part A and Medicare Part B coverage are also entitled to Extra Help (Medicare Part D) under 42 CFR § 423. Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance. If consumers do not purchase premium Part D when they first become eligible, they may have to pay late enrollment penalties if they choose to sign up later under 42 CFR § 423.46. Additional information regarding Medicare Parts and benefits is available at [Medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare).

Other Coverage Options

Consumers who aren't lawfully present may be eligible for:

- Emergency medical assistance (Emergency Medicaid) for treatment of an emergency medical condition, including labor and delivery services.
- Prenatal coverage, labor and delivery, and postpartum care (depending on the state) for pregnant individuals through the CHIP unborn child option in states that have elected this option.
- Private coverage offered outside the Marketplaces at full price.
- Free or low-cost health care options, including community health centers (CHCs) and migrant health centers (MHCs). Both CHCs and MHCs offer comprehensive primary care regardless of ability to pay or immigration status. MHCs, however, only serve migrant and seasonal farm workers and their families.

For more information on other coverage options, refer to Health Coverage Options for the Uninsured at [Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf](https://marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf).

Requirements and Best Practices for Discussing Consumers' Immigration Status

A consumer's immigration status may be a sensitive topic. Be mindful of this during conversations with consumers.

Below are some legal requirements as well as recommended best practices for assisters when discussing consumers' immigration status.

- Navigators are **legally required** under 45 CFR § 155.205(c) to provide free oral interpretation and written translation assistance by qualified persons free of charge for consumers with Limited English Proficiency (LEP). For more information, refer to [Serving Consumers with Limited English Proficiency](#).
- Assisters should ensure that consumers know that documentation of citizenship and immigration status is only necessary for those applying for coverage, not for other members of the household.
- Assisters should provide information about eligible immigration statuses and acceptable immigration documents to help consumers decide who in their family may have an eligible immigration status to apply for health coverage.
- Assisters should avoid unnecessary questions, especially questions about the immigration status of consumers who aren't applying for health coverage and live in mixed immigration status households. Asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act or Section 1557 of the Affordable Care Act.
- Assisters should avoid words such as "undocumented," "unauthorized," or "illegal." Instead, provide fact sheets and other materials that describe lawfully present immigration status. Ensure the materials are in a language consumers can understand.
- Assisters should be prepared to refer consumers to non-profit immigration attorneys to help consumers who are not sure if they have eligible immigration statuses or to help them obtain immigration documents if they do not have them readily available.

Tips for Helping Immigrants during the Enrollment Process

The following legal requirements and recommended best practices can help assisters talk with immigrant consumers who are seeking health coverage for themselves or on behalf of someone else.

- Assisters should start by giving consumers who are immigrants reassuring messages about privacy and confidentiality, especially about their citizenship or immigration

statuses and Social Security Numbers (SSNs). Let consumers know that information they provide will not be used by government agencies to enforce immigration laws or policies.

- Assisters should also correctly identify the consumer or consumers who are applying for health coverage by asking them if they are seeking health coverage for themselves or on behalf of someone else.
- Where possible, assisters should provide information to consumers in plain language. However, many immigration policies are complex and may be difficult to explain accurately in plain language. In these instances, assisters should provide limited accurate information and refer consumers to outside experts for further advice.
- Information assisters share with LEP consumers should always be timely and accessible. To do this, assisters may be required to provide LEP consumers with free written translations and oral interpretation services.
- Assisters should call the Marketplace if consumers speak languages other than English and would like to get personal assistance in another language at 1-800-318-2596. Explain to consumers that the Marketplace provides assistance in other languages free of charge. Direct consumers to [Find Local Help](#) at HealthCare.gov to search for in-person assister organizations that offer help in languages other than English.
- Assisters should help consumers identify what documents they should bring with them to an appointment when consumers call to make an appointment. Assisters can also provide flyers, brochures, or other handouts explaining what documentation is needed to enroll during outreach events. For a list of acceptable documentation, visit [HealthCare.gov/immigrants/documentation](https://www.healthcare.gov/immigrants/documentation).

Tips to Handle Eligibility and Enrollment Challenges

The following best practices can help assisters work through challenges in the eligibility and enrollment process. When helping immigrant consumers apply for coverage, assisters should:

- Be familiar with different sources of income common to some immigrant consumers, including seasonal workers with no fixed income, foreign income, or self-employed business income. These different types of income can affect eligibility for insurance affordability programs that lower the costs of health coverage.
- Note that the ARP makes premium tax credit assistance more generous for most tax filers who receive or are approved to receive unemployment compensation for one week beginning in 2021. Consumers must attest to having received or having been approved to receive unemployment compensation for any week beginning during 2021 and must meet

other APTC eligibility requirements. Consumers who meet the criteria will also be eligible for CSRs. This provision applies to Plan Year 2021 only.

- Encourage consumers to include all immigration information that is requested on the online application (e.g., document type and number). This will increase the probability that consumers' immigration and citizenship status will be successfully verified.
- Be aware that consumers may not know that they need to have an email account to enroll online. Assisters may need to allot extra time for working with consumers to set up email accounts. Consumers can also enroll over the phone by calling the Marketplace at 1-800-318-2596.

ID Proofing

- Be prepared to assist consumers with the identity (ID) proofing process, as immigrants are less likely to have the credit history required for ID proofing. To help consumers prepare for the ID proofing process, refer them to [Verifying Your Identity: ID Proofing in the Marketplace](#). Inform consumers that CMS verifies consumers' application with Experian, so they may see an inquiry from CMS when checking their credit scores, but the inquiry does not affect consumers' credit scores.
- Explore other health care programs in your state that might provide services to consumers who aren't lawfully present in the U.S.

Data Matching Issues

- Be prepared to help consumers with DMIs. Assisters should encourage consumers to read their eligibility notices carefully, as well as any reminder notices they receive, in order to make sure that they submit the correct information for the correct member of the enrollment group. Consumers can also determine whether or not they have unresolved DMIs by checking their Marketplace account, where there will be a list of all unresolved inconsistencies under "Application Details." Consumers who have questions about the status of documents they have submitted to the Marketplace should call the Marketplace Call Center.



- Note that:
 - The individual market Federally-facilitated Marketplace (FFM) application requires only certain pieces of information from these documents – not the documents themselves – unless consumers' information can't be verified. Either electronic or authentic paper documents may be used.
 - If consumers' information can't be verified (and they encounter a DMI), consumers generally have 90 or 95 days to provide supporting documentation. They can either upload documents to their online account or send copies of documents to the FFMs by mail. During this time, applicants who are otherwise eligible are enrolled in the program they appear to qualify for based on the information the application filer(s) provided.

Immigrant Consumer Eligibility Scenario

Note: This is a hypothetical example. Actual applicant names have not been used in this scenario.

Eva and Adan Santos live in Colorado. They are both 28 years old, are married, and have a one-year-old child, Serena, who was born in the U.S. Adan became a citizen this year. Adan submitted a Lawful Permanent Resident petition on Eva's behalf that was approved in March 2021. Eva received her Green Card two years ago and is five months pregnant. Their annual household income is \$24,000, or 111 percent of the FPL for a three-person household. Adan and Eva filed taxes jointly and claimed Serena as a dependent. Eva approaches an assister to help her entire family enroll in health coverage, but she is not sure if they are all eligible.

What will be the eligibility determinations for the Santos household? Will Adan, Eva, and Serena be able to enroll in the same type of coverage?

- Answer: Adan, Eva, and Serena may not be able to enroll in the same type of coverage because of their different citizenship and immigration statuses. Their eligibility for enrollment may also depend on whether they live in a state that has expanded Medicaid coverage. The eligibility determinations for the Santos household would be as follows:
 - Adan: As a U.S. citizen, Adan is likely eligible to enroll in a QHP through the Marketplace, and he may be eligible for Medicaid. Because Adan's home state of Colorado has expanded Medicaid up to 138 percent of the FPL, Adan's income qualifies him for Medicaid coverage. As Adan resides in a Medicaid expansion state, he is ineligible for APTC or CSRs through the Marketplace. If Adan lived in a Medicaid non-expansion state and enrolled in coverage through the Marketplace, he would likely be eligible for APTC and CSRs through the Marketplace.

- Eva: Eva is considered lawfully present and a “qualified non-citizen” for purposes of Medicaid eligibility, but she has not yet met the five-year waiting period. However, because Eva resides in Colorado, she is eligible for Medicaid; Colorado is a state that has elected the CHIPRA 214 option and therefore offers Medicaid/CHIP coverage for lawfully residing pregnant individuals, including those within their first five years of having a qualified immigration status.
- Serena: Because Serena was born in the U.S., she is a citizen and is eligible for Medicaid coverage, if she otherwise meets the eligibility criteria in the state.

Additional Resources

- HealthCare.gov: Health Coverage for Immigrants at [HealthCare.gov/what-do-immigrant-families-need-to-know](https://www.healthcare.gov/what-do-immigrant-families-need-to-know)
- CMS State Health Official (SHO) letter re: Medicaid Eligibility for COFA Migrants, issued October 18, 2021: [Medicaid.gov/federal-policy-guidance/downloads/sho21005.pdf](https://www.medicaid.gov/federal-policy-guidance/downloads/sho21005.pdf)
- CMS SHO letter re: Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women, issued July 1, 2010: [Medicaid.gov/federal-policy-guidance/downloads/SHO10006.pdf](https://www.medicaid.gov/federal-policy-guidance/downloads/SHO10006.pdf)
- Health Coverage Options for Afghan Evacuees fact sheet: [Medicaid.gov/medicaid/eligibility/downloads/hlth-cov-option-afghan-evac-fact-sheet.pdf](https://www.medicaid.gov/medicaid/eligibility/downloads/hlth-cov-option-afghan-evac-fact-sheet.pdf)
- [Medicaid.gov](https://www.Medicaid.gov)

ⁱ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

ⁱⁱ Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 USC § 1613(a)).

ⁱⁱⁱ See 8 USC § 1613(b).

^{iv} See Health Coverage Options for Afghan Evacuees fact sheet (issued November 1, 2021), available at [Medicaid.gov/medicaid/eligibility/downloads/hlth-cov-option-afghan-evac-fact-sheet.pdf](https://www.Medicaid.gov/medicaid/eligibility/downloads/hlth-cov-option-afghan-evac-fact-sheet.pdf)

^v Modification to certain coverage under Medicaid and CHIP for pregnant and postpartum individuals. Section 9812 of the ARP Act. [BILLS-117hr1319enr.pdf \(congress.gov\)](https://www.congress.gov/bills/117/hr/1319/enr/pdf)

^{vi} 8 U.S.C § 1611(b)(1)(A)

