

Fact Sheet for Assisters: Helping COFA Migrants Enroll in Coverage

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As assisters, you may be working with consumers who are Compact of Free Association (COFA) migrants. COFA migrants live throughout the country, and there are ten states that currently have COFA migrant populations exceeding 1,000: Hawaii, California, Washington, Oregon, Utah, Oklahoma, Florida, Arkansas, Missouri, and Arizona. Below are some answers to commonly asked questions to help you understand factors that affect COFA migrants' eligibility for Marketplace coverage and financial assistance and help them afford Marketplace coverage and pay for covered services.

Q1: Who are COFA migrants?

A1: COFA, or the Compacts of Free Association, are agreements between the U.S. Government and three independent countries: the Republic of the Marshall Islands (RFI), the Federated States of Micronesia (FSM), and the Republic of Palau. Certain citizens of these three independent nations are legally able to work, study, and reside in the 50 U.S. states, the District of Columbia, and the U.S. territories. Individuals who choose to do so are often referred to as COFA migrants and most are residing in the United States as lawfully present non-citizens. Citizens of the RFI, the FSM, and Palau may also have U.S. lawful permanent resident status (i.e. Green Card holder) or some other status under U.S. immigration law. For a list of immigration statuses that qualify for Marketplace coverage, visit <https://www.healthcare.gov/immigrants/immigration-status/>.

Q2: Are COFA migrants eligible to enroll in qualified health plans through the Marketplace?

A2: Yes, as lawfully present U.S. non-citizens, they may be eligible to enroll in Marketplace coverage. Please see [here](#) for a list of eligible immigration statuses for Marketplace coverage. In order to prove lawful presence to the Marketplace, COFA migrants may provide information from their I-94 arrival/departure record, I-94 arrival/departure record and foreign passport, or I-766 Employment Authorization Document. For a full list of immigration documents accepted by the Marketplace, click [here](#). Like all consumers, COFA migrants should provide as much information from their immigration documents as possible. Providing this information on the

application makes the verification and eligibility determination process go faster, and makes individuals less likely to experience data matching issues or “inconsistencies.” For more information on Marketplace data matching issues, click [here](#).

Q3: Can consumers who are COFA migrants be eligible for financial assistance through the Marketplace, such as advance premium tax credits (APTCS) or cost-sharing reductions (CSRS)?

A3: Yes, like all other lawfully present non-citizens, COFA migrants may be eligible for financial assistance in the form of premium tax credits or cost-sharing reductions if they meet the income and other eligibility requirements. For more information on how to save on monthly insurance costs, click [here](#).

COFA migrants who are ineligible for Medicaid due to their immigration status, but are lawfully present, may be eligible for APTC and CSRs even if their annual household income is under 100% FPL.

Q4: Can COFA migrants be eligible for Medicaid?

A4: In many states, COFA migrants are not eligible for full Medicaid or CHIP coverage. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 established that only certain “qualified non-citizens” are eligible for full Medicaid coverage. Moreover, most individuals would be subject to a 5 year bar or waiting period prior to qualifying for Medicaid coverage. COFA migrants are not specifically listed as “qualified non-citizens” under the definition in 8 U.S.C. 1641, however, certain individuals may simultaneously have a separate legal status that is under the definition of “qualified non-citizen.”

COFA migrants who are not eligible for full coverage under Medicaid or CHIP may be able to receive limited coverage for treatment of an emergency medical condition. To be eligible, they must otherwise be eligible for Medicaid in the state regardless of their immigration status (i.e. must meet Medicaid income and state residency standards).

In some states, COFA migrants who are children or pregnant women may be eligible for Medicaid or CHIP. States have the option through the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 to cover “lawfully residing” children under age 21 and/or pregnant women. Lawfully residing individuals are those who are considered “lawfully present” and otherwise eligible for Medicaid or CHIP in the state. COFA migrants are considered “lawfully present.” Thus, COFA migrants who are under age 21 or are pregnant woman may be eligible for full Medicaid or CHIP if they are living in a state that has elected this option and they meet all other eligibility criteria in the state.

Twenty-nine states, the District of Columbia, and the Commonwealth of the Northern Mariana Islands (CNMI) have elected to cover lawfully residing children and/or pregnant woman. The list of states that have elected this option is available [here](#).

Additionally, some states may elect to use state funds to cover health care for COFA migrants (regardless of age or pregnancy status). Consumers can contact their state Medicaid agencies if they have questions.

Children born to COFA migrants residing in the U.S., including U.S. territories, are U.S. citizens or nationals and therefore eligible for Medicaid and CHIP, if they otherwise meet the eligibility criteria in the state.

Also, if a consumer cannot afford any health plan and if they do not qualify for coverage through Medicaid and the Children's Health Insurance Program (CHIP), he or she can get low-cost health care at a nearby community health center. The amount a consumer would pay depends on their income and health center provide care such as prenatal care, shots, general primary care, and referrals to specialized care such as mental health, substance abuse, and HIV/AIDS, etc. Community health centers are in rural and urban areas and consumers can locate a health center [here](#).

