



---

## Health Coverage Options for Afghan Evacuees

September 27, 2021

Most Afghan evacuees arriving in the United States will be eligible for health insurance. Afghan evacuees can access health insurance through Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, or Refugee Medical Assistance (RMA). RMA is provided through the Office of Refugee Resettlement (ORR), in the Administration for Children and Families (ACF) and administered in most cases by state Medicaid programs. Eligibility for each coverage program depends upon the immigration status of the evacuee and the state where an evacuee is residing.<sup>1</sup> This fact sheet provides information based on current law and will be updated if there are future legislative changes.

### **Non-Citizen Eligibility**

Afghan evacuees are entering the U.S. under three main immigration categories:

***Afghans with a Special Immigrant Visa (SIV):*** Afghans granted a SIV have been affiliated with the U.S. mission in Afghanistan, e.g., as translators and interpreters, or are the spouse or an unmarried child under the age of 21 of such individuals. SIVs are Legal Permanent Residents (LPR also known as U.S. green card holders).

- Afghans granted SIVs **are in a qualified non-citizen status and are eligible for Medicaid or CHIP to the same extent as refugees**, without a five-year waiting period, if they meet other eligibility requirements (e.g., income) for coverage in the state.
- Afghans with a SIV who are ineligible for Medicaid/CHIP because they are over the income limits or do not have other coverage (e.g., employer-sponsored insurance) may **be eligible for Marketplace coverage with financial assistance**.
- Afghans granted SIVs who are ineligible for Medicaid/CHIP **are eligible for Refugee Medical Assistance for up to 8 months** following the date of arrival, if they meet the RMA income and eligibility requirements. RMA benefits generally mirror Medicaid coverage and are administered through state Medicaid programs in most states.<sup>2</sup> Afghans granted SIVs who are ineligible for Medicaid/CHIP and RMA (including those whose 8 months of RMA has ended) may **be eligible for Marketplace coverage with financial assistance**.

***Special Immigrant (SI/SQ) Parolees:*** Such SI/SQ Parolees are eligible for a SIV but were evacuated to the U.S. before completing the process to receive a SIV. Afghans granted SI/SQ Parole for more than one year **are in a qualified non-citizen status and are eligible for Medicaid or CHIP as refugees**, without the five-year waiting period, if otherwise eligible in the state.<sup>3</sup>

---

<sup>1</sup> Applicants must also meet all other eligibility criteria for the respective program. Medicaid and CHIP eligibility criteria vary from state to state. Eligibility requirements for coverage through the Marketplace with financial assistance are generally consistent across states.

<sup>2</sup> States that do not administer RMA programs are: AK, KS, KY, ME, MO, NV, TN, TX. In most of these states, RMA is administered privately by a national resettlement agency.

<sup>3</sup> If a parolee has a SQ4 or SQ5 Class of Admission code, they are a special immigrant parolee that meet the immigration status requirement for public benefits pursuant to section 602(b)(8) of the Afghan Allies Protection Act

- Afghans granted SI/SQ Parole who are ineligible for Medicaid/CHIP because they are over the income limits or do not have other coverage (e.g., employer-sponsored insurance) may **be eligible for Marketplace coverage with financial assistance.**
- Afghan SI/SQ Parolees who are ineligible for Medicaid/CHIP **are eligible for Refugee Medical Assistance (RMA) for up to 8 months** following the date of arrival, if they meet the RMA income requirements. RMA benefits generally mirror Medicaid coverage and are administered through state Medicaid programs. Afghans granted SIVs who are ineligible for Medicaid/CHIP and RMA (including those whose 8 months of RMA has ended) may **be eligible for Marketplace coverage with financial assistance.**

***All Other Parolees (aka Humanitarian non-SI/SQ Parolees):*** Such Humanitarian (non-SI/SQ) Parolees are Afghans who were evacuated for urgent humanitarian reasons and paroled into the United States, but have not been granted a SIV and may not be eligible for the SIV program. As parolees, they are eligible to apply for work authorization and are also eligible to apply for asylum upon arrival in the U.S. and any other immigration benefit for which they may be eligible.

- Afghans who are Humanitarian (non-SI/SQ) Parolees for more than one year **are in a qualified non-citizen status for benefits purposes, but generally are subject to a five-year waiting period** before they can qualify for full Medicaid benefits or CHIP.  
**Exception:** thirty-nine states and territories offer full Medicaid benefits and/or CHIP coverage to Humanitarian (non-SI/SQ) parolees who are children and/or pregnant women without application of the five-year waiting period.<sup>4</sup>
- Humanitarian (non-SI/SQ) Parolees who are not eligible for Medicaid/CHIP may also **be eligible for Marketplace coverage with financial assistance.**
- Humanitarian (non-SI/SQ) Parolees **are not eligible for RMA.**

**Any individuals who do not qualify for full Medicaid benefits based on their immigration status may be eligible for “emergency Medicaid,” which pays for services necessary to treat an emergency medical condition, if they meet all other eligibility requirements in the state.** An individual eligible only for emergency Medicaid is permitted to enroll in Marketplace coverage with financial assistance if they meet all Marketplace and financial assistance eligibility requirements.

**Afghan evacuees can use [www.Healthcare.gov](http://www.Healthcare.gov) to apply for and enroll in Marketplace coverage;** if a state has its own Marketplace platform, contact information can be found here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/). Evacuees also have the right to get help in their language at no cost. They can call 1-800-318-2596 and wait through the opening. When an agent answers, they can state the language they need, and they'll be connected with an interpreter.

Additionally, a special enrollment period is available for these individuals to enroll in Marketplace coverage based on their move to the U.S. or gaining lawful presence in the U.S. A special enrollment period is also available through the Marketplace to those who initially qualify for coverage through Medicaid, CHIP, or the RMA program but later lose such coverage. A special enrollment period is also

---

of 2009 (8 U.S.C. 1101 note), which states that Afghans granted special immigrant status “shall be eligible for resettlement assistance, entitlement programs, and other benefits available to refugees admitted under [section 207 of the Immigration and Nationality Act (8 U.S.C. 1157)] to the same extent, and for the same period of time, as such refugees.”

<sup>4</sup> AS, AR, CA, CO, CT, CNMI, DC, DE, FL, HI, IL, IA, KY, LA, ME, MD, MA, MN, MT, NE, NJ, NM, NY, NV, NC, OH, OR, PA, RI, SC, TX, VI, UT, VT, VA, WA, WV, WI, and WY. For more details on coverage in Medicaid and/or CHIP see: <https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women>.

available to those who apply for Medicaid or CHIP are assessed during an available enrollment period as potentially eligible for Medicaid, but are determined ineligible for Medicaid or CHIP coverage after the enrollment period ends. Current rules provide individuals with 60 days following their move to the U.S., loss of Medicaid, CHIP, or RMA coverage, or determination of ineligibility for Medicaid or CHIP after the end of an enrollment period to enroll in Marketplace coverage. Their coverage will generally start the first of the month after they apply and select a plan.<sup>5</sup>

### **State Residency**

In order to qualify for Medicaid, applicants generally must be a resident of the state in which they are applying. Applicants who are adults (age 21 or over) are generally considered residents of the state in which they are living and intend to reside.<sup>6</sup> A child under age 21 is generally a resident of the state in which the child's parent or caretaker is a resident, if the child is living with them, or in which the child resides. States have flexibility to define the term "intent to reside." However, they **may not** deny Medicaid eligibility because the individual has not resided in the state for a minimum specified period of time or does not have a fixed address. States may accept attestation that an individual is a state resident without requiring further documentation from the individual.

States also have the flexibility to extend Medicaid eligibility to individuals who are not residents of the state (non-residents). States can elect to provide Medicaid to non-residents through their State Plan.

### **Applications for Individuals Moving to Another State**

If an evacuee is moving to a different state, the individual may apply for Medicaid in the state in which they intend to reside. Individuals moving to another state do not need to wait until they arrive to apply for coverage in their new state. They should use the address where they intend to live, if known. Otherwise, they can provide another address where the Medicaid agency can reach them, such as the address of a community organization or facility with which they will work in the new state. The effective date of eligibility would be the date the individual arrives in their new state of residence. Alternatively, states can elect to enroll evacuees relocating to the state who have not yet arrived by choosing to cover them as a non-state resident. Individuals who move to a new state or who otherwise enroll in Medicaid in the state in which they intend to reside should report their change in residency to the prior state's Medicaid agency if enrolled in Medicaid coverage in that state.<sup>7</sup>

Individuals can designate an authorized representative, such as a case manager from a refugee resettlement organization or other community organization, who can communicate with the state Medicaid agency on the applicant's behalf. Applicants and beneficiaries may designate an authorized representative to report changes in circumstances to either state agency and receive copies of notices and other information on the individual's behalf. Due to the public health emergency posed by COVID-19, CMS will not enforce compliance with requirements that designation of an authorized representative must be signed by the applicant or enrollee, provided that applicants make the designation orally, in writing, or both. A record of such authorization must be submitted by the authorized representative, along with the application.

### **Presumptive Eligibility**

---

<sup>5</sup> Individuals who know ahead of time that their RMA coverage will end may apply and select a plan through the Marketplace up to 60 days before the end of their RMA coverage, to have Marketplace coverage starting the first of the month after the end of their RMA coverage.

<sup>6</sup> Individuals who are age 21 or over are also state residents when an individual has entered with a job commitment or seeking employment (whether or not they are currently employed).

<sup>7</sup> Reporting the change in circumstances does not need to occur before the evacuee applies for coverage in their new state. The change would be effective on the date in which the evacuee arrives in their new state.

Hospitals participating in Hospital Presumptive Eligibility (HPE) or other qualified entities designated by the state to participate in the state's Presumptive Eligibility (PE) program may immediately enroll Afghan evacuees who are likely eligible under a state's Medicaid program for a temporary period of time. In making a PE determination, the hospital or other qualified entity determines an individual's likely eligibility for a state's Medicaid program based on income information provided by the individual or representative. In some states, the hospital or other qualified entity must also consider whether the immigration status provided by the individual would qualify the individual for full Medicaid or CHIP benefits and/or whether the individual is a state resident. States can designate additional entities, including a military base or medical hotel where Afghan evacuees are being housed, as qualified entities and provide them with needed training to make presumptive eligibility determinations.

Individuals seeking a determination of presumptive eligibility cannot be required to provide proof of income, immigration status, or state residency. Hospitals and other qualified entities must accept attested information provided by the individual. Afghan evacuees temporarily housed at US military bases may not know if or when they will be relocated to another state. In making a PE determination for these individuals, hospitals and other qualified entities can accept the state where the individual is housed as their state of residence.

### **Outstationing and Application Assistors**

States, in which the military base or hotels are located, can outstation state eligibility workers at these locations to help facilitate enrollment of eligible Afghan evacuees into coverage. If authorized to determine eligibility by the state Medicaid agency, state eligibility workers assigned to an outstation location can evaluate information provided on an application and any supporting documentation and make a determination of Medicaid or CHIP eligibility.

If certain conditions are met, in addition to state employees, states may use provider or contractor employees, or volunteers who have been properly trained to staff outstation locations. These individuals can assist Afghan evacuees in completing an application, but only employees of the state agency can make a determination of eligibility.

States also can work with Marketplace Navigators, community organizations, and other application assistors who may be able to assist Afghan evacuees in completing and submitting an application for coverage. Although states cannot designate individual facilitators and assistors as a qualified entity for purposes of making presumptive eligibility determinations, states can designate community organizations with whom a facilitator or assistor is affiliated to be a qualified entity.

### **Reasonable Opportunity Period**

If a state is not able to verify an Afghan evacuee's immigration status promptly, and the individual has attested to eligible immigration status and is found otherwise eligible for Medicaid, the state is required to furnish benefits during the 90-day reasonable opportunity period (ROP), in accordance with section 1137(d) of the Social Security Act and 42 C.F.R. § 435.956(b), or such longer period provided by the state for non-citizens making a good faith effort to obtain documentation or where the agency itself needs more time to verify the individual's immigration status, consistent with 42 C.F.R. § 435.956(b)(2)(ii)(B). Before discontinuing ROP coverage, states must provide such individuals at least ten days advance notice. See 42 C.F.R. § 431.211. Such notices must be provided in a manner that is accessible to individuals with limited English proficiency or living with disabilities, consistent with 42 C.F.R. § 435.905(b). See 42 C.F.R. 431.206(e).

### **Reimbursement for Providers and Facilities for COVID-19 Testing, Treatment, and Vaccine Administration for the Uninsured**

The Health Resources and Services Administration's COVID-19 Uninsured Program reimburses providers for COVID-19 testing, treatment, and administration of COVID vaccines to uninsured individuals. The Uninsured Program offers reimbursement to health care providers for these COVID-related services for people without health insurance, regardless of citizenship or immigration status and without cost to the individual. To access these funds, health care providers must enroll in the program as a provider participant. Once they have done so, they can submit claims for direct reimbursement for COVID-19 testing, treatment, and vaccine administration associated with uninsured individuals. Providers can familiarize themselves with this process at <https://www.hrsa.gov/CovidUninsuredClaim>, and learn more and file claims at <https://coviduninsuredclaim.linkhealth.com/>.

### **Additional Guidance for States**

The Center for Medicaid and CHIP Services (CMCS) and the Center for Consumer Information and Insurance Oversight (CCIIO), both within CMS, are providing direct technical assistance to those states that are housing Afghan evacuees. For further questions about coverage options for Afghan evacuees, state Medicaid and CHIP agencies should reach out to their state lead. For all other inquiries, please contact Sarah Lichtman Spector at [Sarah.Spector@cms.hhs.gov](mailto:Sarah.Spector@cms.hhs.gov).

**Appendix: Afghan Evacuee Immigration Statuses & Coverage Options<sup>1</sup>**

<b>Status</b>	<b>Medicaid and CHIP Eligibility</b>	<b>Marketplace and Financial Assistance Eligibility</b>	<b>RMA Eligibility</b>
Special Immigrant Visa (SIV) Holders	Eligible for Medicaid and CHIP in any U.S. state or territory as refugees, without the five-year waiting period.	Eligible for Marketplace coverage if meeting other applicable criteria. If ineligible for Medicaid or CHIP, eligible for Marketplace financial assistance.	If ineligible for Medicaid or CHIP, may be eligible for RMA for up to 8 months after the date of arrival in the U.S. <sup>8</sup>
Special Immigrant (SI/SQ) Parolees	Eligible for Medicaid and CHIP in any U.S. state or territory as refugees, without the five-year waiting period.	Eligible for Marketplace coverage if meeting other applicable criteria. If ineligible for Medicaid or CHIP, eligible for Marketplace financial assistance.	If ineligible for Medicaid or CHIP, may be eligible for RMA for up to 8 months after the date of arrival in the U.S. (See Footnote 8.)
Humanitarian (non-SI/SQ) Parolees	Subject to the five-year waiting period for Medicaid/CHIP eligibility. Children and pregnant women with this status may qualify for Medicaid/CHIP in states that have elected to cover this population. (See footnote 4.)	Eligible for Marketplace coverage if meeting other applicable criteria. If ineligible for Medicaid or CHIP, eligible for Marketplace financial assistance.	Not eligible for RMA.

<sup>8</sup> RMA benefits generally mirror Medicaid coverage and are administered through state Medicaid programs.