



Health Coverage Options for Afghan Evacuees

November 1, 2021

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 or other health coverage provided by the Office of Refugee Resettlement (ORR)). RMA is provided through 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 state where an evacuee is residing and the eligibility criteria for the respective program.¹

Non-Citizen Eligibility

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

- ***Afghans with a Special Immigrant Visa (SIV)***: Afghans granted an SIV have worked for the U.S. mission in Afghanistan for not less than 1 year, e.g., as translators and interpreters, or are the spouse or an unmarried child under the age of 21 of such individuals. SIVs are admitted as Lawful Permanent Residents (LPRs, also known as U.S. green card holders).
- ***Parolees***: Parolees are Afghans who were evacuated for urgent humanitarian reasons and paroled on a case-by-case basis into the United States. These Afghans did not arrive with an SIV or other visa, so they were paroled rather than admitted to the United States. As parolees, they are eligible to apply for work authorization. They are eligible to apply for asylum upon arrival in the U.S. and any other immigration benefit for which they may be eligible, including in some cases adjustment to LPR status.

Afghan evacuees in both immigration categories described above **all** may be eligible for the same health coverage options.²

- Afghans who enter the U.S. under either of these categories **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, until March 31, 2023, or the term of parole granted to the evacuee, whichever is later. These Afghan parolees are considered “qualified non-citizens” for purposes of Medicaid and CHIP eligibility since they are eligible for the same benefits as refugees. *See* 8 U.S.C. §§ 1641(b)(3), 1613(b)(1)(A), 1612(b)(2)(A)(i).³

¹ 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.

² Section 2502 of the Extending Government Funding and Delivering Emergency Assistance Act, H.R. 5305, P.L. 117-43 (enacted September 30, 2021) extends to Afghans paroled into the United States on or after July 31, 2021, eligibility for resettlement assistance, entitlement programs, and other benefits available to refugees until March 31, 2023, or the term of parole granted to the evacuee, whichever is later. Afghan parolees whose status is adjusted to LPR retain this benefit eligibility until March 31, 2023. Section 602(b)(8) of the Afghan Allies Protection Act of 2009 (8 U.S.C. 1101 note) extends eligibility to the same extent as refugees, for the same periods of time as refugees, to citizens or nationals of Afghanistan who are granted special immigrant status under section 101(a)(27) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(27)), whether the special immigrant status is obtained upon initial admission to the United States or subsequently.

³ Individuals who meet all eligibility requirements, but for verification of satisfactory immigration status are eligible for

- Afghans who are ineligible for Medicaid or CHIP may **be eligible for Refugee Medical Assistance for up to 8 months** following the date of entry in the community (e.g., the date on which the Afghan evacuee departs the military base), 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.⁴
- Afghans who are ineligible for Medicaid, CHIP or RMA and do not have other coverage (e.g., employer-sponsored insurance) may also **be eligible for Marketplace coverage with financial assistance.**⁵

An Afghan evacuee’s immigration status can be verified through the Federal Data Services Hub (Hub), a direct connection with Department of Homeland Security (DHS) SAVE Program, or through the DHS’s Graphical User Interface (DHS SAVE’s manual verification system referred to as the “GUI”). The immigration codes returned by SAVE to verify an Afghan evacuee’s immigration status can be reviewed in the Hub SAVE “Verify Lawful Presence (VLP) v37 Business Services Definition.”

Afghan evacuees can apply for Medicaid or CHIP directly with their state Medicaid agency, or can use www.Healthcare.gov. Afghan evacuees seeking Marketplace coverage should apply through www.Healthcare.gov. If a state has its own Marketplace platform, contact information can be found here: www.HealthCare.gov/marketplace-in-your-state/.

Almost all Afghan evacuees who are staying on Department of Defense bases or in a designated medical hotel will be enrolled in health coverage provided by ORR during their stay, with the exception of newborns born in the United States. ORR and the U.S. Committee for Refugees and Immigrants will facilitate mass enrollment of all eligible Afghans on the bases and in the hotels.⁶ No individual applications are needed. Newborns born in the U.S. will be eligible for Medicaid, as U.S. citizens and if otherwise eligible. Unless the mother is enrolled in Medicaid for coverage of the baby’s birth, an application will need to be filed on behalf of the newborn to apply for coverage.

Eligibility and Enrollment for Medicaid and CHIP

State Residency

In order to qualify for Medicaid or CHIP, applicants generally must be a resident of the state in which they are applying.⁷ Applicants who are adults (age 21 or over) are generally considered residents of the state in which they are living and intend to reside.⁸ A child under age 21 is generally a resident of the state in which the child’s

Medicaid payment for treatment of an emergency medical condition. Afghan evacuees who are paroled into the US since July 1, 2021, meeting the requirements described above and meet all other eligibility requirements in the state will be eligible for full Medicaid benefits to the same extent as refugees and will not have their Medicaid coverage limited to treatment of an emergency medical condition under this provision.

⁴ States that do not administer RMA programs are: AK, KS, KY, ME, MO, NV, TN, TX. In these states, RMA is administered privately by a national resettlement agency.

⁵ All parolees are “lawfully present” for the purpose of eligibility for Marketplace coverage, except for a noncitizen paroled for prosecution, for deferred inspection or pending removal proceedings, per 45 C.F.R. 152.2.

⁶ For more information about health coverage for Afghan evacuees while they are staying on the bases or at the hotels, please visit <https://rma.pointcomfort.com/files/Off-site%20Health%20Benefits%20at%20Safe%20Havens%5b35%5d.pdf>.

⁷ See 42 C.F.R. §§ 435.403; 457.320.

⁸ Individuals age 21 or over who have entered a state with a job commitment or seeking employment (whether or not they are currently employed) also are considered a resident of the state under 42 C.F.R. § 435.403(h).

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 or CHIP 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 and CHIP eligibility to individuals who are not residents of the state (non-residents). States can elect to provide Medicaid and CHIP to non-residents through their State Plans.

Applications for Individuals Moving to Another State

If an evacuee is moving to a different state, the individual may apply for Medicaid and CHIP 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 or CHIP 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 or CHIP in the state in which they intend to reside should report their change in residency to the prior state’s Medicaid or CHIP agency if enrolled in Medicaid or CHIP coverage in that state.⁹

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 or CHIP 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

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 or CHIP 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 or CHIP programs 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.

⁹ 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.

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 U.S. military bases may not know when or where they will be relocated. In making a PE determination for these individuals, hospitals and other qualified entities can accept the state where the individual is temporarily housed as their state of residence.

Outstationing and Application Assistors

States, in which the military base or hotel 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 or CHIP, 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, 42 C.F.R. §§ 435.956(b) and 457.380(b)(1)(ii), 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) and 457.380(b)(1)(ii). Before discontinuing ROP coverage, states must provide such individuals at least ten days advance notice to Medicaid enrollees, and timely written notice to CHIP enrollees consistent with 42 C.F.R §§ 431.211 and 457.1180. 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) and 457.110. *See* 42 C.F.R. § 431.206(e).

Eligibility and Enrollment for Marketplace Coverage with Financial Assistance

Afghan evacuees seeking Marketplace coverage should apply through www.Healthcare.gov, or through their state's Marketplace platform (see www.HealthCare.gov/marketplace-in-your-state/). Evacuees 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.

All eligible consumers can newly enroll in or change their Marketplace coverage during the annual open enrollment period, which starts on November 1, 2021, for coverage that begins on January 1, 2022. Additionally, a special enrollment period to enroll in coverage outside of the annual open enrollment period is available to

Afghan evacuees:

- Based on their move to the U.S. or gaining lawful presence in the U.S.;
- If they lose coverage through Medicaid, CHIP, or the RMA program;
- If they apply for coverage through the Marketplace and are assessed as potentially Medicaid or CHIP eligible during an available special enrollment period or during the annual open enrollment period, but are determined ineligible for Medicaid or CHIP coverage after the open or special enrollment period ends, and need to re-apply for Marketplace coverage.

Current rules provide individuals with 60 days to enroll in Marketplace coverage 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. Their coverage will generally start the first of the month after they apply and select a plan.¹⁰

If an evacuee with Marketplace coverage moves to a new state, they will need to apply for Marketplace coverage in that state, but they may need to wait until after their move to do so. They'll also need to end the coverage that they had in their prior state. For more information, see: <https://www.healthcare.gov/reporting-changes/when-you-move/>.

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.

¹⁰ Individuals who know ahead of time that their RMA or Medicaid or CHIP coverage will end may apply and select a plan through the Marketplace up to 60 days before the end of their coverage, to have Marketplace coverage starting the first of the month after the end of their coverage. Individuals who are denied Medicaid or CHIP after the end of an enrollment period may be able to request that their coverage start retroactive to when it could have begun if they had been determined eligible for Marketplace coverage during their original enrollment period.