Introduction: International migration represents a global phenomenon. There are some studies about healthcare provision entitlement among immigrants and Chileans, but they have not been updated since 2013. The purpose of this study was update the healthcare provision entitlement of immigrants and Chileans, based on a repeated analysis of a population representative survey from 2009 to 2015.

Methods: Exploratory secondary analysis of nationally representative, anonymous Chilean survey CASEN 2009, 2011, 2013 and 2015 (participants belonging to about 70,000 households each time). We divided the sample into self-reported immigrants (about 3,500) and Chilean-born (about 210,000). We did not include in the analysis those who preferred not to report their migration status (missing values about 2,000 each time). We estimated self-reported healthcare provision entitlement of immigrants and Chileans separately, as follows: public healthcare (Fonasa A, B, C, D), private healthcare, armed force, other, none.
**Results:** The public system brought together the bulk of the population, both national and international, reaching by 2015 77.7% coverage for Chileans and 62% for immigrants. A worrisome situation is the proportion of international migrants without healthcare entitlement across all years of study (up to 15.7% in 2015). There were variations in healthcare entitlement to different categories of Fonasa over time among immigrants (higher proportions of A in 2009 and 2011 than Chile and and higher proportions of B in other years). Also note worthy is the amount of immigrant population that ignore their healthcare provision belonging (12.2% in 2015) compared to those born in Chile (5.7% in 2015).

**Conclusion:** Based on a repeated population survey analysis, international migrants reported consistently higher proportions of no healthcare and ignored healthcare provision belonging than Chileans. Both groups tend to concentrate in the public healthcare sector, with variations in the type categories (based on payment) over time. Based on a human rights in health perspective, we need urgent action in the protection of vulnerable migrants that are not accessing the healthcare system.