



CA Coverage Snapshots: Changes to Retroactive Medi-Cal Coverage

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Two of California's main health care programs, Medi-Cal and Covered California, are facing significant changes over the next several years that will impact eligibility and access to benefits. These changes are a result of federal actions, including H.R. 1 (also known as the so-called "One Big Beautiful Bill Act"), and state-level changes under the state budget. Beginning January 1, 2027, H.R. 1 shortens the amount of retroactive Medi-Cal coverage available to applicants. This factsheet explains how Medi-Cal retroactive coverage currently works, and what changes in 2027 mean for Californians.

Eligibility During the Retroactive Coverage Period

Currently, eligible Medi-Cal applicants are entitled to up to 3 months of retroactive Medi-Cal before the month they apply, to help cover medical bills incurred before their month of application. For example, a person who applied for Medi-Cal in April 2026 could have requested coverage for Medi-Cal services received in January, February, and March 2026. Retroactive Medi-Cal is not automatic. An individual must be eligible for Medi-Cal during the month, or months, for which retroactive coverage is requested, and they must submit their medical bills they paid out of pocket or incurred to Medi-Cal for payment.

H.R. 1 Changes to Retroactive Medi-Cal Coverage

Retroactive Medi-Cal coverage is not ending. Beginning January 1, 2027, H.R. 1 reduces the maximum retroactive coverage period from 3 months to 1 or 2 months, depending on the applicant's Medi-Cal eligibility group. Individuals eligible under the MAGI New Adult Group, who are ages 19 through 64 with income up to 138% FPL, will be limited to 1 month of retroactive coverage. Individuals eligible under all other Medi-Cal eligibility groups may receive up to 2 months of retroactive coverage.

Medi-Cal Eligibility Group	Current Policy Through 2026	Changes Beginning January 1, 2027
MAGI New Adult Group	Up to 3 months before the application month	Up to 1 month before the application month
All other Medi-Cal eligibility groups	Up to 3 months before the application month	Up to 2 months before the application month.

Applications Filed Before January 1, 2027

The new limits for retroactive coverage are based on the date of the Medi-Cal application. **Applications filed before January 1, 2027** will continue to follow the current policy of allowing up to 3 months of retroactive coverage, *even if* the county processes the application after January 1, 2027. As discussed above, beginning with applications received on or after January 1, 2027, counties must evaluate retroactive eligibility using the shortened retroactive periods established under H.R. 1.¹

Requesting Retroactive Medi-Cal Coverage

The process for requesting retroactive Medi-Cal coverage is not changing. Applicants must still provide information to the county so that the county can complete the **MC 210A, Statement of Facts for Retroactive Coverage/Restoration** to initiate a request for retroactive Medi-Cal eligibility. The county is required to accept information from the applicant, or their family, over the phone, in person, or through other currently available pathways to apply for Medi-Cal. When the county receives a request for retroactive Medi-Cal through CalHEERs, the Single Streamlined Application, the county must follow up with the individual to complete the MC 210A and obtain any additional required information. The county must also assist applicants with completing the form when needed and if an applicant submits an old version of the MC 210A form, the county is required to accept it.

Financial Implications of Shorter Retroactive Coverage Period

Retroactive Medi-Cal provides an important financial protection for eligible Californians who receive health care before applying for Medi-Cal. Beginning January 1, 2027, the shorter

¹ Beginning January 1, 2027, adults ages 19-64 who are enrolled in the MAGI New Adult Group and subject to the new Medicaid work requirements must also satisfy the applicable requirements or qualify for an exclusion or exception when their eligibility for retroactive Medi-Cal coverage is determined.

retroactive coverage periods may leave some individuals with more medical or dental debt. This may be particularly significant for people who apply for Medi-Cal following an unexpected hospitalization, emergency, serious diagnosis, or other costly medical events. Under the new rules, waiting to apply can result in earlier medical expenses falling outside the allowable retroactive period, even if the person would have otherwise qualified for Medi-Cal when they received the care.

Retroactive coverage is not ending, but its ability to protect eligible Californians from medical expenses incurred before they apply for coverage will be significantly reduced, making the timing of a Medi-Cal application increasingly important.