Medicaid and Medicare

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Related Services

Medicaid and Medicare
Appeal of 30-Day Discharge Notices
Appeal of Denial of Benefits
Appeal of Notice of Medicare Non-Coverage (NOMNC)
Medicaid Hardship Waiver Requests
Medicaid/Medicare Applications

Overview

Medicaid and Medicare govern access to healthcare coverage and long-term care for millions of individuals, yet the rules that determine eligibility, the procedures that control appeals, and the deadlines that limit response windows are designed for administrators, not for the families who depend on these programs. A single documentation error on a MassHealth application can trigger a denial that delays nursing home coverage by months. A missed deadline on a Medicare non-coverage notice can shift thousands of dollars in care costs to the beneficiary overnight. Cohen Cleary represents individuals and families across New England, with particular concentration in Massachusetts, Rhode Island, Connecticut, and Maine, in every phase of the Medicaid and Medicare process. Working with a MassHealth attorney who understands the operational realities of these agencies, from application through appeal, is often the difference between benefits secured and benefits lost. Our attorneys bring focused experience in benefits law to every stage of the process.

What Our Medicaid and Medicare Practice Covers

Cohen Cleary's Medicaid and Medicare practice addresses four core areas, each requiring distinct legal strategies and procedural knowledge:

Medicaid and Medicare Applications

We assist families in preparing and submitting MassHealth and Medicare applications, handling eligibility determinations, asset documentation, and coordination with care facilities. Families seeking Medicaid application help often come to us after an initial attempt has stalled or been denied. Getting the application right the first time prevents costly delays and avoidable denials.

Appeal of Denial of Benefits

When MassHealth or Medicare denies coverage, we represent clients through the full appeals process, from fair hearings before the Board of Hearings to administrative law judge proceedings under Medicare.

Appeal of Notice of Medicare Non-Coverage (NOMNC)

These notices carry some of the tightest deadlines in benefits law. We act quickly to request an expedited Quality Improvement Organization review and extend coverage while the appeal is pending.

Medicaid Hardship Waiver Requests

When asset transfer penalties threaten to leave a client without access to necessary care, we prepare and present hardship waiver requests, documenting the specific circumstances that justify an exception to standard penalty rules.

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How We Help with Medicaid Applications and Medicare Appeals

Medicaid and Medicare are not a single program. They are two distinct systems with different eligibility rules, different appeal structures, and different timelines. In Massachusetts, Medicaid operates as MassHealth, administered by the Executive Office of Health and Human Services. Medicare is a federal program with its own multi-level appeal process that moves from initial redetermination through reconsideration, administrative law judge hearing, Medicare Appeals Council review, and ultimately to the federal court. Having a Medicare appeal lawyer involved from the outset is critical because each level of review builds on the record established below it, and a weak initial submission narrows the options available at every subsequent stage.

We tell our clients that the single most common reason MassHealth applications are denied is not ineligibility. It is incomplete or improperly documented submissions. The eligibility rules require detailed financial disclosure going back five years, and caseworkers processing hundreds of files do not always identify deficiencies before issuing a denial. Our attorneys prepare applications with the level of documentation that anticipates scrutiny, not just satisfies a checklist.

For Medicare appeals, timing governs everything. A Notice of Medicare Non-Coverage may give a beneficiary as little as two days to request an expedited review. Missing that window does not just delay the process. It can result in the beneficiary absorbing the full cost of continued care while the appeal is pending. We build our response strategy around these deadlines from the moment a client contacts us.

Why Choose Cohen Cleary

At Cohen Cleary, our practice teams combine deep subject-matter experience with disciplined execution and responsive client service. We do not take a one-size-fits-all approach. Every matter is handled with careful preparation, clear communication, and a strategy tailored to the client's goals and the realities of the forum.

Clients choose Cohen Cleary because we deliver:

Practice-Focused Legal Experience

Our attorneys work in defined practice areas, allowing us to develop practical insight into the legal, procedural, and regulatory nuances that matter most in each case. This focus allows us to anticipate issues, avoid unnecessary delays, and position matters for efficient resolution.

Clear Guidance and Proactive Communication

We prioritize clarity at every stage. Clients receive straightforward explanations of their options, timely updates on developments, and practical advice grounded in real-world outcomes.

Strategic Advocacy with Trial Readiness

Whether a matter calls for negotiation, mediation, or litigation, our attorneys prepare every case with discipline and foresight. We pursue efficient resolution when possible and are fully prepared to advocate aggressively when necessary to protect our clients' interests.

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Regional Knowledge and Local Presence

With offices throughout Massachusetts and experience across New England courts and agencies, we bring local insight and regional reach to every matter.

Client-Centered Service

We treat every matter with urgency and respect. Our clients rely on us for responsive service, sound judgment, and steady counsel through complex legal challenges.

In our Medicaid and Medicare work, this approach helps clients navigate complex benefits systems with clarity, efficiency, and confidence.

Our Approach to Medicaid Planning and Benefits Appeals

Most families begin MassHealth planning in crisis, after a nursing home admission or a devastating diagnosis. By that point, the five-year look-back period has eliminated most asset protection strategies. Effective Medicaid planning is measured in years, not weeks. Our attorneys integrate benefits planning with estate planning and asset protection strategies long before a crisis forces reactive decisions. When a crisis has already arrived, we shift to immediate triage: securing pending applications, filing timely appeals, and coordinating with care providers to prevent gaps in coverage. Where a client's capacity is in question, we coordinate with our conservatorship and guardianship practice so that someone has legal authority to act on the client's behalf throughout the benefits process.

MassHealth and Medicaid Representation Across New England

Cohen Cleary represents individuals and families in Medicaid and Medicare matters across New England, with particular concentration in Massachusetts, Rhode Island, Connecticut, and Maine. As a Medicaid attorney Massachusetts families trust for both applications and appeals, we maintain a working knowledge of the eligibility rules, asset thresholds, and appeal procedures that vary from state to state across the region. This matters significantly when a client's care involves facilities or family members in more than one state. Medicare appeals follow a federal framework, but the administrative law judges and hearing offices that handle New England cases operate with their own scheduling patterns and evidentiary expectations. Our offices in Taunton and Plymouth, serving southeastern Massachusetts and the surrounding counties, provide the operational base for this regional practice.

Get Experienced Medicaid and Medicare Guidance

Benefit deadlines do not pause while families weigh their options. If you are preparing a MassHealth application, responding to a denial, or facing a Medicare coverage termination, contact Cohen Cleary at our Taunton or Plymouth offices. A consultation with one of our benefits attorneys can clarify your options and identify the most effective path forward for your specific situation.

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Frequently Asked Questions About Medicaid and Medicare

What is the difference between Medicaid and Medicare?

Medicare is a federal health insurance program primarily for individuals 65 and older, covering hospital stays, physician visits, and certain skilled nursing care on a limited basis. Medicaid, known as MassHealth in Massachusetts, is a joint federal-state program that covers long-term care, including extended nursing home stays, for individuals who meet income and asset eligibility requirements. Many individuals qualify for both programs simultaneously, which creates additional coordination requirements.

Does Medicare pay for long-term nursing home care?

Medicare covers skilled nursing facility care for a limited period following a qualifying hospital stay, typically up to 100 days under specific conditions. It does not cover custodial or long-term nursing home care. Families who assume Medicare will pay for an extended nursing home stay often face an unexpected financial gap that requires Medicaid planning to address.

Can I appeal a MassHealth denial?

Yes. MassHealth applicants have the right to request a fair hearing before the Board of Hearings within the timeframe specified in the denial notice. Many initial denials result from documentation deficiencies rather than actual ineligibility, and a properly supported appeal can result in reversal. Requesting the hearing promptly is important because certain appeal rights are time-limited.

What is the Medicaid five-year look-back period?

When an individual applies for MassHealth long-term care benefits, the state reviews all financial transactions from the previous five years. Asset transfers made during that period for less than fair market value can trigger a penalty period during which the applicant is ineligible for benefits. This is why advance planning, well before a long-term care need arises, is critical to preserving options.

How quickly do I need to act on a Medicare non-coverage notice?

Very quickly. A Notice of Medicare Non-Coverage (NOMNC) can require a response within as few as two days to preserve the right to continued coverage during an expedited review. Missing this deadline can shift the full cost of ongoing care to the beneficiary. If you or a family member receives a NOMNC, contacting an attorney immediately is essential to preserving your appeal rights.

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