

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2308926
<b>Decision Date:</b>	10/26/2023	<b>Hearing Date:</b>	10/24/2023
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Josephine Porte (Quincy MEC) *via telephone*



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	MassHealth CarePlus/Downgrade
<b>Decision Date:</b>	10/26/2023	<b>Hearing Date:</b>	10/24/2023
<b>MassHealth's Rep.:</b>	Josephine Porte	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South		

### Jurisdiction

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. Through a notice dated September 18, 2023, MassHealth downgraded the appellant's coverage from CarePlus to Health Safety Net because MassHealth determined that the appellant's income exceeded the income limit for CarePlus for a household of her size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 27, 2023. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032(A)(3)).

At the hearing, the MassHealth representative testified that the reason MassHealth downgraded the appellant's coverage was due to the fact that her income exceeded the income limit for CarePlus. As of September 18, 2023, MassHealth determined the appellant's gross monthly income (GMI) was \$3467.20. The appellant is a single person household. The appellant's income placed her at 306.15% of the Federal Poverty Level (FPL). The income limit for CarePlus is 133% of the FPL. (See 130 CMR 505.008). The MassHealth representative stated that the appellant is eligible for Connector Plan Type 3B and should contact the Connector for more information concerning the details of this plan. The appellant did not dispute the calculation of her GMI and stated that she now better understood that she had options outside of MassHealth. The MassHealth representative gave the appellant the telephone number for the Connector.

BOH will dismiss a request for a hearing when it learns of an adjustment or action that resolves all of the issues in dispute between the parties. (130 CMR 610.035(A)(8)). The appellant ultimately did not dispute the reason for the downgrade and decided she would inquire about her health care options with the Connector.

For the above reasons, the appeal is DISMISSED.

## **Order for MassHealth**

MassHealth should proceed with downgrading appellant's CarePlus after October 31, 2023 in accordance with the notice under appeal.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171