This category is identified in the Eligibility System as MAHB.

To be eligible in this category an adult must be an Indiana resident who is at least 19 years of age and less than 65 years of age and fail eligibility solely due to increased earnings. The HIP Workforce Bridge Account will provide an account containing $1,000 for members to use on healthcare expenses while transitioning from HIP to commercial insurance. Eligibility will begin in a conditional status once an ongoing OPEN fully open HIP case is solely closed solely for excess income. The HIP Workforce Bridge account will and continue for 12 months or until the account has been expended whichever comes first required. The funds can be used to pay for premiums and other cost-sharing for health coverage through the Federally Facilitated Marketplace or employer-sponsored insurance, as well as contribute towards paying for any services that Medicaid would normally cover by a Medicaid provider.

MAHB will start out in a conditional status. The HIP member will receive a letter from our fiscal agent who administers CoreMMIS instructing them on what the account is and how they can opt-in. Those who do not opt in within 45 days will have their conditional MAHB closed by the system.

There are a limited number of HIP Workforce Bridge accounts available in a year, and once the cap is reached the eligibility system will stop forming MAHB for those who would otherwise have been eligible until the fiscal year resets.

Appeals regarding HIP Bridge Account and eligibility shall be governed by the procedures and time limits set out in 405 IAC 1.1. (appeals info?)

An individual may not be enrolled in or eligible for enrollment in the federal Medicare program or be eligible under any other Medicaid category. If member becomes eligible or wants to apply for another Medicaid category a reapplication will be required. If member is eligible for another Medicaid category, MAHB will be terminated. MAHB does not apply to members denied at application point, during a conditional period, at the same time of transition from another Medicaid category to HIP, or transitioning to TMA.