



SCAN THE QR CODE
FOR FULL DETAILED
GUIDEBOOK.



CONTACT

Ryan White Part A Services

1010 Massachusetts Ave, Boston, MA 02118

(617)-534-5395

ryanwhiteservices@bphc.org

Ryan White Part A Services

Ryan White Dental Program

1010 Massachusetts Ave, Boston, MA 02118

(617)-534-2344

RWDP@bphc.org

Ryan White Dental Program

MassHealth

100 Hancock St., 1st Floor, Quincy, MA 02171

(800) 841-2900

TDD/TTY 711

www.mass.gov/orgs/masshealth

Community Resource Initiative

529 Main St, Boston, MA 02129

(617)-502-1700

HDAP@crihealth.org

<https://crihealth.org/>

NH Care Program

29 Hazen Drive, Concord, NH 03301

(603)-271-4502

nhbidc@dhhs.nh.gov

www.dhhs.nh.gov/nh-care-program

Medicare

(800)-633-4227

TTY (877)-486-2048

www.medicare.gov/

**BOSTON
PUBLIC
HEALTH
COMMISSION**



Health Programs Coverage Guide

**RYAN WHITE
SERVICES**

Category*	Ryan White Part A	RWDP	NH Care (ADAP)	CRI (HDAP)	MassHealth	Medicare
Residency Requirement	Boston EMA	Massachusetts & 3 counties in Southern NH	New Hampshire	Massachusetts	Massachusetts	U.S. citizens or legal residents for 5+ years.
Income Threshold	≤500% of Federal Poverty Level	≤500% of Federal Poverty Level	≤500% of Federal Poverty Level	≤500% of Federal Poverty Level	Varies (check handbook for details)	No specific income threshold for enrollment.
Other Requirements	Proof of HIV diagnosis; Payer of last resort.	No dental insurance or limited coverage.	Payer of last resort.	N/A	N/A	N/A
Medications	Comprehensive coverage for antiretrovirals and opportunistic infection medications	N/A	Covers medication copays; full cost for some meds not covered by Medicaid.	Extensive HIV medication coverage, some exclusions.	Broad medication coverage; may include HIV meds.	Covers a wide range of medications through Medicare Part D; specifics vary by plan.
Recertification Frequency	Annually	Annually	Every 6 months	Every 6 months	Annually	N/A
Provider Network	Specialized network of providers experienced in HIV care.	Over 90 dental practices in Massachusetts and Southern NH.	HIV-specific network; contact program for details on out-of-network coverage.	Specializes in HIV care; limited out-of-network services.	Extensive provider network includes out-of-network options under certain plans.	Varies by plan; Original Medicare has a broad network, while Medicare Advantage plans have specific networks.
Exclusions	Non-HIV related services and conditions.	Inpatient hospital, ER visits, orthodontics, implants, cosmetic dentistry.	Ambulance, urgent care, ER, or inpatient care.	Ambulance, urgent care, ER, or inpatient care.	Cosmetic procedures, fertility treatments, experimental drugs, etc.	Excludes dental, vision, dentures, cosmetic procedures, acupuncture, hearing aids, long-term care.

Ryan White Services

Inquiries on information can be sent to xdai@bphc.org

*Please refer to the guidebook for the full detailed table.