



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: December 7, 2023

TO: All Medicare Advantage Organizations and Network-based Private Fee-For Service Plans and 1876 Cost Plans, Initial and Service Area Expansion Applicants

FROM: Kathryn A. Coleman
Director

SUBJECT: Updated 2024 Medicare Advantage Network Adequacy Criteria and Guidance

The Centers for Medicare & Medicaid Services (CMS) is releasing updated network adequacy guidance in advance of regulatory changes that are effective beginning January 1, 2024.

The Contract Year 2024 Medicare Advantage (MA) and Part D Final Rule ([CMS-4201-F](#)) (final rule) added network adequacy requirements at § 422.116(b)(1) for two new behavioral health provider specialty types, Clinical Psychology and Clinical Social Work, which are also eligible for the 10-percentage point credit towards time and distance standards when the plan provides additional telehealth benefits from these specialty types (422.116(d)(5)).

MA organizations will be required to include these new provider specialty types in their network submissions for formal network adequacy review beginning in calendar year 2024 (e.g., application reviews and triennial reviews). If indicated, the telehealth credit will be automatically applied in the Health Plan Management System (HPMS).

The updated Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance and 2024 Reference File are now available online under “Downloads” at: <https://www.cms.gov/medicare/health-drug-plans/medicare-advantage-application>.

Questions regarding these updates may be submitted to <https://dmao.lmi.org> under Medicare Advantage Operations. Select Network Adequacy from the Category drop-down.