



Important Reminder: DHCS Survey Assessing Timely Access to Urgent and Non-Urgent Appointments

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

Quarterly, the California Department of Health Care Services (DHCS) requires Medi-Cal managed care health plans (MCPs) to monitor timely access to **urgent** and **non-urgent appointments** in provider offices.

The survey was placed on hold due to the COVID-19 public health emergency (PHE) in 2020 and has resumed in January 2022.

About The Survey

Providers: In-network Alliance part of this survey include primary care providers (PCPs), specialist physicians, psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers.

Methodology: Every quarter, DHCS selects and surveys a randomized sample of Alliance network providers. DHCS will make three (3) call attempts to each provider's office to conduct the survey.

Questions: The survey solicits answers about the next three (3) available appointment dates and times for:

1. **Urgent and non-urgent services** for PCP, specialist, psychiatrist, and NPMH providers.
2. **Non-urgent services** for ancillary providers.

Provider offices are **contractually obligated** to complete the survey. Please note that unresponsiveness/refusal to comply with the survey may result in a corrective action plan.

On the next page is a table that outlines the required appointment time frames.

Thank you for your attention and assistance in completing the DHCS QMRT Survey and for your continued partnership and for providing high-quality care to our members and the community.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Timely Access Standards*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated. All providers contracted with the Alliance are required to offer appointments within the following timeframes:

| PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT | |
|--|-----------------------------|
| Appointment Type: | Appointment Within: |
| Non-Urgent Appointment | 10 Business Days of Request |
| OB/GYN Appointment | 10 Business Days of Request |
| Urgent Appointment that <i>requires</i> PA | 96 Hours of Request |
| Urgent Appointment that <i>does not</i> require PA | 48 Hours of Request |

| SPECIALTY/OTHER APPOINTMENT | |
|--|-----------------------------|
| Appointment Type: | Appointment Within: |
| Non-Urgent Appointment with a Specialist Physician | 15 Business Days of Request |
| Non-Urgent Appointment with a Behavioral Health Provider | 10 Business Days of Request |
| Non-Urgent Appointment with an Ancillary Service Provider | 15 Business Days of Request |
| OB/GYN Appointment | 15 Business Days of Request |
| Urgent Appointment that <i>requires</i> PA | 96 Hours of Request |
| Urgent Appointment that <i>does not</i> require PA | 48 Hours of Request |

| ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES | |
|---|---------------------|
| Appointment Type: | Appointment Within: |
| In-Office Wait Time | 60 Minutes |
| Call Return Time | 1 Business Day |
| Time to Answer Call | 10 Minutes |
| Telephone Access – Provide coverage 24 hours a day, 7 days a week. | |
| Telephone Triage and Screening – Wait time not to exceed 30 minutes. | |
| Emergency Instructions – Ensure proper emergency instructions. | |
| Language Services – Provide interpreter services 24 hours a day, 7 days a week. | |

* Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member’s need for care.

Shortening or Extending Appointment Timeframes: The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member’s medical record that a longer waiting time will not have a detrimental impact on the health of the member.

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