



## Important Reminder: 2023 Provider Appointment Availability Survey (PAAS) Begins August 1, 2023, through December 31, 2023

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

Each year, the Alliance conducts its annual Provider Appointment Availability Survey (PAAS). All health plans in California are required to survey providers to assess the availability of **routine** and **urgent** appointments.

### **About This Survey**

**Providers:** Alliance network providers include primary care providers (PCPs) and non-physician medical practitioners, specialist physicians (these change from year to year, dependent on DMHC methodology), psychiatrists, non-physician mental health (NPMH) providers, and ancillary providers (imaging/radiology or physical therapy).

**Methodology:** The Alliance contacts a randomized sample (and oversample, as appropriate) of network providers contracted with the Alliance as of **December 31 of the previous year**. The Alliance will first fax/email the PAAS survey. We encourage our provider partners to respond to the initial fax/email survey request in order to avoid additional phone call outreach. If we do not receive a fax or email response within the first week of the survey request, the Alliance will follow up with a phone call.

**Questions:** The survey solicits answers about the next available appointment<sup>1</sup> date and time for:

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

Appointment dates and times are collected at the location level for those providers practicing at Federally Qualified Health Centers (FQHCs).

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

Thank you for your attention and assistance in completing the PAAS.

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<sup>1</sup> Appointments can be either in-person or via telehealth.

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

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent <b>Primary Care</b> Appointment	10 Business Days of the Request
<b>First Prenatal</b> Visit	10 Business Days of the Request
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of the Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of the Request
Non-Urgent Appointment with an <b>Ancillary Services</b> for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the 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** – 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** – Routine appointments for non-urgent conditions.

**Triage or Screening** – 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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