



## 2020 Provider Appointment Availability Survey (PAAS)

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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. **Per the Department of Managed Health Care (DMHC) APL 20-018, COVID-19 (OPM) Modification of Timely Access PAAS Timeframes, the 2020 survey will be conducted from August to December.**

### **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 (mammogram 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 first faxes/emails the survey. If we do not receive a fax or email response, the Alliance follows 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.

On the next page, please find a table that outlines the required appointment time frames.

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.

## **TIMELY ACCESS STANDARDS\***

All Providers contracted with the Alliance are required to offer appointments within the following timeframes:

<b>PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks 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

<b>SPECIALTY/OTHER APPOINTMENT</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of Request
Non-Urgent Appointment with an <b>Ancillary Service</b> Provider	15 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks 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

<b>ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES</b>	
<b>Appointment Type:</b>	<b>Appointment Within:</b>
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.

**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)