



## 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	2 Weeks 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> Provider 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.

**Questions?** Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

**www.alamedaalliance.org**



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

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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.

Every quarter, 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 resumed in January 2022.

### About The Survey

**Providers:** The in-network survey includes 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.

The table on the next page 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.

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