Important Reminder: 2026 Provider Appointment Availability Survey (PAAS) – September 2026 through December 2026

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction. We have an important reminder to share with you.

QMetrics on behalf of the Alliance, will administer the Provider Appointment Availability Survey (PAAS) annually. All health plans in California must survey providers to assess the availability of routine and urgent appointments.

About The PAAS Survey

Providers: Alliance network providers include primary care providers (PCPs), non-physician medical practitioners, specialist physicians, 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 contracted network providers as of **January 14 of the current year**. The Alliance will first fax or email the PAAS survey. We encourage our provider partners to respond to the initial fax or email survey request to avoid additional outreach phone calls. 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.

Aside from the methodology above, providers have the option to participate in electronic data extraction for the survey. For more information, please reach out to the Alliance.

Questions: The survey solicits answers about the next available appointment[1] date and time for:

1. **Urgent and non-urgent services** for PCP, specialist physicians, 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 or refusal to comply with the survey may result in a corrective action plan.

This notice includes the required appointment time frames (Timely Access Standards).

We appreciate your attention and assistance in completing the PAAS.

Thank you for your continued partnership. We appreciate the high quality care you provide your patients and our members. Together we are creating a healthier community for all.

[1] Appointments can be either in-person or via telehealth.

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. The timeframes are for Alameda Alliance Wellness (HMO D-SNP) and Alliance Medi-Cal.

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

Appointment Wait Times (Medi-Cal)	
Appointment Type:	**Appointment Within:**
PCP/specialist urgent appointment that *does not* require PA	48 hours
PCP/specialist urgent appointment that *requires* PA	96 hours
Non-urgent **primary care** appointment (including OBGYN as PCP)	10 business days
First prenatal visit	2 weeks of request
Non-urgent appointment with a **specialist physician** (includes OBGYN specialty care)	15 business days of request
Non-urgent appointment with a **behavioral health provider**	10 business days of request
Non-urgent appointment for **ancillary services** for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of request
Appointment Wait Times (D-SNP)	
Appointment Type:	**Appointment Within:**
Urgently needed services or emergencies that *do not* require PA	Immediately
Non-urgent **primary care** appointment	7 business days of request
Routine or preventive care	30 business days of request
All Provider Wait Times/Telephone/Language Practices	
Timely Access Category:	**Timely Access Standard:**
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 the California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS) regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Accreditation standards and guidelines.

MA D-SNP = Medicare Advantage Dual Special Needs Plan

Non-urgent Care – Routine appointments for non-urgent conditions.

PA = Prior Authorization

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 triage or screen 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.

Urgent Care (or urgent services) – 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).