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).