



How to Ensure a Successful After Hours Survey

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 between August and September, the Alliance conducts its annual After Hours Survey. All health plans in California are required to survey providers to ensure compliance with access to a physician after hours, emergency instructions, and telephone triage and screening requirements.

About This Survey

Providers: All Alliance primary care providers (PCPs), specialists, and behavioral health providers are included in the survey.¹

Methodology: The Alliance calls a sample of network providers contracted with the Alliance, outside of regular business hours, to conduct this survey.

Information Collected: The survey collects the following information in the Timely Access Standards table:

1. Timely after hours telephone access to a physician;
2. The length of wait for a return call after hours; and
3. The availability of member instructions when experiencing a medical emergency.

Tips to Optimize your After Hours Survey Performance:

1. Review your after hours protocols. Below is a sample script that meets compliance:

Hello. You have reached the office of Dr. [Name]. If this is a medical emergency, please hang up and dial 911. You have reached our office after business hours. Our regular business hours are [opening time] to [closing time]. If you would like to speak with a live person, please [provide instructions which include the length of wait for a return call from a provider, i.e. call, text, etc.]. You can also speak with your provider or an on-call provider by [provide instructions which include the length of wait for a return call from a provider, i.e. call, text, etc.].

2. Remind your office staff about the purpose and importance of the survey to help increase your compliance and readiness.

¹ With the exception of the following provider types: pathologists, radiologists, emergency medicine providers, physical and occupational therapists, hearing aid dispenser providers, marriage and family therapists, masters of social work providers, chiropractors, registered dietitians, hospitalists, medical geneticists, and anesthesiologists.

TIMELY ACCESS STANDARDS*

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

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Appointment Within:
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

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service 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

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 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**

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