



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: August 25, 2026
Subject: REMINDER: PAAS Wave 1 fielding ends September 4

Attention Provider Partners,

This is a reminder that Sharp Health Plan is still conducting Wave 1 of the annual Provider Appointment Availability Survey (PAAS) through September 4, 2026. This mandatory survey, required by the Department of Managed Health Care (DMHC), is designed to assess your compliance with timely access standards.

When you receive the survey via fax or email, you will have 5 business days to complete and return the survey to QMetrics, our survey partner. **We ask that you return surveys to QMetrics within five (5) business days to eliminate the need for a telephone call to your office staff.** If the survey is not returned within five (5) business days, a representative will reach out to your office via telephone to conduct the survey. Please provide your next available appointment regardless of modality (for example, in-person or telehealth visit).

As a Sharp Health Plan provider, you are contractually obligated to respond to this survey. The DMHC requires us to score providers who refuse to participate in the survey as non-compliant. Please refer to the fielding date chart below for all providers.

Wave 1 Fielding Date	Wave 2 Fielding Date
August 11 – September 4 (email/fax) Phone calls will begin on August 21 for nonresponsive providers.	October 6 – October 29 (email/fax) Phone calls will begin on October 16 for nonresponsive providers.

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For additional information, refer to the FAQ section below. Please feel free to contact Sharp Health Plan's Provider Account Management team for any additional questions at provider.relations@sharp.com or 1-858-499-8330, Monday – Friday, 8 a.m. to 5 p.m.

Sincerely,

Sharp Health Plan Provider Account Management

provider.relations@sharp.com

Tel: 1-858-499-8330 | Fax: 1-858-303-9049

Frequently Asked Questions (FAQ)

1. What is the PAAS survey?

The Provider Appointment Availability Survey (PAAS) is a mandatory survey conducted annually to assess provider compliance with timely access standards, as required by the Department of Managed Health Care (DMHC).

2. Who is administering the survey?

The survey is administered by QMetrics, Sharp Health Plan's designated survey partner.

3. How will the survey be delivered?

Surveys will be sent via fax or email. If not returned within five (5) business days, QMetrics will follow up with a telephone call to your office.

4. What is the survey period?

The survey will be conducted in two waves:

Wave 1 - August 11, 2026, to September 4, 2026

Wave 2 - October 6, 2026, to October 29, 2026

5. What information should I provide?

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You should report your next available appointment, regardless of modality (in-person or telehealth). If appointment availability varies by patient type (new vs. existing) or modality, provide the earliest available appointment.

6. What are the access standards I need to meet?

Please see the listing of standards below.

7. What happens if I don't respond?

Providers who do not respond within five (5) business days will be contacted by phone. Refusal to participate will result in a non-compliant score per DMHC requirements.

8. Where will the survey come from and where should I return it?

Survey Email: surveys@qmetrics.us

Survey Fax: (619) 393-1142

Return Fax: (877) 399-3439

9. Who can I contact with questions?

For PAAS questions, please reach out to: paassurvey@qmetrics.us; or
Sharp Health Plan's Provider Account Management team at provider.relations@sharp.com

*Participating providers shall not respond directly to the Department (DMHC).

DMHC Timely Access Standards

Provider Type	Access Standard
Urgent Appointments	
Primary Care Provider (PCP)	Within 48 hours of request (including weekends and holidays)

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Provider Type	Access Standard
Specialist	- Within 48 hours (no prior authorization required) - Within 96 hours (prior authorization required)
Dental Services	Within 72 hours of the time of request
Non-Physician Mental Health (NPMH) Provider or Psychiatrist	- Within 48 hours (no prior authorization required) - Within 96 hours (prior authorization required)
Non-Urgent Appointments	
Primary Care Provider (PCP)	Within 10 business days of request
Specialist	Within 15 business days of request
Ancillary Services Provider	Within 15 business days of request
Dental Services	36 business days of request
Preventive Dental Care Appointments	Within 40 business days of request
Non-Physician Mental Health (NPMH) Provider	Within 10 business days of request
Psychiatrist	Within 15 business days of request
NPMH Provider (Follow-Up Appointment)	Within 10 business days of request
Provider Type	Access Standard
Urgent Appointments	

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Provider Type	Access Standard
Primary Care Provider (PCP)	Within 48 hours of request (including weekends and holidays)
Specialist	- Within 48 hours (no prior authorization required) - Within 96 hours (prior authorization required)
Non-Physician Mental Health (NPMH) Provider or Psychiatrist	- Within 48 hours (no prior authorization required) - Within 96 hours (prior authorization required)
Non-Urgent Appointments	
Primary Care Provider (PCP)	Within 10 business days of request
Specialist	Within 15 business days of request
Ancillary Services Provider	Within 15 business days of request
Non-Physician Mental Health (NPMH) Provider	Within 10 business days of request
Psychiatrist	Within 15 business days of request
NPMH Provider (Follow-Up Appointment)	Within 10 business days of request

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