



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: September 25, 2026
Subject: UPCOMING: Provider Appointment Availability Survey (PAAS) Wave 2 begins October 6

Attention Provider Partners,

This is an advance notice that Sharp Health Plan's annual Provider Appointment Availability Survey (PAAS) Wave 2 will begin on October 6, 2026. This mandatory survey, required by the Department of Managed Health Care (DMHC), is designed to assess provider compliance with timely access standards.

Providers selected for Wave 2 may receive the survey from QMetrics, Sharp Health Plan's survey partner, via email or fax beginning October 6, 2026. Upon receipt, providers are asked to complete and return the survey within five (5) business days. Returning the survey promptly helps avoid follow-up telephone outreach to your office. If a survey is not returned within five (5) business days, QMetrics will contact the office by phone to conduct the survey.

As a Sharp Health Plan provider, participation in this survey is a contractual requirement. Providers who refuse to participate will be scored as non-compliant in accordance with DMHC requirements.

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.

Wave 2 Fielding Date
October 6 – October 29 (email/fax)
Phone calls will begin on October 16 for nonresponsive providers.

Sincerely,

Sharp Health Plan Provider Account Management

provider.relations@sharp.com

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

NOTICE: The information contained in this facsimile message may be privileged and confidential and is only for whom it was intended. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, please notify Sharp Health Plan at the telephone number listed below immediately and destroy all information received.

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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?

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.

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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)
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)

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Provider Type	Access Standard
	- 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

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