

Blue Shield of California Provider Information

PAAS = Provider Appointment Availability Survey

PAAS is an annual DMHC requirement. Via this survey, health plans measure the ability of their Commercial and Medi-Cal networks to schedule timely urgent and non-urgent appointments. There is language in the Blue Shield and Blue Shield of California Promise Health Plan contracts requiring providers to participate in surveys like the PAAS.

	<p>PAAS requirement: Blue Shield and Blue Shield Promise must meet timely access to care standards at a minimum compliance threshold of 70% for urgent and non-urgent appointments, and 80% for non-physician mental health provider follow up appointments.</p>
	<p>PAAS questions: The survey asks contracted providers for the next available appointment date and time for (1) urgent and (2) non-urgent care services. The next available appointment can be by any method (i.e., in-person, phone, video/telehealth). RHCs and FQHCs are included in the PAAS but the survey is not specific to any individual provider.</p>
	<p>PAAS administration: The 2025 survey will be fielded in two waves: July-October and October-December. Providers will receive an email with a link to take the survey online or by FAX. Those who do not respond after 5 business days must complete the survey by phone. Each survey option (email, fax, phone) is expected to take less than 5 minutes.</p>
	<p>PAAS administrator: The PAAS will be conducted by Sutherland Healthcare Solutions using a random sample. To lessen the burden of completing multiple surveys, Blue Shield has teamed up with Anthem Blue Cross, Cigna, Health Net, Magellan Health, The Holman Group, United Healthcare of CA, and SF Health Plan.</p>
	<p>PAAS results: The DMHC will release 2025 results in mid-2026. Results from the 2024 survey will be available in mid-2025. Your Provider Relations Representative can make available provider-specific results upon request. Note, low survey compliance or a low survey score can impact both Blue Shield and our contracted providers.</p>
	<p>Recommendations: 1) Provide Blue Shield with the most up-to-date contact information including email and FAX; 2) Identify a specific contact for the survey and alert/advise appointment setting staff; 3) Ensure the survey respondent in your organization indicates when a specific provider is not in network, is retired/no longer practicing, etc.</p>