



Provider Appeals Procedure

For Disputes Regarding Network Termination or Action by HWMG Related to Professional Competency

For other types of provider appeals, please refer to our separate appeals procedure.

Writing Us to Request an Appeal

You must request an appeal if you wish to dispute a determination made by HWMG regarding network termination or action related to professional competency such as conduct, quality of care, or credentialing review. Your request must be in writing and enclose all relevant documentation. Our appeal request form may be obtained at hwmg.org/providers.

We must receive your appeal within **60 days** from the date you were first informed of the termination or action in dispute. Send written appeals to the address below or fax to **(808) 535-8314**.

HWMG, Attn: Appeals Coordinator
220 South King Street, Suite 1200
Honolulu, HI 96813

First-Level Appeal and Decision

The first-level appeal will be reviewed by a peer review Appeals Committee comprised of at least one practicing clinical peer physician and two qualified members who were not involved in the initial decision-making that is the subject of the dispute.

The Appeals Committee will convene within 20 calendar days of HWMG's receipt of the appeal. You may appear to present evidence or testimony. You will be notified of the Committee's decision in writing within 10 business days following completion of the hearing.

If you disagree with the decision or if you have additional supporting information that may not have been available at the time the initial appeal was filed, you may file a second written appeal within 30 days of receiving HWMG's decision.

Second-Level Appeal and Decision

The second-level appeal will be reviewed by a peer review Appeals Committee comprised of at least three (3) qualified members who did not serve on the first-level Appeals Committee and were not involved in the initial decision-making that is the subject of the dispute.

The Appeals Committee will convene within 20 calendar days of HWMG's receipt of the appeal. You may appear to present evidence or testimony. You will be notified of the Committee's decision in writing within ten (10) business days following completion of the hearing.

Binding Arbitration

If you disagree with the Second Appeals Committee's decision, you may request Binding Arbitration within 60 days of receiving HWMG's decision, in accordance with the terms of your Participating Provider Agreement.

Questions

If you have any questions, please contact our Provider Relations Department at (808) 791-7557, toll-free at (800) 621-6998 ext. 304, or ProviderRelations@hwmg.org.