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# Welcome

You are now a member of the Dimension Health, Inc. network, one of South Florida's largest Preferred Provider Organizations (PPO). This manual will describe the benefits of network membership and offer helpful information about your interaction with Dimension PPO and the patients who have access to Dimension providers.

Founded in 1985, Dimension began as a Dade County hospital and physician network. The company now counts among its provider members 50 acute care hospitals, more than 120 ancillary facilities and over 6,000 practitioners. These providers are located throughout Broward, Dade, Monroe, and Palm Beach counties.

Dimension's payor-clients include a broad assortment of international payors, union/employer ERISA funds, health insurance companies, Third Party Administrators and national PPO networks. Your participation with the Dimension PPO network authorizes Dimension to market your services to these payor-clients and to contract with payors on your behalf.

We look forward to your participation in the Dimension network, to offering you access to an ever-expanding patient population, and helping you meet the needs of this population through effective provider services.

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## **DIMENSION MEMBERS**

Members accessing care through the Dimension network carry a benefits identification card that will include either the Dimension logo name or the payor logo/name. Please ask Dimension members to present their identification card.

## **VERIFYING ELIGIBILITY AND BENEFITS**

Possession of a benefits identification card does not certify eligibility or guarantee payment. Please verify each member's eligibility to receive care and clarify the services covered by the member's benefit plan by calling the benefit payor's telephone number located on the back of the member's identification card.

## **PRECERTIFICATION, UTILIZATION REVIEW, AND CASE MANAGEMENT**

To assist in the management of a member's care, many payors contract with a utilization management service. These utilization management programs typically require that you obtain authorization and/or precertification before a member undergoes certain procedures and treatments.

## **REFERRAL AUTHORIZATIONS**

A Dimension member's benefit plan may require that you submit a request for authorization before you refer the member to another provider. Prior to receiving authorization you may be required to submit documentation to verify the need for specialist care.

Before making a referral, please contact the member's benefits payor to clarify the payor's authorization requirements. By obtaining a referral authorization, you will help ensure that the member enjoys in-network benefits and the caregiver receives in-network reimbursement.



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## **CLAIMS FOR DIMENSION MEMBERS**

After rendering care for a Dimension member, complete and submit a HCFA universal or UB92 claim form to the member's benefit payor at the address indicated on the member's benefits identification card.

## **PLEASE DO NOT SUBMIT CLAIMS TO DIMENSION**

Dimension does not administer benefits or pay claims. Submitting claims to Dimension will delay, and may prevent your receipt of payment.

## **REIMBURSEMENT FOR SERVICES**

You have contractually agreed to accept Dimension's fee schedule amount as payment in full for care received by Dimension members. The total payment you receive for covered services will equal the benefit payor's reimbursement plus the member's coinsurance or co-payment (if applicable).

For example:

Dimension Fee Schedule Payor Amount	\$100
Member's Copayment/Coinsurance	<u>\$ 20</u>
Total Reimbursement	\$120

When you provide covered services for a Dimension PPO member, please submit to the benefit payor a bill for your usual charges.

## **BALANCE BILLING**

Your agreement with Dimension prohibits balance billing; that is, billing the member for the difference between the amount you bill and the total amount you receive from the benefit payor.

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## **YOUR RELATIONSHIP WITH DIMENSION**

A key to Dimension's success is helping each participating provider benefit from their affiliation with the network.

## **DIMENSION'S PROVIDER RELATIONS DEPARTMENT**

To answer your questions, you can contact our Provider Relations Department in several ways.

Via Dimension's toll-free service line:  
800-483-4992

Representatives are available to help you from 8:00AM to 5:00PM, Eastern Standard Time, Monday through Friday.

Via FAX at:  
305-818-8814

Via E-mail at:  
**[Cdiehs@dimensionhealth.com](mailto:Cdiehs@dimensionhealth.com)**

You can also write to the Provider Relations Department at:  
Dimension Health, Inc.  
Provider Relations Department  
5881 N.W. 151 Street, Suite 201  
Miami Lakes, FL 33014

## **CHANGES IN YOUR PRACTICE**

To help Dimension maintain the most up-to-date and accurate directory of participating providers, please notify Dimension regarding changes in your office location(s), hours of operation, or tax identification number. By notifying Dimension of these changes you help avoid delayed payment and other inconveniences.

You can notify Dimension in several ways.

Via FAX at:

305-818-8814

You can also write to the Provider Relations Department at:

Dimension Health, Inc.  
Provider Relations Department  
5881 N.W. 151 Street, Suite 201  
Miami Lakes, FL 33014

Via e-mail at:

[cdiehs@dimensionhealth.com](mailto:cdiehs@dimensionhealth.com)

In addition, you must notify Dimension in writing within five days regarding any material change to your licenses, certifications or accreditations required to practice medicine, and liability insurance coverage. Failure to notify Dimension regarding changes may result in a termination of your relationship within the network

## **RECREDENTIALING**

Dimension performs routine recredentialing every three years to certify your ongoing participation in the network. During recredentialing, Dimension will verify that you have maintained your credentials and examine several satisfaction indicators, such as calls and letters – both positive and negative – received from your Dimension members.

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## **GRIEVANCES**

Our highest priority is to deliver quality health care services to our members. Dimension reviews and responds to all complaints and grievances. All our members' complaints are documented, investigated, and resolved promptly and effectively through Dimension's grievance procedure. All participating providers are required to adhere to Dimension's grievance process and shall cooperate with Dimension in its efforts to resolve issues affecting its providers and members.

## **IN-NETWORK REFERRALS**

To ensure our members receive the most cost-effective care, our providers agree to use his or her best efforts to refer Covered Persons only to other health care providers participating in the Dimension network unless medical services are required on an emergency basis and are not available through a Dimension participating provider.

## **PROVIDER EDUCATION**

Dimension provides in-services for new providers. Ongoing education activities are achieved through the Provider Manual or by contacting our Provider Relations Department.



# ***Dimension Reference Guide***

## ***Telephone Numbers***

Provider Relations Line **305-823-7664**

Administration Line **305-821-9242**

## ***Fax Number***

Main Fax Number **305-818-8814**

## ***The Dimension Health Web Site***

**[www.dimensionhealth.com](http://www.dimensionhealth.com)**

## ***Provider Relations Information E-Mail Address***

**[Cdiehs@dimensionhealth.com](mailto:Cdiehs@dimensionhealth.com)**





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Provider Relations Department  
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