

SDMI File Upload Instructions via Secure Member Submission Form

Purpose:

This document provides instructions on how to submit and upload requested records to Mountain Pacific via a secure online form.

How To:

1. As a provider, you will receive an email from Mountain Pacific titled **“SECURE: SDMI Service Validation Request”** requesting specific documentation pertaining to services rendered by your organization to Medicaid members.
2. The body of the email will contain a link titled [SDMI Member Submission Form](#). Click the link and you will be redirected to a secure web member submission form.
3. Please fill out all appropriate fields within the **SDMI Quality Assurance Documentation Request Submission form** and attach all pertinent files. **Please Note:** Only one member can be submitted at a time. Each member requested will need to have their own form filled out.
4. Once files have been uploaded and captcha has been clicked and submitted, a box will pop up asking if you want to submit another HCPCS code (procedure code) for the same member. Choose **“yes”** if the current member has multiple HCPCS codes associated, choose **“No”** if no other records need to be uploaded for that member.
 - i. By choosing **“No”**, another box will pop up asking if you want to submit another member for the same provider. Choose **“Yes”** if additional member forms need to be submitted, choose **“No”** if no other members forms need to be completed.
 - ii. By choosing **“Yes”** to either of the pop-up questions, certain information is retained in the form for conveniences.
 - a. Choosing **“Yes”** to submit another HCPCS code for the current member retains all member detail fields and submitter detail fields.
 - b. Choosing **“Yes”** to submit another member for the same provider retains all provider and submitter detail fields.

Field Breakdown:

1. **Organization Name*:** Please choose your organization’s name from the drop-down list. If your organization does not appear, please choose “Other” and type your organization’s name.
2. **Member First Name*:** Please provide the requested members' first name for which you are submitting the form.
3. **Member Last Name*:** Please provide the requested members' last name for which you are submitting the form.
4. **Medicaid Member ID*:** Please provide the seven-digit Medicaid ID number of the member for which you are submitting the form.
5. **Prior Authorization Number:** Please provide the members' prior authorization number if applicable.
6. **HCPCS Code:** Please select the relevant HCPCS (Procedure) code from the dropdown menu that corresponds to the requested member and service.
7. **Submitter’s First Name*:** Please enter the first name of the individual submitting the form.
8. **Submitter’s Last Name*:** Please enter the last name of the individual submitting the form.
9. **Submitter’s Email*:** Please enter the email address of the individual submitting the form.
10. **Upload Files*:** Click “Choose File” to upload the documentation requested. **Please Note:** Only one document can be uploaded per line. Choose “Add File” to upload an additional file. **Only upload files that pertain to the specific member referenced in the form.**

* Notes required form fields

If you have any issues submitting files, please contact Mountain Pacific directly at 1-800-219-7035 or by emailing HACS@mpqhf.org.