

Oklahoma Medicaid Management Information System Interface Specifications
270/271 Health Care Eligibility Benefit Inquiry and Response
HIPAA Guidelines for Electronic Transactions - Companion Document

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Professional, ASC X12N 270/271 (004010X092A1). The specifications in this document are clarifications that are allowed within the HIPAA transaction sets. The Oklahoma Medicaid Management Information System will only accept and send data in this transaction that is allowed by the HIPAA rules and guides. **This document does not outline all data segments and elements that are in the HIPAA transaction set guide. This document will only clarify segments as they apply to the Oklahoma Medicaid Management Information System.**

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

Purpose of 270/271 Health Care Benefit Inquiry and Response

The 270 Transaction Set is used to transmit Health Care Eligibility Benefit Inquiries from health care providers, clearinghouses and other health care adjudication processors. The 270 Transaction Set can be used to make an inquiry about the type of insurance plan, type of service performed, where the service is performed, where the inquiry is initiated, where the inquiry is sent.

The 271 Transaction Set is used to respond to Health Care Eligibility Benefits Inquiries as the appropriate response mechanism. There are several levels that allow for rejection of incomplete or erroneously formatted inquiry transactions. The detail mechanism is a segment named "AAA" at the appropriate level within the transaction set (e.g. Information Source, Information Receiver, Patient, etc.). When one or more of these segments is generated the transaction set only contains segments at that level and no further detail information is provided.

Special Notes – Applicable to Entire Transaction

Subscriber, Insured, and Member = Client in the Oklahoma Medicaid Environment

- *The Oklahoma State Medicaid programs do not allow for dependents to be enrolled under a primary subscriber, rather all enrollees / clients are primary subscribers within each program or MCO (Managed Care Organization).*

Provider Identification = Oklahoma Medicaid Provider ID

- *The Oklahoma State Medicaid program will use the Medicaid Provider ID in all instances that require provider identification. At such a time as the National Provider ID is approved and available, that number will be used.*

SoonerCare Plus Health Plan ID = Oklahoma Medicaid Provider ID

- *In those instances that require a Health Plan ID to identify a contracted SoonerCare Plus health plan, the Oklahoma State Medicaid program will use the assigned MCO (Managed Care Organization) ID. At such a time as the National Health Plan ID is approved and available, that number will be used.*

Oklahoma Medicaid Health Plan ID = OHCA Federal Tax ID Number

- *The Oklahoma State Medicaid program will use the OHCA Federal Tax ID Number in all instances requiring a Health Plan ID. At such a time as the National Health Plan ID is approved and available, that number will be used.*
- *Syntax Note: Always use a tilde (~) as the segment terminator and a colon (:) as a sub element separator.*

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Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
Interchange Control Header (Submission Header)						
ISA01	Authorization Information Qualifier	ISA	N/A	00 = No Authorization Information Present	Implementation Guide	00
ISA02	Authorization Information	ISA	N/A	Always blank, as there is no authorization information in ISA01. (Fill with 10 spaces)		
ISA03	Security Information Qualifier	ISA	N/A	00 = No Authorization Information Present	Implementation Guide	00
ISA04	Security Information	ISA	N/A	Always blank, as there is no authorization information in ISA03. (Fill with 10 spaces)		
ISA05	Interchange ID Qualifier (Sender)	ISA	N/A	Always "ZZ" – expected value in this field.	Implementation Guide	ZZ
ISA06	Interchange Sender ID	ISA	N/A	731476619 = OHCA Tax ID	OHCA/EDS	731476619
ISA07	Interchange ID Qualifier (Receiver)	ISA	N/A	Always "ZZ" – expected value in this field.	Implementation Guide	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	Electronic Transmitter Identification Number (ETIN): Unique ID assigned by OHCA/EDS.	OHCA/EDS	500000100
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date (YYMMDD)	OHCA/EDS	031115
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time (HHMM)	OHCA/EDS	0941
ISA11	Interchange Control Standards Identifier	ISA	N/A	U	Implementation Guide	U

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
ISA12	Interchange Control Version Number	ISA	N/A	00401 = Draft Standards for trial use approved for publication by ASC X12 procedures review board through October 1997	Implementation Guide	00401
ISA13	Interchange Control Number	ISA	N/A	Unique number within the interchange. Should start with 1 and increment by 1 with each ISA record submitted. Must be identical to the associated Interchange Trailer, IEA02	OHCA/EDS	000000001
ISA14	Acknowledgement Requested	ISA	N/A	Always "0" (zero), No Acknowledgement Requested	Implementation Guide	0
ISA15	Usage Indicator	ISA	N/A	"P" = Production	Implementation Guide	P
ISA16	Component Element Separator	ISA	N/A	A ":" (colon) will be sent in this field.	OHCA/EDS	:
Functional Group Header						
GS01	Functional Identifier Code	GS	N/A	HS	Implementation Guide	HS
GS02	Application Sender's Code	GS	N/A	Same as ISA06	OHCA/EDS	731476619
GS03	Application Receiver's Code	GS	N/A	Same as ISA08	OHCA/EDS	500000100
GS04	Date	GS	N/A	Functional Group Creation Date (CCYYMMDD)	OHCA/EDS	20031115
GS05	Time	GS	N/A	Functional Group Creation Time (HHMM)	OHCA/EDS	1011
GS06	Group Control Number	GS	N/A	Unique number within the functional group. Should start with 1 and increment by 1 with each GS record submitted. Must be	OHCA/EDS	0001

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
				identical to the associated Functional Group Trailer, GE02		
GS07	Responsible Agency Code	GS	N/A	X – Accredited Standards Committee X12	Implementation Guide	X
GS08	Version / Release / Industry Identifier Code	GS	N/A	Refer to specific Implementation Guide Addenda for correct value	Implementation Guide	004010X092A1

Transaction Set – 270 Eligibility Inquiry

The Implementation Guide for the 270 transaction can be obtained at <http://www/wpc-edi.com/>

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
Start of Transaction Set						
ST01	Transaction Set Identifier Code	ST	N/A	270 = Eligibility, Coverage or Benefit Inquiry	Implementation Guide	270
ST02	Transaction Set Control Number	ST	N/A	Unique number within the transaction set. Should start with 1 and increment by 1 with each ST record. Must be identical to the associated Transaction Set Trailer, SE02.	OHCA/EDS	0001
BHT01	Hierarchical Structure Code	BHT	N/A	0022 = Information Source, Information Receiver, Subscriber, Dependent	Implementation Guide	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	13 = Request	Implementation Guide	13
BHT03	Submitter Transaction Identifier	BHT	N/A	Creation Date + Time	OHCA/EDS	20031115054947

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
BHT04	Date	BHT	N/A	Creation Date	OHCA/EDS	20031115
BHT05	Time	BHT	N/A	Creation Time	OHCA/EDS	054947
NM101	Entity Identifier Code	NM1	2100A	PR = Payer	Implementation Guide	PR
NM102	Entity Type Qualifier	NM1	2100A	2 = Non-Person Entity	Implementation Guide	2
NM103	Name Last or Organization Name	NM1	2100A	Insurance Carrier Name	OHCA/EDS	Blue Cross Blue Shield of Oklahoma
NM108	Identification Code Qualifier	NM1	2100A	PI = Payor Identification	Implementation Guide	PI
NM109	Information Source Primary Identifier	NM1	2100A	Insurance Carrier ID assigned by OHCA/EDS	OHCA/EDS	0000001
NM101	Entity Identifier Code	NM1	2100B	1P = Provider	Implementation Guide	1P
NM102	Entity Type Qualifier	NM1	2100B	2 = Non-Person entity	Implementation Guide	2
NM103	Name Last or Organization Name	NM1	2100B	“OKLAHOMA HEALTH CARE AUTHORITY” All caps	OHCA/EDS	OKLAHOMA HEALTH CARE AUTHORITY
NM108	Identification Code Qualifier	NM1	2100B	FI = Federal Tax ID	Implementation Guide	FI
NM109	Information Receiver Primary Identifier	NM1	2100B	731476619 = OHCA Tax ID	OHCA/EDS	731476619
PER01	Contact Function Code	PER	2100B	IC = Information Contact	Implementation Guide	IC
PER02	Name	PER	2100B	“OKLAHOMA HEALTH CARE AUTHORITY” All caps	OHCA/EDS	OKLAHOMA HEALTH CARE AUTHORITY
PER03	Communication Number Qualifier	PER	2100B	TE = Telephone	Implementation Guide	TE
PER04	Communication Number	PER	2100B	TPL Department’s Phone Number	OHCA/EDS	4055227451

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
PER05	Communication Number Qualifier	PER	2100B	TE = Telephone	Implementation Guide	TE
PER06	Communication Number	PER	2100B	TPL Department's Phone Number	OHCA/EDS	8002685261
HL04	Hierarchical Child Code	HL	2000C	Always "0", zero as the Subscriber is always the Recipient/Patient in Oklahoma Medicaid	Implementation Guide	0
TRN01	Trace Type Code	TRN	2000C	1 = Current Transaction Trace Numbers	Implementation Guide	1
TRN02	Reference Identification	TRN	2000C	Creation date + creation time + subscriber ID	OHCA/EDS	20031115054947123456789
TRN03	Originating Company Identifier	TRN	2000C	1 + (731476619) = (OHCA Tax ID)	OHCA/EDS	1731476619
NM101	Entity Identifier Code	NM1	2000C	IL = Insured or Subscriber	Implementation Guide	IL
NM102	Entity Type Qualifier	NM1	2100C	1 = Person	Implementation Guide	1
NM103	Name Last or Organization Name	NM1	2100C	Subscriber Last Name	OHCA/EDS	Doe
NM104	Name First	NM1	2100C	Subscriber First Name	OHCA/EDS	John
NM105	Name Middle	NM1	2100C	Subscriber Middle Name	OHCA/EDS	M
NM108	Identification Code Qualifier	NM1	2100C	MI = Member Identification Number	Implementation Guide	MI
NM109	Identification Code	NM1	2100C	9-character Unique Medicaid Recipient ID assigned by DHS; must be left justified	OHCA/EDS	123456789
REF01	Reference Identification Qualifier	REF	2100C	SY = Social Security Number	Implementation Guide	SY
REF02	Reference	REF	2100C	Subscriber Social Security	OHCA/EDS	111223333

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
	Identification			Number		
REF01	Reference Identification Qualifier	REF	2100C	IG = Insurance Policy Number	Implementation Guide	IG
REF02	Reference Identification	REF	2100C	Subscriber Insurance Policy Number	OHCA/EDS	1234567891234567
N301	Address Information	N3	2100C	Subscriber Address Line1	OHCA/EDS	111 NW 11th
N302	Address Information	N3	2100C	Subscriber Address Line1	OHCA/EDS	Suite A
N401	City Name	N4	2100C	Subscriber City Name	OHCA/EDS	Oklahoma City
N402	State or Province Code	N4	2100C	Subscriber State Code	OHCA/EDS	OK
N403	Postal Code	N4	2100C	Subscriber Zip Code	OHCA/EDS	711112222
DMG01	Date Time Period Format Qualifier	DMG	2100C	D8 = Date Expressed in Format CCYYMMDD	Implementation Guide	D8
DMG02	Date Time Period	DMG	2100C	Subscriber Birth Date	OHCA/EDS	20030415
DTP01	Date Time Qualifier	DTP	2100C	307 = Eligibility	Implementation Guide	307
DTP02	Date Time Period Format Qualifier	DTP	2100C	D8 = Date expressed in format CCYYMMDD	Implementation Guide	D8
DTP03	Date Time Period	DTP	2100C	Creation Date	OHCA/EDS	20031115
EQ01	Service Type Code	EQ	2110C	30 = Health Benefit Plan Coverage	Implementation Guide	30
SE01	Transaction Segment Count	SE		Total number of segments included in a transaction.	OHCA/EDS	29
SE02	Transaction Set Control number	SE		Unique number within the transaction set and must be identical to value in ST02.	OHCA/EDS	0001
End of Transaction set						

Functional Group Trailer						
Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
GE01	Number of Transaction Sets included	GE	N/A	Total number of transaction sets included in the functional group	OHCA/EDS	1
GE02	Group Control Number	GE	N/A	Unique number within the functional group and must be identical to value in GS06.	OHCA/EDS	0001
Interchange Control Trailer (Submission Trailer)						
IEA01	Number of Included Functional Groups	IEA	N/A	Count of the number of functional groups included in an interchange.	OHCA/EDS	1
IEA02	Interchange Control Number	IEA	N/A	Unique number within the interchange and must be identical to value in ISA13.	OHCA/EDS	000000001

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Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
Interchange Control Header (Submission Header)						
ISA01	Authorization Information Qualifier	ISA	N/A	00 = No Authorization Information Present	Implementation Guide	00
ISA02	Authorization Information	ISA	N/A			
ISA03	Security Information Qualifier	ISA	N/A	00 = No Security Information Present	Implementation Guide	00
ISA04	Security Information	ISA	N/A			
ISA05	Interchange ID Qualifier	ISA	N/A	ZZ = Mutually Defined	Implementation Guide	ZZ
ISA06	Interchange Sender ID	ISA	N/A	Sender's Trading Partner ID Assigned by OHCA/EDS	Sender	500000100
ISA07	Interchange ID Qualifier	ISA	N/A	ZZ = Mutually defined	Implementation Guide	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	731476619 – OHCA Tax ID	Sender	731476619
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date (YYMMDD)	Sender	031115
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time (HHMM)	Sender	1011
ISA11	Interchange Control Standards Identifier	ISA	N/A	U = U.S. EDI Community of ASC X12, TDCC, and UCS	Implementation Guide	U
ISA12	Interchange Control Version Number	ISA	N/A	00401 = Draft Standards for trial use approved for publication by ASC X12 procedures review board through October 1997	Implementation Guide	00401

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
ISA13	Interchange Control #	ISA	N/A	Unique number within the interchange. Should start with 1 and increment by 1 with each ISA record submitted. Must be identical to the associated Interchange Trailer IEA02	Sender	000000001
ISA14	Acknowledgment Requested	ISA	N/A	0 = No Acknowledgement Requested	Implementation Guide	0
ISA15	Usage Indicator	ISA	N/A	P = Production	Implementation Guide	P
ISA16	Component Element Separator	ISA	N/A	A “:” (colon) will be sent in this field	Sender	:

Functional Group Header

Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
GS01	Functional Identifier Code	GS	N/A	HB = Eligibility, Coverage or Benefit Information	Implementation Guide	HB
GS02	Application Sender’s Code	GS	N/A	Sender’s Trading Partner ID Assigned by OHCA/EDS	Sender	500000100
GS03	Application Receiver’s Code	GS	N/A	731476619 = OHCA Tax ID	Sender	731476619
GS04	Date	GS	N/A	Functional Group Creation Date (CCYYMMDD)	Sender	20031115
GS05	Time	GS	N/A	Functional Group Creation Time (HHMM)	Sender	1011
GS06	Group Control Number	GS	N/A	Unique number within the functional group. Should start with 1 and increment by 1 with each GS record submitted. Must be identical to the associated Functional Group Trailer,	Sender	0001

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Value Obtained From	Format Example
				GE02		
GS07	Responsible Agency Code	GS	N/A	X = Accredited Standards Committee X12	Implementation Guide	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	004010X092A1	Implementation Guide	004010X092A1

Transaction Set – 271 Eligibility Response

The Implementation Guide for the 271 transaction can be obtained at <http://www/wpc-edi.com/>

Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
Start of Transaction Set						
ST01	Transaction Set Identifier Code	ST	N/A	271 = Eligibility, Coverage or Benefit Information	Implementation Guide	271
ST02	Transaction Set Control Number	ST	N/A	Unique number within the transaction set. Should start with 1 and increment by 1 with each ST record. Must be identical to the associated Transaction Set Trailer, SE02.	Sender	0001
BHT01	Hierarchical Structure Code	BHT	N/A	0022 = Information Source, Information Receiver, Subscriber, Dependent	Implementation Guide	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	11 = Response	Implementation Guide	11
BHT03	Submitter Transaction Identifier	BHT	N/A	Submitter Transaction Identifier	Sender	123456789
BHT04	Date	BHT	N/A	Creation Date (CCYYMMDD)	Sender	20031115
BHT05	Time	BHT	N/A	Creation Time (HHMM)	Sender	054947
AAA01	Valid Request Indicator	AAA	2000A	N = No	Implementation Guide	N
AAA03	Reject Reason Code	AAA	2000A	79= Invalid Participant Identification.	Implementation Guide	79

Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
				Use this code to indicate that the value in either GS02 or GS03 is invalid.		
AAA04	Follow-up Action Code	AAA	2000A	C = Correct and Resubmit	Implementation Guide	C
NM101	Entity Identifier Code	NM1	2100A	PR = Payer	Implementation Guide	PR
NM102	Entity Type Qualifier	NM1	2100A	2 = Non-Person Entity	Implementation Guide	2
NM103	Name Last or Organization Name	NM1	2100A	Insurance Carrier Name	Sender	Blue Cross Blue Shield of Oklahoma
NM108	Identification Code Qualifier	NM1	2100A	PI = Payor Identification	Implementation Guide	PI
NM109	Information Source Primary Identifier	NM1	2100A	Insurance Carrier ID assigned by OHCA/EDS	Sender	0000001
AAA01	Valid Request Indicator	AAA	2100A	N = No	Implementation Guide	N
AAA03	Reject Reason Code HIPAA Code Set	AAA	2100A	79 = Invalid Participant Identification. Use this code to indicate that Information Source Identified in Loop 2100A is invalid.	Implementation Guide	79
AAA04	Follow-up Action Code	AAA	2100A	C = Correct and Resubmit	Implementation Guide	C
NM101	Entity Identifier Code	NM1	2100B	1P = Provider	Implementation Guide	1P
NM102	Entity Type Qualifier	NM1	2100B	2 = Non-Person entity	Implementation Guide	2
NM103	Name Last or Organization Name	NM1	2100B	“OKLAHOMA HEALTH CARE AUTHORITY” All caps	Sender	OKLAHOMA HEALTH CARE AUTHORITY
NM108	Identification Code Qualifier	NM1	2100B	FI = Federal Tax ID	Implementation Guide	FI

Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
NM109	Information Receiver Primary Identifier	NM1	2100B	731476619 = OHCA Tax ID	Sender	731476619
AAA01	Valid Request Indicator	AAA	2100B	N = No	Implementation Guide	N
AAA03	Reject Reason Code	AAA	2100B	51 = Provider Not on File	Implementation Guide	51
AAA04	Follow-up Action Code	AAA	2100B	C = Correct and Resubmit	Implementation Guide	C
HL04	Hierarchical Child Code	HL	2000C	Always "0", zero as the Subscriber is always the Recipient/Patient in Oklahoma Medicaid	Implementation Guide	0
TRN01	Trace Type Code	TRN	2000C	2 = Referenced Transaction Trace Number	Implementation Guide	2
TRN02	Trace Number	TRN	2000C	Reference Number Sent in the 270 Inquiry Transaction	Original 270 Transaction	2003111505494712 3456789
NM101	Entity Identifier Code	NM1	2100C	IL = Insured or Subscriber	Implementation Guide	IL
NM102	Entity Type Qualifier	NM1	2100C	1 = Person	Implementation Guide	1
NM103	Name Last or Organization Name	NM1	2100C	Subscriber Last Name	Sender	Doe
NM104	Name First	NM1	2100C	Subscriber First Name	Sender	John
NM105	Name Middle	NM1	2100C	Subscriber Middle Name	Sender	M
NM108	Identification Code Qualifier	NM1	2100C	MI = Member Identification Number	Implementation Guide	MI
NM109	Subscriber Primary Identifier	NM1	2100C	9 - Character Unique Medicaid Recipient ID Assigned by DHS; must be left justified	Sender	123456789
REF01	Reference Identification Qualifier	REF	2100C	SY = Subscriber Social Security Number	Implementation Guide	SY
REF02	Subscriber Supplemental Identifier	REF	2100C	Subscriber Social Security Number	Sender	111223333
REF01	Reference Identification Qualifier	REF	2100C	IG = Subscriber Insurance Policy Number	Implementation Guide	IG

Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
REF02	Subscriber Supplemental Identifier	REF	2100C	Subscriber Insurance Policy Number	Sender	1234567891234567
AAA01	Valid Request Indicator	AAA	2100C	N = No	Implementation Guide	N
AAA03	Reject Reason Code	AAA	2100C	Valid Values: 57 = Invalid/Missing Date(s) of Service; 58 = Invalid/Missing Date-of-Birth; 62 = Date of Service Not Within Allowable Inquiry Period; 63 = Date of Service in Future; 75 = Subscriber Not Found	Implementation Guide	57 58 62 63 75
AAA04	Follow-up Action Code	AAA	2100C	C = Correct and Resubmit	Implementation Guide	C
EB01	Eligibility or Benefit Information	EB	2110C	1 = Active Coverage 6 = Inactive	Eligibility Description Code	1 6
EB03	Service Type Code	EB	2110C	Service Type Codes from the Implementation Guide.	Implementation Guide	30
DTP01	Date Time Qualifier	DTP	2110C	307 = Eligibility	Implementation Guide	307
DTP02	Date Time Period Format Qualifier	DTP	2110C	RD8 = Date for Date Ranges Associated With Eligibility. CCYYMMDD-CCYYMMDD	Implementation Guide	RD8
DTP03	Date Time Period	DTP	2110C	The Coverage Effective and End Date	Sender	20030510- 20031231
SE01	Transaction Segment Count	SE		Total number of segments included in a transaction.	Sender	29
SE02	Transaction Set Control number	SE		Unique number within the transaction set and must be identical to value in ST02.	Sender	0001
End Transaction Set						

Functional Group Trailer						
Element ID	Element Name	Segment ID	Loop	Valid Value(s)	Value Obtained From	Format Example
GE01	Number of Transaction Sets included	GE	N/A	Total number of transaction sets included in a functional group.	Sender	1
GE02	Group Control Number	GE	N/A	Unique number within the functional group and must be identical to value in GS06.	Sender	0001
Interchange Control Trailer (Submission Trailer)						
IEA01	Number of Included Functional Groups	IEA	N/A	Total number of functional groups included in an interchange.	Sender	1
IEA02	Interchange Control Number	IEA	N/A	Unique number within the interchange and must be identical to value in ISA13.	Sender	000000001

If you have questions in relation to this transaction set, contact the [EDI Help Desk](#) .