



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRPTION <sup>3</sup>
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 5.5.1, Quarterly Special Investigative Unit Report
Revision	2.0	December 1, 2011	Title of Chapter 5.5.1 is changed from "Quarterly Special Investigative Unit Report" to "MCO Open Case List Report Template," and the report is replaced in its entirety.
Revision	2.1	September 6, 2012	<ul style="list-style-type: none"> <li>• Cases up to \$100,000 worksheet: Added Provider City column</li> <li>• Cases Over \$100,000 (To OIG) worksheet: Added Provider City column, moved Provider NPI column before Provider Tax ID column</li> <li>• Cases Pending worksheet: Added Provider City column, added "by MCO" to Description of Actions Taken column</li> <li>• Cases OIG Did Not Accept worksheet: Added Provider City column, moved Provider NPI column before Provider Tax ID column, added "by MCO" to Description of Actions Taken column</li> <li>• No Findings worksheet: Added Provider City column</li> <li>• All Member Referrals worksheet: Added Member City column</li> <li>• Payment Holds worksheet: Added worksheet</li> </ul>
Revision	2.2	November 15, 2015	Version 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, and 529-13-0071, and 529-15-0001.
Revision	2.3	March 1, 2018	Version 2.3 formalizes the instructions sent on September 5, 2017. The Report was previously in an Excel format, and has been revised to a XML schema.
Revision	2.4	April 26, 2019	Chapter 5.5.1 has changed to Chapter 5.5.2 to improve organization and ease of use for OIG chapters.
Revision	2.5	November 1, 2019	Section III. "Deliverable Timing" is modified with new URL for file submissions and a note relating to test and production validation results. The "provider Base Element" table is modified in the "Description" column for the "description Of MCO Actions" XML field name to add a new pre-payment review code.
Revision	2.6	February 15, 2022	Section III "Deliverable Timing" is modified with updated instructions to require MCOs to complete a Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA) with each submission. Submission rate limits are also identified.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

withdrawn versions.

<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.

### **Applicability of Chapter 5.5.2**

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS, STAR Kids, STAR Health, and CHIP. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the Children's Health Insurance Program. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health, Programs. For purposes of this Chapter, the term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Programs listed in this section, except where noted.

#### **I. Reference**

1 Tex. Admin. Code 353.502(d)

#### **II. Purpose**

The purpose of the Monthly Open Case List Report is for MCOs to report the status of all investigations opened by their Special Investigative Units. This includes SIU investigations opened on providers as a result of a determination that a provider’s license is expired or cancelled or that the provider has been excluded, suspended, or terminated from participation in the Texas Medicaid program or CHIP.

#### **III. Deliverable Timing**

The report is due by COB on the first business day following the 14<sup>th</sup> day of the month, after the month being reported. For example, the report for January would be submitted in February. The MCO will submit an XML file each month to the Production web service using the following URL: <https://mcosiu-oig.hhsc.state.tx.us/mcosiu/api/status/upload>. You may receive a warning message if using https but you can add code to ignore the warning. Testing of the XML file can be done prior to submission to Production using the following URL: <https://mcosiutest-oig.hhsc.state.tx.us/mcosiutest/api/status/upload>.

The data in the Test system does not and will not match Production. Do not expect the exact same secondary validation results that you will get in Production. The current submission rate limits are:

- Max 1 submission per second
- Max 25 submissions per minute
- Max 300 submissions per hour
- Max 1500 submissions per day
- Max 3000 submissions per week.



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

If the submission rate limit is exceeded, an error message “429 Too Many Requests” with the corresponding rate you exceeded will be displayed.

If you are unable to write an application or interface that directly connects to the web service, you can manually submit your XML data to the following web pages:

Production: <https://mcosiu-oig.hhsc.state.tx.us/mcosiu/submit.aspx>

Test: <https://mcosiutest-oig.hhsc.state.tx.us/mcosiutest/submit.aspx>

Manual submission requires MCOs to complete a CAPTCHA.

There are two levels of validation of the file. You will receive a “202 Accepted” response if the schema passes first level validation. Secondary validation will run overnight and your designated contact(s) will receive an email the next day with the final results of your submission. The email will detail the reason(s) for the rejection. You must immediately edit those cases and resubmit.

## Deliverable Timing

### XML Schema Field Definitions

#### Root Element (mco)

XML Field Name	Data Type	Required?	Valid Values	Description
mcoID	Integer	Yes	MCO ID provided by IG	
mcoName	String	Yes	Name of the MCO	
reportedOnMonth	2 Digit Integer	Yes	01-12	Month being reported
reportedOnYear	2 Digit Integer	Yes	00-99	Year being reported

#### Statuses Element

XML Field Name	Data Type	Required?	Valid Values	Description
pending				See Statuses-Pending element table for details
closedNoFindings				See Statuses-Closed No Findings element table for details



**TEXAS**  
Health and Human  
Services

<b>MCO Open Case List Report</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
		<b>February 15, 2022</b>
		<b>Version 2.5</b>

referred				See Statuses-Referred element table for details
notReferred				See Statuses-Not Referred element table for details
irdAccepted				See Statuses-IRD Accepted element table for details



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
irdNotAccepted				See Statuses-IRD Not Accepted element table for details
referredBack				See Statuses-Referred Back element table for details
closedCompletedIG				See Statuses-Closed Completed by OIG element table for details
closedCompletedSIU				See Statuses-Closed Completed by SIU element table for details
openedMemberInvestigation				See Statuses-Opened Member Investigation element table for details
closedMemberInvestigation				See Statuses-Closed Member Investigation element table for details
closedReferredToIG				See Statuses-Closed Referred to OIG element table for details
paymentHolds				See Statuses-Payment Holds element table for details



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**Statuses-Pending Element**

**Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?

**Statuses-Closed No Findings Element**

**Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
caseCloseDate	date	Yes	yyyy/mm/dd	Date case was closed
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?

**Statuses-Referred Element**

**Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateReferredToIG	date	Yes	yyyy/mm/dd	Date case was referred to OIG
dateAcceptedByIG	date	No. But if you do submit a date, you can only have dateAcceptedByIG or dateNotAcceptedByIG, not both.	yyyy/mm/dd	Date case was accepted by OIG for full scale investigation
dateNotAcceptedByIG	date	No. But if you do submit a date, you can only have dateAcceptedByIG or dateNotAcceptedByIG, not both.	yyyy/mm/dd	Date case was referred back to MCO by OIG



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**Statuses-Not Referred Element  
Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?
dollarsIdentifiedForRecovery	decimal	Yes	Must not contain commas or \$	Overpayment MCO will try to collect
dollarsRecoupedToDate	decimal	No	Must not contain commas or \$	Total dollars MCO has collected

**Statuses-IRD Accepted Element  
Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateReferredToIG	date	Yes	yyyy/mm/dd	Date case was referred to OIG
dateAcceptedByIG	date	dateAcceptedByIG or dateNotAcceptedByIG	yyyy/mm/dd	Date case was accepted by OIG for full scale investigation
dateNotAcceptedByIG	date	dateAcceptedByIG or dateNotAcceptedByIG	yyyy/mm/dd	Date case was referred back to MCO by OIG

**Statuses-IRD Not Accepted Element  
Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateNotAcceptedByIG	date	Yes	yyyy/mm/dd	Date case was referred back to MCO by OIG
dateReferredBack	date	Yes	yyyy/mm/dd	Date case was referred back



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
				to the MCO by OIG
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?
dollarsIdentifiedFor Recovery	decimal	Yes	Must not contain commas or \$	Overpayment MCO will try to collect
dollarsRecoupedTo Date	decimal	No	Must not contain commas or \$	Total dollars MCO has collected

**Statuses-Closed Completed by IG Element**  
**Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateAcceptedByIG	date	No	yyyy/mm/dd	Date case was accepted by OIG for full scale investigation
caseCloseDate	date	Yes	yyyy/mm/dd	Date case was closed
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?
dollarsRecoupedTo Date	decimal	No	Must not contain commas or \$	Total dollars MCO has collected
dateOfFinalRecoup ment	date	No	yyyy/mm/dd	Date of final recoupment

**Statuses-Closed Completed by SIU element**  
**Extends Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateAcceptedByIG	date	No. But if you do submit a date, you can only have	yyyy/mm/dd	Date case was accepted by OIG for full





**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.5.2</b>	PAGE <b>1 of 20</b>
	EFFECTIVE DATE <b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**MCO Open Case List Report**

XML Field Name	Data Type	Required?	Valid Values	Description
		dateAcceptedByIG or dateNotAcceptedByIG, not both.		scale investigation
dateNotAcceptedByIG	date	No. But if you do submit a date, you can only have dateAcceptedByIG or dateNotAcceptedByIG, not both.	yyyy/mm/dd	Date case was referred back to MCO by OIG
dateReferredBack	date	No	yyyy/mm/dd	Date case was referred back to the MCO by OIG
caseCloseDate	date	Yes	yyyy/mm/dd	Date case was closed
allowedToRecoup	yesOrNo	No	Yes No	Has OIG allowed the MCO to begin recoupment?
dollarsIdentifiedForRecovery	decimal	Yes	Must not contain commas or \$	Overpayment MCO will try to collect
dollarsRecoupedToDate	decimal	No	Must not contain commas or \$	Total dollars MCO has collected
dateOfFinalRecoupment	date	No	yyyy/mm/dd	Date of final recoupment

**Statuses-Closed Member Investigation element**

**Extends Member Element**

XML Field Name	Data Type	Required?	Valid Values	Description
dateClosedMemberInvestigation	date	Yes	yyyy/mm/dd	Date the MCO closes the investigation

**Statuses-Closed Referred to IG element**

**Extends Member Element**



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
dateReferredToIG	Date	Yes	yyyy/mm/dd	Date the MCO referred the case to OIG
WAFERSNumber	string25	No	A valid referral number in the IG WAFERS system. String with max length of 25 characters	
dateClosed	Date	Yes	yyyy/mm/dd	

**Statuses-Payment Holds element (Submit payment holds every month, even no change)**

XML Field Name	Data Type	Required?	Valid Values	Description
groupProviderName	string255	Yes	A string with maximum length of 255 characters	Group or provider name placed on hold
stateIssuedTPI	TPI	No		State of Texas issued TPI number
npiOnHold	string11	Yes	A string with maximum length of 11 characters	Valid NPI of the group or provider placed on hold
dateHoldPlaced	Date	Yes	yyyy/mm/dd	Date OIG or MCO placed a hold
dateHoldEnds	Date	No	yyyy/mm/dd	Date MCO hold ended
reason	holdReason	Yes	IG Request SIU Other	The entity that placed the hold on the group or provider
dollarAmountOnHold	Decimal	Yes	Must not contain commas or \$	Total adjudicated amount of dollars on hold

**providerBase Element**



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.5.2</b>	PAGE <b>1 of 20</b>
	EFFECTIVE DATE <b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**MCO Open Case List Report**

XML Field Name	Data Type	Required?	Valid Values	Description
caseNumber	string44	Yes	Unique case number assigned by the SIU. A string with maximum length of 44 characters	
group	groupProvider	Yes-group or provider field must be specified	group	Either group or provider must be specified
provider	groupProvider	Yes-group or provider field must be specified	provider	Either group or provider must be specified
billingNPI	billingNPI	Yes, for initial report-multiple billing NPI fields are allowed		See billingNPI element table for details
caseOpenDate	Date	Yes, for initial report	yyyy/mm/dd	Date the SIU opened the case
allegation	providerAllegation	Yes, for initial report		See Provider allegation element table for details
descriptionOfMCOActions	String	Yes		Investigative actions taken since previous report. If MCO placed provider on pre-payment review, include the text "PPR" in this field.
descriptionOfFindings	String	No		Results of the SIU investigation
numberOfClaimsInPopulation	Integer	No		Number of unique claim



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
				numbers in the population. A population is a set of claims specific to the scope of the investigation.
numberOfClientsInPopulation	Integer	No		Number of unique client ID numbers in the population. A population is a set of claims specific to the scope of the investigation.
numberOfDetailsInPopulation	Integer	No		Number of unique line item details in the population. A population is a set of claims specific to the scope of the investigation.
numberOfDollarsInPopulation	Integer	No		Sum of dollars paid in the population. A population is a set of claims specific to the scope of the investigation.
numberOfClaimsInSample	Integer	No		Number of unique claim numbers in the sample of claims reviewed. A sample is a



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
				subset of the population.
numberOfClientsInSample	Integer	No		Number of unique client ID numbers in the sample of claims reviewed. A sample is a subset of the population.
numberOfDetailsInSample	Integer	No		Number of unique line item details in the sample of claims reviewed. A sample is a subset of the population.
numberOfDollarsInSample	Integer	No		Sum of dollars paid in the sample of claims reviewed. A sample is a subset of the population.
procedureCodesInSample	procedureCodeInSample	No		See Procedure Code Element table for details
numberOfClaimsInError	Integer	No		Number of unique claim numbers found in error out of the sample of claims reviewed.
numberOfClientsInError	Integer	No		Number of unique client ID numbers found



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
				in error out of the sample of claims reviewed.
numberOfDetailsInError	Integer	No		Number of unique line item details found in error out of the sample of claims reviewed.
numberOfDollarsInError	Integer	No		Sum of dollars paid in error from sample of claims reviewed.
numberOfRecordsReviewed	Integer	No		Number of records reviewed during the investigation
isOverpaymentExtrapolated	yesOrNo	No	Yes No	

**Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
name	string255	Yes	A string with maximum length of 255 characters	Name of the group or provider. This is a sub-element of the group or provider field.

**Billing NPI Element**

XML Field Name	Data Type	Required?	Valid Values	Description
Number	Npi	Yes		Billing NPI
provider	providerFull	Yes		See the Provider Full element for details



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.5.2</b>	PAGE <b>1 of 20</b>
	EFFECTIVE DATE <b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
performingNPI	performingNPI	No		See the Performing NPI Element for details

**Provider Full Element**

XML Field Name	Data Type	Required?	Valid Values	Description
providerLocation	providerLocation	Yes, multiple locations may be included		See the Provider Location Element for details
stateIssuedTPINumber	Tpi	No, multiple TPIs are allowed	Must be a validly formatted TPI.	
providerTaxID	Integer	Yes, multiple Tax IDs are allowed	A valid Federal Tax ID. Integers only	

**Performing NPI Element**

XML Field Name	Data Type	Required?	Valid Values	Description
provider	providerMin	Yes, multiple providers are allowed.		See Provider Min Element for details
Number	npi	Yes	Must be a validly formatted NPI	

**Provider Location Element**

XML Field Name	Data Type	Required?	Valid Values	Description
providerStreetAddress	string100	Yes	A string with maximum length of 100 characters	See the Provider Location Element for details
providerCity	string50	Yes	A string with maximum length of 50 characters	See the tpil Element for details
providerState	state	Yes	Must be a valid 2 letter state code	See the State Element for details



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
providerZipCode	zipCode	Yes	A validly formatted ZipCode	

**Provider Min Element**

XML Field Name	Data Type	Required?	Valid Values	Description
providerName	string255	Yes	A string with maximum length of 255 characters	

**Provider Allegation Element-Child of Group/Provider Element**

XML Field Name	Data Type	Required?	Valid Values	Description
typeOfAllegation	typeOfProvider Allegation	Yes	See List of valid values in the schema	
otherTypeOfProviderAllegation	String	Yes, if type of allegation is "Other"		If the allegation type is not listed in the valid values for type of allegation, choose other and specify the type of allegation
sourceOfAllegation	sourceOfAllegation	Yes	See List of valid values in the schema	
otherSourceOfAllegation	string20	Yes, if source of allegation is "Other"	A string with maximum length of 20 characters	If the source of allegation is not listed in the valid values for source of allegation, choose other and specify the source of allegation
allegationStart	Date	Yes	yyyy/mm/dd	Beginning date for the scope of the investigation





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER	PAGE
		<b>5.5.2</b>	<b>1 of 20</b>
<b>MCO Open Case List Report</b>		EFFECTIVE DATE	
		<b>February 15, 2022</b>	
		<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
allegationEnd	Date	No	yyyy/mm/dd	End date for the scope of the investigation
allegationDescription	String	Yes		Detail description of allegations

**Procedure Code Element-Child of Provider/Group Element**

XML Field Name	Data Type	Required?	Valid Values	Description
procedureCodesInSample		No		Parent element for the procedure codes
code	String	Yes, if procedure codes in sample is present	Maximum 5 characters	Each procedure code included in the sample; must be listed individually. Do not include modifiers.

**Provider/Group Location Element-Child of Provider/Group Element**

XML Field Name	Data Type	Required?	Valid Values	Description
providerCity	string50	Yes	A string with maximum length of 50 characters	City where provider is located
providerState	state	Yes	2 letter state code.	State where provider is located
providerZipCode	zipCode	Yes	Valid US postal service zip code	Zip code of provider location
providerStreetAddress	string100	Yes	A string with maximum length of 100 characters	Street address where provider is located

**Member Element**



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.5.2</b>	PAGE <b>1 of 20</b>
	EFFECTIVE DATE <b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**MCO Open Case List Report**

XML Field Name	Data Type	Required?	Valid Values	Description
recipientID	string10	Yes	A string with maximum length of 10 characters	State issued recipient ID
caseNumber	string44	Yes	A string with maximum length of 44 characters	MCO case number
caseOpenDate	Date	Yes	yyyy/mm/dd	Date MCO opened case
memberFirstName	string30	Yes	A string with maximum length of 30 characters	First name of the member being investigated
memberLastName	string30	Yes	A string with maximum length of 30 characters	Last name of the member being investigated
memberSuffix	string10	No	A string with maximum length of 10 characters	Example: Jr., Sr., III
memberCity	string100	Yes	A string with maximum length of 100 characters	City of the member's residence
memberCounty	string100	Yes	A string with maximum length of 100 characters	County of the member's residence
allegation	memberAllegation	Yes, multiple allowed		See Member Allegation Element table for details



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

XML Field Name	Data Type	Required?	Valid Values	Description
mcoMemberNumber	string20	No	A string with maximum length of 20 characters	MCO identifier for the member
program	program	Yes, multiple allowed	STAR STAR+PLUS CHIP STAR Kids Dental/Ortho Behavioral Health	The program tied to the member allegation
descriptionOfFindings	String	No		SIU investigative findings
descriptionOfActions	String	Yes		SIU investigative actions
dollarsIdentifiedOverpayment	Decimal	No	Must not contain commas or \$	

**Member Allegation Element-Child of Member Element**

XML Field Name	Data Type	Required?	Valid Values	Description
typeOfAllegation	typeOfMemberAllegation	Yes	See List of valid values in the schema	
otherTypeOfMemberAllegation	String	Yes, if type of allegation is "Other"		If the allegation type is not listed in the valid values for type of allegation, choose other and specify the type of allegation



**TEXAS**  
Health and Human  
Services

<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.5.2</b>	PAGE <b>1 of 20</b>
	EFFECTIVE DATE <b>February 15, 2022</b>	
	<b>Version 2.5</b>	

**MCO Open Case List Report**

XML Field Name	Data Type	Required?	Valid Values	Description
sourceOfAllegation	sourceOfAllegation	Yes	See List of valid values in the schema	
otherSourceOfAllegation	string20	Yes, if source of allegation is "Other"	A string with maximum length of 20 characters	If the source of allegation is not listed in the valid values for source of allegation, choose other and specify the source of allegation
allegationStart	Date	Yes	yyyy/mm/dd	Beginning date for the scope of the investigation
allegationEnd	Date	No	yyyy/mm/dd	End date for the scope of the investigation
allegationDescription	String	Yes		Detail description of allegations

**Custom Data Types**

Type Name	Data Type	Restrictions
string10	String	Maximum length of 10 characters
string11	String	Maximum length of 11 characters
string20	String	Maximum length of 20 characters
string25	String	Maximum length of 25 characters
string30	String	Maximum length of 30 characters
string44	String	Maximum length of 44 characters
string50	String	Maximum length of 50 characters
string100	String	Maximum length of 100 characters



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER	PAGE
	<b>5.5.2</b>	<b>1 of 20</b>
	EFFECTIVE DATE	
<b>MCO Open Case List Report</b>	<b>February 15, 2022</b>	
	<b>Version 2.5</b>	

Type Name	Data Type	Restrictions
string255	String	Maximum length of 255 characters

### **HTTP Status Code Responses**

Reason:

202 Accepted

Everything went according to plan (user was fully authenticated, XML had no schema errors)

400 Bad Request

The original request was missing the authorization token.

403 Forbidden

Authentication failed. This could be caused by:

- Missing HTTPS
- Invalid IP address
- Invalid Authorization Token
- IP/Token/MCOID did not validate against each other.
- The reason for the failed authentication will be included.

406 Not Acceptable

The XML submitted did not pass the schema validation. The reason why will be included.

429 Too Many Requests

The rate limit was exceeded.

500 Internal Server Error

An unhandled error/exception was thrown.