

# RCF Report

## MDS-RCA Final Validation Report

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Facility Name	FACILITY	Provider ID	123456789	Facility ID	00000
Import Date:	# Records Processed	# Records Rejected	# Records Accepted		
3/19/2014	4	1	3		

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### Rejected Assessments

SSN	Resident Name	Reason For Assessment (A6/D1_8)	Assessment Date	Payment RUG Group	CaseMix / Payment Weight
0123456789	Last Name, First Name	4	9/14/2013		

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**Description:** Duplicate assessment: The record submitted is a duplicate of a previously submitted record. (-80)

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Facility Name	FACILITY	Provider ID	123456789	Facility ID	00000
Import Date:	# Records Processed	# Records Rejected	# Records Accepted		
3/19/2014	4	1	3		

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### Accepted Assessments

SSN	Resident Name	Reason For Assessment (A6/D1_8)	Assessment Date	Payment RUG Group	CaseMix / Payment Weight
012345678	Last Name, First Name	2	3/10/2014	MA1	0.98
Processing and Exception Log					
Field	Problem Description		Valid Values	Values on Form	
AA7	Resident MaineCare Number does not match the Resident MaineCare Number: (01234567A) in the State database. State database updated with new Resident MaineCare Number value. Data in the above field is not the same as the data previously submitted. Resident information updated. (-81)			01234567B	
012345678	Last Name, First Name	4	3/10/2014	MB1	1.377
012345678	Last Name, First Name	2	3/12/2014	MA1	0.98