

**LTAC 4th Quarter 2024 Directed Payment  
Additional Directed Payment to Pay 2024 MCAP Days at Full Rate**

**Inpatient Days in the CY 2024 MCAP Calculations**

Hospital Old ID	Hospital Name	HFS Class	Jan - March	April - June	July - Sept	Oct - Dec	Total Days	Rate	Total Payment
3019	Kindred Chicago Central Hosp	LTAC	1,158	650	456	793	3,057	\$ 53.92	\$ 164,833.44
14085	Kindred Hosp Chicago Northlake	LTAC	3,515	2,965	2,809	2,986	12,275	\$ 53.92	\$ 661,868.00
19012	Kindred Hospital Sycamore	LTAC	629	578	603	410	2,220	\$ 53.92	\$ 119,702.40
16014	OSF Transitional Care Hospital Peoria	LTAC	420	790	454	401	2,065	\$ 53.92	\$ 111,344.80
4013	Presence Holy Family Med Center	LTAC	1,351	514	669	464	2,998	\$ 53.92	\$ 161,652.16
8020	RML Specialty Hospital	LTAC	3,668	2,169	2,456	1,524	9,817	\$ 53.92	\$ 529,332.64

OldID	Hospital	Blue Cross/Blue Shield of Illinois	Cook County Care	Aetna Better Health, INC	Meridian Health Plan, Inc	Molina Healthcare	Total
3019	Kindred Chicago Central Hosp	\$ 47,880.96	\$ 54,027.84	\$ 8,249.76	\$ 32,945.12	\$ 21,729.76	\$ 164,833.44
14085	Kindred Hosp Chicago Northlake	\$ 223,498.40	\$ 159,603.20	\$ 85,409.28	\$ 106,438.08	\$ 86,919.04	\$ 661,868.00
19012	Kindred Hospital Sycamore	\$ 45,562.40	\$ -	\$ 16,876.96	\$ 34,508.80	\$ 22,754.24	\$ 119,702.40
16014	OSF Transitional Care Hospital Peoria	\$ 9,004.64	\$ -	\$ 21,028.80	\$ 36,989.12	\$ 44,322.24	\$ 111,344.80
4013	Presence Holy Family Med Center	\$ 54,243.52	\$ 22,969.92	\$ 19,141.60	\$ 51,224.00	\$ 14,073.12	\$ 161,652.16
8020	RML Specialty Hospital	\$ 185,700.48	\$ 91,933.60	\$ 35,263.68	\$ 149,843.68	\$ 66,591.20	\$ 529,332.64