Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
LA BELLA OF CLIFTON	6000012	146085	$ 45,598.41	$ 9,596.14	$ 3,504.68	$ 325.16	$ -	$ 576.33	$ -
ABBINGTON VILLAGE NURSING AND	6000020	146065	$ 26,920.76	$ 4,838.81	$ 2,047.11	$ 1,598.26	$ -	$ 2,456.11	$ -
ALL AMERICAN VILLAGE NURSING A	6000087	146198	$ 93,685.94	$ 6,940.11	$ 892.71	$ 84.54	$ -	$ 155.55	$ -
AVENUES AT ARCADIA LITCHFIELD	6000095	14E264	$ 30,213.49	$ 4,311.13	$ -	$ -	$ -	$ -	$ -
ALDEN DEBES REHABILITATION AND	6000103	145142	$ 97,312.60	$ 16,453.72	$ 2,864.38	$ 1,295.99	$ -	$ 2,025.20	$ -
FOSTER HEALTH AND REHAB CENTER	6000137	146167	$ 21,036.39	$ 3,779.88	$ 542.27	$ 542.27	$ -	$ 197.05	$ -
AMBASSADOR NURSING REHAB CTR	6000186	145343	$ 97,536.51	$ 17,493.61	$ 1,246.21	$ 1,941.61	$ -	$ 3,013.97	$ -
AXIOM HEALTHCARE OF WEST FRANK	6000194	145664	$ 33,547.02	$ 6,578.18	$ -	$ -	$ -	$ 737.29	$ -
ACCOLADE HEALTHCARE DANVILLE	6000210	145243	$ 67,198.47	$ 17,959.02	$ 3,291.44	$ -	$ -	$ 1,812.51	$ -
WARREN BARR OAK LAWN	6000236	145363	$ 27,893.70	$ 8,885.86	$ 573.59	$ 385.36	$ -	$ 2,029.07	$ -
LOFT REHAB AND NRSG OF NORMAL	6000244	145031	$ 53,350.36	$ 12,763.09	$ 1,019.87	$ -	$ -	$ 2,681.27	$ -
PEARL OF NAPERVILLE THE	6000251	145045	$ 37,143.75	$ 10,417.07	$ 2,667.98	$ 196.80	$ -	$ 1,120.33	$ -
CITADEL CARE CENTER-KANKAKEE	6000269	145043	$ 66,067.55	$ 15,636.64	$ 6,013.89	$ 6,516.88	$ -	$ 5,359.73	$ -
CRESCENT CARE OF ELGIN	6000277	145004	$ 39,044.93	$ 7,367.00	$ 999.24	$ 3,972.95	$ -	$ -	$ -
ACCOLADE HEALTHCARE OF PEORIA	6000293	145039	$ 86,555.86	$ 30,854.75	$ 306.60	$ 101.33	$ -	$ 6,867.29	$ -
PEARL OF ROLLING MEADOWS THE	6000327	145350	$ 65,968.43	$ 15,997.95	$ 3,240.45	$ 1,060.62	$ -	$ 2,029.43	$ -
WESTMONT MANOR HLTH AND REHAB	6000335	145338	$ 55,685.34	$ 14,745.13	$ 5,010.06	$ 2,522.13	$ -	$ 2,316.90	$ -
ALIYA OF OAK LAWN	6000343	145087	$ 61,581.40	$ 17,975.04	$ 827.48	$ 1,536.75	$ -	$ 2,975.56	$ -
ALLURE OF GALESBURG	6000434	145987	$ 69,536.14	$ 6,158.43	$ 149.80	$ -	$ -	$ 31.96	$ -
ALDEN VALLEY RIDGE REHAB HCC	6000459	145379	$ 81,086.88	$ 18,478.75	$ 925.30	$ 1,733.05	$ -	$ 2,275.57	$ -
FOREST VIEW REHAB NURSING CTR	6000483	145752	$ 82,636.41	$ 16,517.21	$ 4,935.65	$ 3,691.24	$ -	$ 3,401.65	$ -
GROVE OF FOX VALLEY	6000574	145006	$ 81,168.23	$ 13,540.36	$ 2,302.14	$ 2,468.39	$ -	$ 3,098.76	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 190.81	$ 572.43	$ 6,983.87	$ 7,113.67	$ -	$ -	$ -	$ 9,324.96	$ 7,410.36	$ 45,598.41
$ 2,063.89	$ -	$ 3,616.00	$ 3,666.34	$ 60.83	$ -	$ -	$ 6,573.41	$ -	$ 26,920.76
$ 1,354.29	$ 311.10	$ 17,147.00	$ 14,292.86	$ 18,517.71	$ -	$ -	$ 20,941.12	$ 13,048.95	$ 93,685.94
$ -	$ 601.80	$ 15,342.82	$ 1,373.05	$ -	$ -	$ -	$ 7,110.09	$ 1,474.60	$ 30,213.49
$ 3,057.26	$ 2,926.98	$ 27,708.87	$ 27,056.28	$ -	$ -	$ -	$ 9,891.56	$ 4,032.36	$ 97,312.60
$ -	$ -	$ 5,183.87	$ 1,354.61	$ 3,333.62	$ -	$ -	$ 2,913.83	$ 3,188.99	$ 21,036.39
$ 2,910.69	$ 1,951.94	$ 10,704.76	$ 8,286.76	$ 27,306.97	$ -	$ -	$ 18,505.87	$ 4,174.12	$ 97,536.51
$ -	$ 1,659.92	$ 4,532.54	$ 5,441.44	$ -	$ -	$ -	$ 11,228.22	$ 3,369.43	$ 33,547.02
$ 1,199.01	$ 7,926.52	$ 7,556.29	$ 14,471.08	$ -	$ -	$ -	$ 7,078.64	$ 5,903.96	$ 67,198.47
$ 22.23	$ 115.61	$ 1,108.09	$ 2,180.88	$ 7,735.43	$ -	$ -	$ 2,251.46	$ 2,606.12	$ 27,893.70
$ 501.71	$ 12,133.59	$ 2,690.19	$ 11,597.90	$ -	$ -	$ -	$ 4,719.45	$ 5,243.29	$ 53,350.36
$ 827.95	$ 746.42	$ 9,069.98	$ 5,229.46	$ 41.84	$ -	$ -	$ 5,324.85	$ 1,501.07	$ 37,143.75
$ 2,492.96	$ 266.61	$ 7,368.94	$ 15,958.24	$ -	$ -	$ -	$ 3,336.77	$ 3,116.89	$ 66,067.55
$ 1,133.76	$ 160.94	$ 7,242.11	$ 12,187.88	$ -	$ -	$ -	$ 4,561.45	$ 1,419.60	$ 39,044.93
$ 1,868.17	$ 12,445.83	$ 6,647.30	$ 7,163.87	$ -	$ -	$ -	$ 10,915.93	$ 9,384.79	$ 86,555.86
$ 677.53	$ 2,778.20	$ 9,613.09	$ 11,571.13	$ 6,869.18	$ -	$ -	$ 10,819.20	$ 1,311.65	$ 65,968.43
$ 2,100.26	$ 150.51	$ 5,612.09	$ 15,155.61	$ -	$ -	$ -	$ 5,849.25	$ 2,223.40	$ 55,685.34
$ 1,614.44	$ 515.07	$ 6,515.73	$ 10,735.57	$ 10,910.48	$ -	$ -	$ 5,693.47	$ 2,281.81	$ 61,581.40
$ 59.92	$ 1,865.51	$ 4,218.17	$ 6,510.35	$ 9.51	$ -	$ -	$ 3,959.00	$ 46,573.49	$ 69,536.14
$ 1,627.56	$ 1,607.97	$ 10,873.74	$ 24,998.31	$ 1.79	$ -	$ -	$ 12,780.82	$ 5,784.02	$ 81,086.88
$ 5,225.24	$ 188.86	$ 9,596.39	$ 18,393.26	$ 109.12	$ -	$ -	$ 15,755.46	$ 4,822.33	$ 82,636.41
$ 833.57	$ 18.47	$ 11,942.48	$ 30,650.52	$ -	$ -	$ -	$ 9,591.85	$ 6,721.69	$ 81,168.23

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
RIVAYA CARE OF DES PLAINES	6000640	145334	$ 82,188.93	$ 14,154.73	$ 2,633.86	$ 3,943.60	$ -	$ 1,277.75	$ -
BALMORAL NURSING HOME	6000657	145796	$ 101,873.34	$ 7,032.93	$ 1,609.99	$ 491.49	$ -	$ 70.21	$ -
GILLESPIE HEALTH AND REHAB CEN	6000681	145367	$ 40,750.79	$ 13,074.55	$ 1,717.86	$ -	$ -	$ 1,231.55	$ -
LITCHFIELD HEALTH AND REHAB CE	6000699	145271	$ 40,651.94	$ 10,743.65	$ 165.75	$ -	$ -	$ 94.72	$ -
PANA HEALTH AND REHAB CENTER	6000707	145267	$ 56,799.40	$ 20,436.21	$ -	$ -	$ -	$ 44.06	$ -
STAUNTON HEALTH AND REHAB CENT	6000715	145286	$ 23,112.00	$ 7,160.53	$ -	$ 918.79	$ -	$ -	$ -
LAKESIDE HEALTH AND REHAB CENT	6000723	145456	$ 43,636.49	$ 17,445.55	$ 1,833.29	$ -	$ -	$ 90.16	$ -
GROVE HEALTH AND REHAB CENTER,	6000756	146059	$ 67,749.99	$ 18,610.16	$ 5,483.15	$ 2,066.66	$ -	$ 4,230.71	$ -
BEARDSTOWN HEALTH AND REHAB CE	6000780	145952	$ 34,990.28	$ 10,961.43	$ 882.87	$ 724.69	$ -	$ 288.77	$ -
BEECHER MANOR NURSG AND RHB CT	6000806	145538	$ 58,349.12	$ 15,897.41	$ 4,540.50	$ 3,303.26	$ -	$ 2,111.63	$ -
BELHAVEN NURSING & REHAB CTR	6000822	145549	$ 131,400.55	$ 15,342.18	$ 3,507.96	$ 4,401.04	$ -	$ 5,092.66	$ -
HAVEN OF BEMENT, THE	6000855	145948	$ 5,437.73	$ 1,406.91	$ 170.27	$ -	$ -	$ -	$ -
BELLA TERRA MORTON GROVE	6000889	145198	$ 85,884.03	$ 17,285.53	$ 5,683.69	$ 2,647.82	$ -	$ 1,425.59	$ -
FLANAGAN REHABILITATION HCC	6000939	145842	$ 24,154.89	$ 4,971.59	$ 475.23	$ -	$ -	$ 150.20	$ -
BRIA OF FOREST EDGE	6000954	145864	$ 148,604.12	$ 14,058.30	$ 3,955.77	$ 1,771.27	$ -	$ 19.37	$ -
BIG MEADOWS	6000962	14E701	$ 44,740.70	$ 6,142.41	$ -	$ -	$ -	$ -	$ -
CASEY REHAB AND NURSING	6000970	146117	$ 19,485.34	$ 5,133.83	$ 611.67	$ -	$ -	$ 234.18	$ -
BLOOMINGTON REHABILITATION AND	6000996	145610	$ 14,807.16	$ 1,355.92	$ 254.89	$ -	$ -	$ 726.49	$ -
ARCADIA CARE BLOOMINGTON	6001010	145371	$ 62,135.94	$ 9,172.24	$ 1,406.09	$ 36.50	$ -	$ 666.55	$ -
BRIA OF GODFREY LP	6001028	145656	$ 23,642.97	$ 4,694.04	$ 388.60	$ -	$ -	$ -	$ -
EVERCARE OF LEBANON	6001044	145897	$ 46,680.83	$ 11,002.67	$ 1,323.46	$ -	$ -	$ 3,099.67	$ -
ALTA REHAB AT FAIRMONT	6001051	145867	$ 122,351.16	$ 43,687.64	$ 3,229.64	$ 2,427.67	$ -	$ 2,797.25	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 3,128.01	$ 829.98	$ 8,540.43	$ 11,234.30	$ 16,604.91	$ -	$ -	$ 13,667.35	$ 6,174.01	$ 82,188.93
$ 143.69	$ 1,394.45	$ 33,179.92	$ 12,559.35	$ 12,139.47	$ -	$ -	$ 29,241.64	$ 4,010.20	$ 101,873.34
$ 1,373.39	$ 4,376.84	$ 7,445.90	$ 3,243.18	$ -	$ -	$ -	$ 4,725.39	$ 3,562.13	$ 40,750.79
$ -	$ 704.45	$ 11,737.32	$ 2,054.30	$ -	$ -	$ -	$ 1,384.80	$ 13,766.95	$ 40,651.94
$ 85.67	$ 763.71	$ 1,011.17	$ 32,162.31	$ -	$ -	$ -	$ 1,628.95	$ 667.32	$ 56,799.40
$ 1,837.59	$ 3,165.57	$ 1,300.01	$ 2,062.09	$ -	$ -	$ -	$ 4,139.12	$ 2,528.30	$ 23,112.00
$ 904.62	$ 1,298.33	$ 4,769.26	$ 9,284.50	$ -	$ -	$ -	$ 5,266.58	$ 2,744.20	$ 43,636.49
$ 3,405.67	$ 6,329.84	$ 5,155.71	$ 12,539.88	$ -	$ -	$ -	$ 4,283.01	$ 5,645.20	$ 67,749.99
$ 4,026.25	$ 5,334.00	$ 2,478.69	$ 3,129.02	$ -	$ -	$ -	$ 6,820.78	$ 343.78	$ 34,990.28
$ 3,348.86	$ 1,072.67	$ 5,459.64	$ 14,459.91	$ -	$ -	$ -	$ 7,074.17	$ 1,081.07	$ 58,349.12
$ 3,159.03	$ 2,548.41	$ 16,224.88	$ 18,220.23	$ 38,203.38	$ -	$ -	$ 19,177.10	$ 5,523.68	$ 131,400.55
$ -	$ 596.77	$ 1,146.41	$ 79.09	$ -	$ -	$ -	$ 243.24	$ 1,795.04	$ 5,437.73
$ 4,944.95	$ 531.22	$ 11,060.26	$ 13,492.27	$ 11,732.59	$ -	$ -	$ 8,429.04	$ 8,651.07	$ 85,884.03
$ 603.27	$ -	$ 5,680.98	$ 7,891.23	$ -	$ -	$ -	$ 3,476.60	$ 905.79	$ 24,154.89
$ 740.36	$ -	$ 49,438.57	$ 30,397.91	$ 15,556.22	$ -	$ -	$ 27,946.54	$ 4,719.81	$ 148,604.12
$ -	$ 1,121.38	$ 454.99	$ 4,999.92	$ -	$ -	$ -	$ 31,112.01	$ 909.99	$ 44,740.70
$ 468.35	$ 4,846.03	$ 4,110.11	$ 1,291.84	$ -	$ -	$ -	$ 1,296.41	$ 1,492.92	$ 19,485.34
$ -	$ 1,163.61	$ 2,971.32	$ 2,314.61	$ -	$ -	$ -	$ 2,160.69	$ 3,859.63	$ 14,807.16
$ 612.76	$ 5,503.35	$ 4,367.74	$ 13,240.42	$ -	$ -	$ -	$ 15,014.96	$ 12,115.33	$ 62,135.94
$ 613.06	$ 624.78	$ 1,718.89	$ 3,806.68	$ -	$ -	$ -	$ 6,193.58	$ 5,603.34	$ 23,642.97
$ 6,466.36	$ 420.84	$ 1,668.83	$ 4,240.28	$ -	$ -	$ -	$ 13,852.75	$ 4,605.97	$ 46,680.83
$ 1,294.76	$ 1,806.86	$ 18,988.25	$ 25,053.10	$ 7,657.99	$ -	$ -	$ 8,862.91	$ 6,545.09	$ 122,351.16

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
APERION CARE MIDLOTHIAN	6001077	145947	$ 57,893.34	$ 6,156.60	$ 16.98	$ 199.56	$ -	$ 477.67	$ -
ARC AT BRADLEY	6001085	146112	$ 49,389.87	$ 7,351.56	$ 947.88	$ 1,165.34	$ -	$ 1,034.20	$ -
ELEVATE CARE RIVERWOODS	6001119	145304	$ 95,356.82	$ 20,209.83	$ 306.17	$ 79.09	$ -	$ 1,477.27	$ -
BURBANK REHABILITATION CENTER	6001127	145211	$ 93,952.24	$ 15,129.75	$ 1,208.56	$ 3,467.25	$ -	$ 1,520.28	$ -
FOREST CITY REHAB AND NRSG CTR	6001135	145937	$ 80,811.01	$ 6,292.22	$ 1,005.68	$ -	$ -	$ 358.11	$ -
BRIAR PLACE NURSING	6001143	145784	$ 106,764.14	$ 12,787.46	$ 2,718.27	$ 6,331.55	$ -	$ 2,215.35	$ -
PAVILION OF BRIDGEVIEW	6001168	145208	$ 78,676.45	$ 30,453.05	$ 2,184.98	$ 9,636.99	$ -	$ 1,191.81	$ -
BEACON CARE AND REHABILITATION	6001176	145776	$ 61,445.34	$ 11,553.48	$ 53.16	$ -	$ -	$ -	$ -
BUCKINGHAM PAVILION INC	6001242	145285	$ 25,165.37	$ 5,470.07	$ 83.41	$ 16.68	$ -	$ 338.85	$ -
AMBERWOOD CARE CENTRE	6001267	145908	$ 74,086.51	$ 14,063.56	$ 3,564.95	$ 12.31	$ -	$ 913.30	$ -
BRIA OF RIVER OAKS	6001283	145735	$ 174,812.03	$ 15,555.67	$ 1,801.81	$ 868.87	$ -	$ 584.59	$ -
MARSHALL REHAB & NURSING	6001291	146046	$ 25,447.88	$ 5,665.99	$ 273.94	$ -	$ -	$ 133.63	$ -
AUTUMN MEADOWS OF CAHOKIA	6001317	145581	$ 76,685.94	$ 13,304.29	$ 37.94	$ -	$ -	$ -	$ -
CALIFORNIA TERRACE	6001333	145625	$ 120,362.52	$ 7,855.85	$ 1,198.54	$ 325.83	$ -	$ 556.93	$ -
BELLEVILLE HEALTHCARE CENTER L	6001341	145290	$ 83,119.74	$ 8,060.90	$ 1,670.78	$ -	$ -	$ 822.81	$ -
CHARLESTON REHAB HEALTH CARE	6001358	145636	$ 22,747.03	$ 5,364.38	$ 536.86	$ -	$ -	$ 357.90	$ -
ALDEN POPLAR CR REHAB AND HCC	6001366	145403	$ 85,323.97	$ 19,687.60	$ 2,438.11	$ 1,211.50	$ -	$ 2,761.30	$ -
PARKER NURSING AND REHAB CTR	6001374	145989	$ 37,510.73	$ 7,753.76	$ 6,559.19	$ 5,376.82	$ -	$ 1,338.71	$ -
ACCOLADE HEALTHCARE OF SAVOY	6001457	145439	$ 106,275.16	$ 33,815.02	$ 4,831.73	$ -	$ -	$ 2,443.66	$ -
CARLTON AT THE LAKE, THE	6001465	145679	$ 103,904.29	$ 15,740.48	$ 4,600.95	$ 1,449.56	$ -	$ 2,990.52	$ -
CARLYLE HEALTHCARE AND SR LIVI	6001473	145729	$ 35,880.83	$ 8,199.19	$ 713.95	$ -	$ -	$ 149.53	$ -
CARRIER MILLS NURSING & REHABI	6001507	145323	$ 35,912.12	$ 10,580.46	$ 59.30	$ 65.23	$ -	$ 211.51	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 649.63	$ -	$ 8,682.94	$ 13,572.14	$ 10,869.60	$ -	$ -	$ 13,807.78	$ 3,460.44	$ 57,893.34
$ 129.48	$ 260.62	$ 6,359.49	$ 22,220.66	$ -	$ -	$ -	$ 6,624.30	$ 3,296.34	$ 49,389.87
$ 1,242.54	$ -	$ 17,956.90	$ 38,901.52	$ 219.42	$ -	$ -	$ 9,805.11	$ 5,158.97	$ 95,356.82
$ 6,042.78	$ 1,057.81	$ 9,910.09	$ 15,391.36	$ 25,614.74	$ -	$ -	$ 11,817.28	$ 2,792.34	$ 93,952.24
$ 14,873.32	$ 440.17	$ 12,277.05	$ 12,099.49	$ -	$ -	$ -	$ 21,610.18	$ 11,854.79	$ 80,811.01
$ 3,111.74	$ 3,453.95	$ 17,931.80	$ 17,720.68	$ 18,448.05	$ -	$ -	$ 16,590.87	$ 5,454.42	$ 106,764.14
$ 3,524.17	$ 258.44	$ 4,402.00	$ 7,071.82	$ 14,073.17	$ -	$ -	$ 4,498.12	$ 1,381.90	$ 78,676.45
$ 379.40	$ -	$ 9,057.19	$ 8,061.57	$ 13,332.05	$ -	$ -	$ 12,510.42	$ 6,498.07	$ 61,445.34
$ -	$ -	$ 2,723.25	$ 13,164.42	$ 938.37	$ -	$ -	$ 2,297.51	$ 132.81	$ 25,165.37
$ 3,121.64	$ 2,643.44	$ 11,388.16	$ 24,796.92	$ -	$ -	$ -	$ 6,980.47	$ 6,601.76	$ 74,086.51
$ 2,406.42	$ -	$ 50,118.47	$ 30,803.02	$ 26,817.00	$ -	$ -	$ 30,286.50	$ 15,569.68	$ 174,812.03
$ 204.90	$ 224.95	$ 8,590.27	$ 6,877.56	$ -	$ -	$ -	$ 3,120.29	$ 356.35	$ 25,447.88
$ -	$ 999.95	$ 5,177.84	$ 7,687.72	$ -	$ -	$ -	$ 19,172.52	$ 30,305.68	$ 76,685.94
$ 275.59	$ -	$ 19,077.66	$ 14,527.50	$ 48,570.46	$ -	$ -	$ 22,370.43	$ 5,603.73	$ 120,362.52
$ 873.12	$ 2,416.34	$ 15,997.74	$ 7,821.36	$ -	$ -	$ -	$ 33,736.42	$ 11,720.27	$ 83,119.74
$ -	$ 1,631.10	$ 3,349.24	$ 7,463.32	$ -	$ -	$ -	$ 2,855.06	$ 1,189.17	$ 22,747.03
$ 4,165.58	$ 1,064.08	$ 15,860.34	$ 14,019.83	$ 7,492.54	$ -	$ -	$ 8,259.79	$ 8,363.30	$ 85,323.97
$ 373.76	$ 361.55	$ 6,151.22	$ 3,823.14	$ -	$ -	$ -	$ 4,739.23	$ 1,033.35	$ 37,510.73
$ 4,979.25	$ 19,470.18	$ 6,660.69	$ 16,497.74	$ -	$ -	$ -	$ 5,861.51	$ 11,715.38	$ 106,275.16
$ 1,919.35	$ 182.79	$ 12,779.19	$ 20,723.46	$ 21,012.28	$ -	$ -	$ 16,692.83	$ 5,812.88	$ 103,904.29
$ -	$ 5,136.90	$ 1,844.73	$ 5,368.39	$ -	$ -	$ -	$ 8,344.05	$ 6,124.09	$ 35,880.83
$ -	$ 549.54	$ 1,491.99	$ 18,734.63	$ -	$ -	$ -	$ 3,553.48	$ 665.98	$ 35,912.12

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ALLURE OF MT CARROLL, LLC	6001515	145770	$ 25,504.65	$ 5,010.81	$ 88.78	$ -	$ -	$ 79.67	$ -
CENTER HOME HISPANIC ELDERLY	6001523	146062	$ 83,715.11	$ 19,906.91	$ 3,271.40	$ 1,505.98	$ -	$ -	$ -
AXIOM GARDENS OF MOUNT VERNON	6001531	14E812	$ 45,648.18	$ 13,589.49	$ 2,551.88	$ -	$ -	$ 463.25	$ -
CENTRAL NURSING HOME	6001580	145648	$ 109,327.67	$ 11,451.85	$ 2,032.12	$ 2,045.31	$ -	$ 1,232.14	$ -
FIRESIDE HOUSE OF CENTRALIA	6001614	145791	$ 31,244.15	$ 4,627.51	$ -	$ 161.62	$ -	$ -	$ -
HIGHLAND HEALTH CARE CENTER	6001663	145508	$ 45,957.27	$ 9,957.40	$ 329.99	$ -	$ -	$ -	$ -
RYZE ON THE AVENUE	6001689	145337	$ 140,199.93	$ 28,738.06	$ 1,296.01	$ 695.22	$ -	$ 18.08	$ -
CHICAGO RIDGE SNF	6001697	145639	$ 79,171.64	$ 7,963.92	$ 4,489.64	$ 780.24	$ -	$ 1,680.00	$ -
APERION CARE WEST CHICAGO	6001713	145830	$ 73,273.40	$ 7,522.58	$ 1,440.85	$ 1,649.64	$ -	$ 631.53	$ -
CISNE REHAB AND HEALTH CARE CT	6001770	146131	$ 12,653.81	$ 1,303.77	$ 83.12	$ 902.06	$ -	$ -	$ -
INTEGRITY HC OF ANNA	6001788	146006	$ 38,806.24	$ 10,021.07	$ 428.46	$ 83.11	$ -	$ 675.93	$ -
CLARK MANOR	6001796	145507	$ 98,987.86	$ 9,125.56	$ 2,825.39	$ 892.93	$ -	$ 1,552.02	$ -
CLAYBERG, THE	6001838	146151	$ 34,769.17	$ 14,283.90	$ 2,253.42	$ 378.04	$ -	$ 901.86	$ -
CLINTON MANOR LIVING CENTER	6001887	146025	$ 14,331.20	$ 3,156.73	$ -	$ -	$ -	$ -	$ -
GOLDWATER CARE PRINCETON	6001945	145437	$ 64,086.00	$ 9,917.96	$ 974.46	$ -	$ -	$ 931.63	$ -
GOLDWATER CARE DANVILLE	6001952	145183	$ 40,028.26	$ 17,653.87	$ 2,245.95	$ -	$ -	$ 979.64	$ -
GRANITE NURSING AND REHAB CTR	6001986	146075	$ 45,645.00	$ 6,703.15	$ 226.54	$ -	$ -	$ 504.96	$ -
APERION CARE OAK LAWN	6002059	145197	$ 56,684.95	$ 11,189.21	$ 913.66	$ 418.20	$ -	$ 374.25	$ -
AUSTIN OASIS, THE	6002067	145834	$ 122,280.09	$ 11,546.33	$ 4,470.45	$ 1,083.61	$ -	$ 179.16	$ -
CONTINENTAL NURSING REHAB CTR	6002075	145730	$ 94,733.82	$ 12,452.84	$ 2,435.46	$ 903.37	$ -	$ 1,908.64	$ -
ARC AT DWIGHT	6002083	145452	$ 36,625.90	$ 9,773.64	$ 1,699.49	$ 430.40	$ -	$ 551.08	$ -
NEWMAN REHAB AND HEALTH CARE C	6002091	145631	$ 20,533.92	$ 4,479.07	$ 765.03	$ -	$ -	$ -	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 120.65	$ 432.52	$ 8,159.84	$ 3,452.55	$ -	$ -	$ -	$ 479.67	$ 7,680.16	$ 25,504.65
$ 5,364.55	$ 951.96	$ 9,653.88	$ 10,420.24	$ 19,254.34	$ -	$ -	$ 9,031.50	$ 4,354.35	$ 83,715.11
$ 246.35	$ 2,533.13	$ 6,550.88	$ 13,468.35	$ -	$ -	$ -	$ 4,883.67	$ 1,361.18	$ 45,648.18
$ 1,819.34	$ 2,299.33	$ 22,434.42	$ 11,948.66	$ 22,061.33	$ -	$ -	$ 28,678.75	$ 3,324.42	$ 109,327.67
$ -	$ -	$ 2,911.33	$ 7,436.75	$ -	$ -	$ -	$ 15,745.42	$ 361.52	$ 31,244.15
$ 92.40	$ 310.19	$ 2,912.31	$ 12,149.49	$ -	$ -	$ -	$ 6,984.84	$ 13,220.65	$ 45,957.27
$ 1,253.82	$ 456.12	$ 15,239.74	$ 23,401.40	$ 40,949.47	$ -	$ -	$ 18,643.62	$ 9,508.39	$ 140,199.93
$ 1,669.50	$ 271.90	$ 12,545.51	$ 9,445.59	$ 13,300.79	$ -	$ -	$ 21,953.01	$ 5,071.54	$ 79,171.64
$ 634.63	$ 125.07	$ 4,833.14	$ 22,324.87	$ 349.36	$ -	$ -	$ 30,377.70	$ 3,384.03	$ 73,273.40
$ -	$ 2,024.13	$ 2,127.38	$ 4,612.72	$ -	$ -	$ -	$ 535.48	$ 1,065.15	$ 12,653.81
$ 282.56	$ 657.46	$ 13,672.90	$ 7,039.82	$ -	$ -	$ -	$ 1,807.22	$ 4,137.71	$ 38,806.24
$ 2,620.63	$ 130.85	$ 18,469.20	$ 23,103.47	$ 16,023.04	$ -	$ -	$ 20,345.93	$ 3,898.84	$ 98,987.86
$ 1,356.50	$ 7,553.40	$ 1,570.76	$ 4,676.98	$ -	$ -	$ -	$ 1,050.11	$ 744.20	$ 34,769.17
$ -	$ -	$ 817.27	$ 759.17	$ -	$ -	$ -	$ 7,030.03	$ 2,568.00	$ 14,331.20
$ 441.72	$ 1,006.58	$ 8,095.00	$ 23,507.37	$ -	$ -	$ -	$ 14,641.11	$ 4,570.17	$ 64,086.00
$ -	$ 5,456.59	$ 5,599.74	$ 4,071.46	$ -	$ -	$ -	$ 1,575.76	$ 2,445.25	$ 40,028.26
$ 63.98	$ 29.40	$ 4,022.71	$ 3,382.46	$ -	$ -	$ -	$ 16,103.21	$ 14,608.59	$ 45,645.00
$ 408.88	$ 348.95	$ 3,873.50	$ 19,120.13	$ 9,738.44	$ -	$ -	$ 8,482.69	$ 1,817.04	$ 56,684.95
$ 6,277.19	$ 261.19	$ 22,542.21	$ 20,515.29	$ 18,194.80	$ -	$ -	$ 30,684.43	$ 6,525.43	$ 122,280.09
$ 5,570.47	$ 3,805.19	$ 15,625.69	$ 12,265.72	$ 26,007.86	$ -	$ -	$ 9,574.05	$ 4,184.53	$ 94,733.82
$ 2,421.52	$ 1,472.22	$ 2,571.51	$ 11,634.03	$ -	$ -	$ -	$ 6,002.57	$ 69.44	$ 36,625.90
$ 1,022.13	$ 1,741.17	$ 4,197.90	$ 3,998.83	$ -	$ -	$ -	$ 3,419.04	$ 910.75	$ 20,533.92

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
PALM GARDEN OF MATTOON	6002109	145584	$ 33,671.15	$ 5,798.47	$ 207.79	$ -	$ -	$ 349.09	$ -
ROBINSON REHAB AND NURSING	6002125	145760	$ 31,299.99	$ 8,883.36	$ -	$ -	$ -	$ -	$ -
COUNTRY HEALTH	6002141	145708	$ 33,080.81	$ 12,847.89	$ 2,261.81	$ -	$ -	$ -	$ -
PEARL OF ORCHARD VALLEY, THE	6002174	145473	$ 58,756.40	$ 10,613.55	$ 714.93	$ 662.08	$ -	$ 2,632.19	$ -
COUNTRYSIDE NURSING AND REHAB	6002190	145798	$ 101,626.52	$ 11,266.91	$ 1,153.42	$ 2,435.57	$ -	$ 2,826.90	$ -
CRESTWOOD REHABILITATION CENTE	6002265	145718	$ 122,112.05	$ 22,641.09	$ 2,193.90	$ 1,333.75	$ -	$ 1,544.23	$ -
CUMBERLAND REHAB HEALTH CARE	6002307	146113	$ 14,542.69	$ 1,969.43	$ 814.70	$ -	$ -	$ 434.03	$ -
LA BELLA OF DANVILLE	6002364	145753	$ 94,472.48	$ 16,088.72	$ 2,237.82	$ 52.57	$ -	$ 80.61	$ -
WATERFORD CARE CENTER, THE	6002430	145659	$ 62,674.19	$ 12,740.87	$ 1,467.04	$ 965.51	$ -	$ 767.30	$ -
PEARL OF JOLIET, THE	6002463	145372	$ 83,471.41	$ 13,380.14	$ 1,897.79	$ 1,674.84	$ -	$ 1,654.58	$ -
ARCADIA CARE ON THE HILL	6002489	145160	$ 70,577.18	$ 12,666.03	$ 2,071.09	$ 1.84	$ -	$ 1,104.70	$ -
DOBSON PLAZA NURSING & REHAB	6002521	145122	$ 27,526.13	$ 6,124.60	$ 135.67	$ 1,437.01	$ -	$ 210.64	$ -
APERION CARE DOLTON	6002547	145877	$ 64,230.85	$ 8,827.17	$ 2,111.48	$ 669.59	$ -	$ 1,830.08	$ -
HAVEN OF TUSCOLA, THE	6002588	146086	$ 11,215.78	$ 1,759.19	$ 126.29	$ -	$ -	$ -	$ -
DUPAGE CARE CENTER	6002612	145050	$ 215,345.41	$ 44,626.65	$ 83.86	$ 4,251.50	$ -	$ 623.33	$ -
ALLURE OF MOLINE	6002646	146041	$ 78,615.43	$ 15,948.71	$ 1,099.81	$ 471.35	$ -	$ -	$ -
AVENUES AT ARCADIA SPRINGFIELD	6002661	14E847	$ 30,489.14	$ 5,809.10	$ 48.41	$ 24.83	$ -	$ -	$ -
EDEN VILLAGE	6002679	145384	$ 22,988.75	$ 4,781.16	$ -	$ -	$ -	$ -	$ -
SHERIDAN VILLAGE NRSG & RHB	6002687	145482	$ 112,240.84	$ 9,972.38	$ 5,395.18	$ 969.09	$ -	$ 1,428.14	$ -
EVERCARE AT UNIVERSITY	6002711	145985	$ 47,975.92	$ 10,576.38	$ 2,067.89	$ 1,023.32	$ -	$ -	$ -
EVERCARE OF EDWARDSVILLE	6002729	145555	$ 45,840.56	$ 9,622.15	$ 251.33	$ -	$ -	$ 386.19	$ -
BRIA OF ALTON LP	6002778	145427	$ 51,448.84	$ 7,347.32	$ 178.86	$ 735.55	$ -	$ 795.84	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 1,219.75	$ 1,756.90	$ 2,817.59	$ 2,782.96	$ -	$ -	$ -	$ 17,493.07	$ 1,245.53	$ 33,671.15
$ -	$ 969.07	$ 6,897.21	$ 2,072.62	$ -	$ -	$ -	$ 5,088.92	$ 7,388.81	$ 31,299.99
$ -	$ 4,580.36	$ 4,912.36	$ 4,340.53	$ -	$ -	$ -	$ 1,838.51	$ 2,299.35	$ 33,080.81
$ 541.70	$ 1,550.24	$ 10,807.53	$ 11,772.24	$ 83.89	$ -	$ -	$ 13,084.73	$ 6,293.32	$ 58,756.40
$ 2,809.74	$ 1,440.06	$ 26,158.70	$ 8,851.70	$ 17,407.12	$ -	$ -	$ 24,959.26	$ 2,317.14	$ 101,626.52
$ 1,062.54	$ 2,092.71	$ 18,441.52	$ 17,489.81	$ 25,611.88	$ -	$ -	$ 18,786.06	$ 10,914.56	$ 122,112.05
$ -	$ 1,248.74	$ 5,353.43	$ 2,632.24	$ -	$ -	$ -	$ 2,090.12	$ -	$ 14,542.69
$ 848.16	$ 11,187.33	$ 8,649.35	$ 14,269.56	$ -	$ -	$ -	$ 18,773.65	$ 22,284.71	$ 94,472.48
$ 2,570.69	$ 190.70	$ 12,427.02	$ 9,495.95	$ 12,764.88	$ -	$ -	$ 8,185.08	$ 1,099.15	$ 62,674.19
$ 1,989.91	$ 2,242.34	$ 16,977.43	$ 21,083.60	$ -	$ -	$ -	$ 13,380.15	$ 9,190.63	$ 83,471.41
$ 66.39	$ 4,457.54	$ 9,638.38	$ 18,688.36	$ -	$ -	$ -	$ 17,871.62	$ 4,011.23	$ 70,577.18
$ 283.83	$ -	$ -	$ 13,114.14	$ 3,967.61	$ -	$ -	$ 2,252.63	$ -	$ 27,526.13
$ 386.15	$ 751.75	$ 6,372.19	$ 11,842.09	$ 12,526.75	$ -	$ -	$ 15,172.45	$ 3,741.15	$ 64,230.85
$ -	$ 293.09	$ 739.36	$ 410.63	$ -	$ -	$ -	$ 6,653.09	$ 1,234.13	$ 11,215.78
$ 7,220.00	$ 2,048.88	$ 3,424.12	$ 125,544.34	$ -	$ -	$ -	$ 25,086.91	$ 2,435.82	$ 215,345.41
$ 942.70	$ 2,496.16	$ 6,759.90	$ 26,022.70	$ -	$ -	$ -	$ 12,940.22	$ 11,933.88	$ 78,615.43
$ 76.96	$ 1,355.52	$ 4,213.11	$ 6,174.10	$ -	$ -	$ -	$ 10,172.94	$ 2,614.17	$ 30,489.14
$ 1,728.43	$ -	$ 93.26	$ 96.37	$ -	$ -	$ -	$ 16,289.53	$ -	$ 22,988.75
$ 4,830.35	$ 115.23	$ 19,459.29	$ 39,371.95	$ 8,317.56	$ -	$ -	$ 20,932.76	$ 1,448.91	$ 112,240.84
$ 7,322.61	$ 1,234.01	$ 5,657.03	$ 10,247.57	$ -	$ -	$ -	$ 8,493.98	$ 1,353.13	$ 47,975.92
$ 14,021.48	$ 226.81	$ 2,441.81	$ 9,669.14	$ -	$ -	$ -	$ 7,063.87	$ 2,157.78	$ 45,840.56
$ 1,440.95	$ 2,723.13	$ 11,964.84	$ 5,033.80	$ 98.09	$ -	$ -	$ 12,438.55	$ 8,691.91	$ 51,448.84

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ELMS NURSING HOME	6002836	146033	$ 48,573.12	$ 9,286.87	$ 7,073.15	$ -	$ -	$ 1,403.66	$ -
HIGHLIGHT HEALTHCARE OF AURORA	6002844	145663	$ 31,772.53	$ 5,309.54	$ 381.31	$ 2,230.00	$ -	$ 412.03	$ -
IRVING PARK LIVING AND REHAB C	6002851	145415	$ 53,125.48	$ 9,180.14	$ -	$ 655.31	$ -	$ -	$ -
CEDAR RIDGE HEALTH & REHAB CEN	6002869	145571	$ 63,969.29	$ 22,784.16	$ 2,019.33	$ 1,068.78	$ -	$ 735.38	$ -
DUQUOIN NURSING & REHABILITATI	6002943	145008	$ 19,586.29	$ 3,976.40	$ 498.91	$ 147.77	$ -	$ 19.02	$ -
FAIR HAVENS SENIOR LIVING	6002950	145422	$ 90,158.99	$ 19,353.42	$ 4,045.65	$ 2,025.80	$ -	$ 745.56	$ -
ZAHAV OF BERWYN	6003008	145070	$ 80,287.04	$ 14,262.52	$ 2,245.70	$ 2,202.58	$ -	$ 2,145.66	$ -
GROVE OF LAGRANGE PARK, THE	6003057	145307	$ 35,060.21	$ 9,698.13	$ 1,990.05	$ 409.28	$ -	$ 2,011.89	$ -
AXIOM HEALTHCARE OF ROSICLARE	6003065	145759	$ 29,253.68	$ 6,252.03	$ -	$ -	$ -	$ -	$ -
FAIRVIEW REHAB & HEALTHCARE	6003099	146032	$ 22,764.22	$ 5,434.55	$ 197.34	$ 20.14	$ -	$ 62.42	$ -
FARMINGTON VILLAGE NURSING AND	6003115	145404	$ 33,994.93	$ 9,418.29	$ 1,969.64	$ 175.65	$ -	$ 3,428.72	$ -
AXIOM HEALTHCARE OF FLORA	6003156	145692	$ 20,011.96	$ 5,703.15	$ 775.49	$ -	$ -	$ 739.47	$ -
AXIOM GARDENS OF FLORA	6003172	145624	$ 28,912.28	$ 7,473.90	$ 930.95	$ 222.42	$ -	$ 435.88	$ -
FONDULAC REHAB AND HEALTH CARE	6003198	145266	$ 43,146.29	$ 5,195.10	$ 645.74	$ -	$ -	$ 1,192.66	$ -
ELEVATE CARE NORTH BRANCH	6003214	145630	$ 72,770.87	$ 13,208.35	$ 322.25	$ 1,234.73	$ -	$ 4,748.00	$ -
INTEGRITY HC OF MARION	6003230	145863	$ 67,592.28	$ 11,236.69	$ 2,212.56	$ 2,556.10	$ -	$ 1,986.74	$ -
ELDORADO REHAB & HEALTHCARE LL	6003248	145890	$ 25,320.70	$ 2,442.12	$ 711.26	$ -	$ -	$ -	$ -
HELIA SOUTHBELT HEALTHCARE	6003255	145241	$ 68,736.17	$ 11,876.58	$ 904.35	$ -	$ -	$ 34.55	$ -
TOWER HILL HEALTHCARE CENTER	6003263	145795	$ 89,544.58	$ 18,630.03	$ 2,056.78	$ 2,433.20	$ -	$ 8,803.47	$ -
FRANKLIN GROVE LIVING REHAB	6003305	145200	$ 48,700.25	$ 10,036.80	$ 4,819.78	$ -	$ -	$ -	$ -
PEARL PAVILION	6003339	145234	$ 40,338.24	$ 4,587.78	$ 1,398.79	$ -	$ -	$ 639.51	$ -
INTEGRITY HC OF HERRIN	6003362	146092	$ 32,190.80	$ 6,889.92	$ 2,286.71	$ -	$ -	$ 1,918.70	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 649.84	$ 3,093.24	$ 3,142.61	$ 14,389.32	$ -	$ -	$ -	$ 5,807.30	$ 3,727.13	$ 48,573.12
$ 800.56	$ 54.21	$ 10,814.84	$ 7,570.60	$ -	$ -	$ -	$ 3,018.35	$ 1,181.09	$ 31,772.53
$ 95.25	$ 1,038.21	$ 8,386.41	$ 8,989.65	$ 12,010.39	$ -	$ -	$ 10,608.88	$ 2,161.24	$ 53,125.48
$ 2,575.00	$ 4,613.24	$ 1,810.01	$ 13,019.12	$ -	$ -	$ -	$ 8,799.52	$ 6,544.75	$ 63,969.29
$ -	$ -	$ 2,724.09	$ 4,338.69	$ -	$ -	$ -	$ 4,904.76	$ 2,976.65	$ 19,586.29
$ 1,630.74	$ 16,182.61	$ 10,806.51	$ 15,502.54	$ -	$ -	$ -	$ 16,291.10	$ 3,575.06	$ 90,158.99
$ 1,581.65	$ 1,692.04	$ 6,823.26	$ 11,513.10	$ 22,644.27	$ -	$ -	$ 9,416.63	$ 5,759.63	$ 80,287.04
$ 546.09	$ 575.98	$ 4,370.05	$ 4,194.87	$ 7,761.53	$ -	$ -	$ 3,167.02	$ 335.32	$ 35,060.21
$ -	$ 64.68	$ 14,000.35	$ 1,983.92	$ -	$ -	$ -	$ 6,485.59	$ 467.11	$ 29,253.68
$ -	$ 374.55	$ 1,268.14	$ 12,652.65	$ -	$ -	$ -	$ 1,850.67	$ 903.76	$ 22,764.22
$ 355.99	$ 4,817.54	$ 1,926.59	$ 7,140.39	$ -	$ -	$ -	$ 407.07	$ 4,355.05	$ 33,994.93
$ 1,781.93	$ 1,421.73	$ 194.23	$ 4,643.75	$ -	$ -	$ -	$ 3,720.55	$ 1,031.66	$ 20,011.96
$ -	$ 927.36	$ 4,924.23	$ 7,401.29	$ -	$ -	$ -	$ 4,505.69	$ 2,090.56	$ 28,912.28
$ 2,569.16	$ 7,204.22	$ 3,252.76	$ 8,026.57	$ -	$ -	$ -	$ 8,581.92	$ 6,478.16	$ 43,146.29
$ 292.48	$ 2,176.97	$ 7,351.65	$ 12,441.09	$ 12,881.02	$ -	$ -	$ 10,201.82	$ 7,912.51	$ 72,770.87
$ -	$ 3,166.29	$ 13,241.50	$ 10,890.63	$ -	$ -	$ -	$ 16,192.95	$ 6,108.82	$ 67,592.28
$ 281.28	$ 1,775.46	$ 1,787.32	$ 12,875.98	$ -	$ -	$ -	$ 4,470.44	$ 976.84	$ 25,320.70
$ 853.55	$ 4,875.37	$ 9,936.26	$ 9,142.71	$ -	$ -	$ -	$ 11,842.70	$ 19,270.10	$ 68,736.17
$ 1,846.06	$ 2,663.73	$ 10,478.18	$ 23,246.25	$ 568.18	$ -	$ -	$ 14,712.76	$ 4,105.94	$ 89,544.58
$ -	$ 965.14	$ 1,633.32	$ 28,385.13	$ -	$ -	$ -	$ 625.75	$ 2,234.33	$ 48,700.25
$ 5,167.40	$ 68.44	$ 4,042.38	$ 3,790.00	$ -	$ -	$ -	$ 20,104.96	$ 538.98	$ 40,338.24
$ -	$ 4,016.68	$ 3,074.26	$ 6,099.83	$ -	$ -	$ -	$ 5,249.83	$ 2,654.87	$ 32,190.80

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
GROVE OF NORTHBROOK, THE	6003412	145809	$ 37,159.67	$ 5,593.77	$ 845.03	$ 995.89	$ -	$ 1,185.21	$ -
ALLURE OF KNOX COUNTY	6003446	145012	$ 21,940.56	$ 1,758.26	$ 140.39	$ -	$ -	$ 782.45	$ -
RYZE AT THE RIDGE	6003453	145832	$ 51,948.37	$ 5,408.00	$ 421.30	$ 540.54	$ -	$ 3.97	$ -
OAKVIEW NURSING AND REHAB	6003487	145376	$ 42,665.20	$ 6,241.55	$ 14.12	$ -	$ -	$ -	$ -
ALLURE OF GENESEO, LLC	6003495	145789	$ 36,315.87	$ 11,966.28	$ 1,755.72	$ 2,436.61	$ -	$ 954.82	$ -
BRIA OF GENEVA	6003503	146067	$ 55,152.25	$ 14,794.23	$ 2,596.26	$ 1,892.94	$ -	$ 4,774.01	$ -
APERION CARE NILES LLC	6003511	145999	$ 69,818.41	$ 19,352.24	$ 1,364.22	$ 1,586.95	$ -	$ 883.33	$ -
ARCADIA CARE ALEDO	6003529	145886	$ 14,331.24	$ 4,291.33	$ 316.46	$ 17.29	$ -	$ 143.53	$ -
GOLDWATER CARE GIBSON CITY	6003560	145911	$ 14,115.78	$ 4,051.36	$ -	$ -	$ -	$ 114.38	$ -
GILMAN HEALTHCARE CENTER	6003578	145347	$ 36,771.65	$ 6,558.94	$ 3,927.68	$ 678.72	$ -	$ 2,807.61	$ -
ELEVATE CARE NORTHBROOK	6003586	145171	$ 117,879.45	$ 15,766.03	$ 674.45	$ 341.01	$ -	$ 260.69	$ -
ELEVATE CARE CHICAGO NORTH	6003594	145484	$ 82,060.27	$ 15,185.69	$ 1,513.33	$ 742.67	$ -	$ 500.00	$ -
GLENVIEW TERRACE	6003610	145268	$ 100,788.61	$ 27,371.17	$ 7,874.91	$ 5,509.41	$ -	$ 11,149.19	$ -
ALIYA OF GLENWOOD	6003628	145758	$ 88,155.61	$ 14,660.85	$ 756.64	$ 996.46	$ -	$ 1,736.56	$ -
NILES NURSING AND REHAB CTR	6003644	145696	$ 223,853.51	$ 58,414.95	$ 11,721.87	$ 11,994.77	$ -	$ 3,054.75	$ -
ALDEN ESTATES OF BARRINGTON	6003735	145557	$ 66,006.40	$ 16,846.53	$ -	$ 2,931.93	$ -	$ 2,506.51	$ -
TIMBERPOINT HEALTHCARE CENTER	6003750	145726	$ 47,402.54	$ 4,483.90	$ 2,427.95	$ 10.56	$ -	$ 515.15	$ -
BRIA OF MASCOUTAH LLC	6003768	145785	$ 24,743.08	$ 6,905.54	$ 47.37	$ -	$ -	$ -	$ -
MIDWAY NEUROLOGICAL REHAB CTR	6003826	145778	$ 104,138.44	$ 4,944.94	$ 2,736.59	$ 2,476.24	$ -	$ 1,022.98	$ -
ATRIUM HEALTH CARE CENTER	6003834	145479	$ 70,270.81	$ 10,517.80	$ 30.68	$ 194.71	$ -	$ 397.67	$ -
EVERCARE OF JERSEYVILLE	6003842	146040	$ 36,080.69	$ 4,799.41	$ 1,235.78	$ -	$ -	$ 20.26	$ -
HENRY AND JANE VONDERLIETH CTR	6003917	146042	$ 15,120.74	$ 4,165.97	$ 1,003.86	$ -	$ -	$ 830.29	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 755.30	$ 152.84	$ 7,769.95	$ 8,355.65	$ 4,607.74	$ -	$ -	$ 6,098.62	$ 799.67	$ 37,159.67
$ 2,236.91	$ 2,132.09	$ 3,850.75	$ 4,811.21	$ -	$ -	$ -	$ 1,557.68	$ 4,670.82	$ 21,940.56
$ 645.20	$ -	$ 12,462.79	$ 8,221.97	$ 7,281.33	$ -	$ -	$ 10,463.60	$ 6,499.67	$ 51,948.37
$ -	$ 54.71	$ 15,756.21	$ 7,617.60	$ -	$ -	$ -	$ 9,886.49	$ 3,094.52	$ 42,665.20
$ -	$ 1,419.18	$ 10,009.68	$ 4,608.87	$ -	$ -	$ -	$ 2,695.75	$ 468.96	$ 36,315.87
$ 724.63	$ 1,333.00	$ 5,807.90	$ 16,042.07	$ -	$ -	$ -	$ 4,654.62	$ 2,532.59	$ 55,152.25
$ 1,508.49	$ -	$ 6,444.00	$ 13,039.86	$ 11,943.92	$ -	$ -	$ 10,382.28	$ 3,313.12	$ 69,818.41
$ 248.15	$ 1,399.86	$ 1,818.85	$ 2,743.20	$ -	$ -	$ -	$ 3,054.06	$ 298.51	$ 14,331.24
$ 517.50	$ 2,604.39	$ 1,276.79	$ 941.97	$ -	$ -	$ -	$ 2,377.24	$ 2,232.15	$ 14,115.78
$ 678.72	$ 3,480.76	$ 1,741.84	$ 9,250.07	$ -	$ -	$ -	$ 5,982.74	$ 1,664.57	$ 36,771.65
$ 231.89	$ 175.81	$ 24,399.65	$ 20,446.41	$ 14,445.29	$ -	$ -	$ 35,941.81	$ 5,196.41	$ 117,879.45
$ 128.00	$ 357.33	$ 9,946.02	$ 12,958.71	$ 21,020.61	$ -	$ -	$ 15,995.22	$ 3,712.69	$ 82,060.27
$ 3,740.96	$ 4,449.47	$ 8,506.68	$ 6,376.63	$ 14,786.59	$ -	$ -	$ 7,694.70	$ 3,328.90	$ 100,788.61
$ 946.84	$ 3,233.31	$ 13,550.89	$ 15,357.35	$ 23,961.40	$ -	$ -	$ 6,819.75	$ 6,135.56	$ 88,155.61
$ 6,742.03	$ 7,484.57	$ 37,318.07	$ 25,750.93	$ 30,004.55	$ -	$ -	$ 23,705.96	$ 7,661.06	$ 223,853.51
$ 292.04	$ 128.78	$ 10,646.94	$ 5,518.93	$ 19,546.21	$ -	$ -	$ 5,824.77	$ 1,763.76	$ 66,006.40
$ 2,793.19	$ 772.72	$ 821.88	$ 5,906.49	$ -	$ -	$ -	$ 28,424.05	$ 1,246.65	$ 47,402.54
$ 577.86	$ 1,869.35	$ 2,791.17	$ 4,702.69	$ -	$ -	$ -	$ 3,033.63	$ 4,815.47	$ 24,743.08
$ 5,662.36	$ -	$ 21,466.59	$ 19,753.81	$ 16,521.65	$ -	$ -	$ 24,378.13	$ 5,175.15	$ 104,138.44
$ 1,615.47	$ 448.41	$ 15,330.66	$ 11,036.16	$ 18,790.70	$ -	$ -	$ 10,158.16	$ 1,750.39	$ 70,270.81
$ 2,086.65	$ 3,089.46	$ 6,917.72	$ 9,739.48	$ -	$ -	$ -	$ 4,835.57	$ 3,356.36	$ 36,080.69
$ -	$ 917.08	$ 1,102.93	$ 3,699.69	$ -	$ -	$ -	$ 2,292.41	$ 1,108.51	$ 15,120.74

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
HALLMARK HEALTHCARE OF PEKIN	6003933	145691	$ 17,826.87	$ 4,743.20	$ 461.18	$ -	$ -	$ 2,117.22	$ -
MORGAN PARK HEALTHCARE	6003958	145764	$ 120,474.99	$ 12,774.42	$ 3,039.88	$ 1,320.10	$ -	$ 870.46	$ -
SILVER FOXES SENIOR LIVING AND	6003974	146146	$ 17,358.04	$ 3,897.71	$ 538.50	$ 740.44	$ -	$ 145.40	$ -
ALHAMBRA REHAB AND HEALTHCARE	6004014	146052	$ 18,957.10	$ 5,519.68	$ -	$ 355.16	$ -	$ 64.97	$ -
AXIOM HEALTHCARE OF HARRISBURG	6004055	145978	$ 14,911.67	$ 3,639.45	$ 1,807.46	$ -	$ -	$ 52.62	$ -
ARCADIA CARE HAVANA	6004089	145774	$ 17,651.63	$ 5,202.87	$ 1,347.35	$ -	$ -	$ 21.58	$ -
HEARTLAND NURSING AND REHAB	6004121	145416	$ 3,694.01	$ 690.54	$ -	$ -	$ -	$ -	$ -
HEATHER HEALTH CARE CENTER	6004139	145173	$ 94,065.63	$ 12,223.35	$ 1,751.60	$ 450.45	$ -	$ 1,252.45	$ -
ARCADIA CARE PEORIA HEIGHTS	6004147	145811	$ 60,068.59	$ 8,296.56	$ 501.07	$ -	$ -	$ 55.06	$ -
TWIN LAKES EXTENDED CARE	6004188	145466	$ 23,647.08	$ 4,937.44	$ 217.68	$ -	$ -	$ -	$ -
HAVEN OF ST. ELMO, THE	6004204	145857	$ 27,124.38	$ 4,310.77	$ 54.10	$ -	$ -	$ 481.31	$ -
HAVEN OF MEADOWBROOK, THE	6004212	146017	$ 13,771.32	$ 3,155.73	$ -	$ -	$ -	$ 115.97	$ -
ALLURE OF MENDOTA	6004253	145151	$ 33,864.67	$ 7,221.29	$ 5,463.01	$ -	$ -	$ 5,680.79	$ -
GOLDWATER CARE BLOOMINGTON	6004261	145016	$ 21,504.49	$ 8,218.98	$ 2,912.92	$ -	$ -	$ 675.09	$ -
MOUNT STERLING HEALTH AND REHA	6004287	145820	$ 21,950.03	$ 7,475.12	$ 711.74	$ 253.06	$ -	$ 723.60	$ -
ALLURE OF PERU	6004303	145044	$ 47,769.98	$ 9,942.28	$ 5,420.32	$ 241.17	$ -	$ 3,572.35	$ -
ARC AT STREATOR	6004311	145062	$ 33,814.17	$ 13,537.03	$ 1,134.58	$ 1,577.45	$ -	$ 1,876.91	$ -
HICKORY VILLAGE NURSING AND RE	6004352	145866	$ 33,543.58	$ 5,376.61	$ 1,015.04	$ 1,056.64	$ -	$ 976.21	$ -
HILLCREST RETIREMENT VILLAGE	6004410	146130	$ 74,544.49	$ 17,130.34	$ 5,194.09	$ 3,081.35	$ -	$ 14,628.47	$ -
HILLSBORO REHAB AND HLTC	6004428	145500	$ 43,607.07	$ 9,459.54	$ 1,370.19	$ 658.12	$ -	$ 1,909.63	$ -
INTEGRITY HC OF COBDEN	6004469	145922	$ 40,825.70	$ 7,128.43	$ -	$ 166.88	$ -	$ -	$ -
HILLTOP SKILLED NURSING AND RE	6004477	145862	$ 40,888.58	$ 7,972.89	$ 1,025.43	$ -	$ -	$ 417.01	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 82.45	$ 1,922.97	$ 916.70	$ 3,169.35	$ -	$ -	$ -	$ 1,677.01	$ 2,736.79	$ 17,826.87
$ 551.48	$ 59.57	$ 15,791.24	$ 15,616.38	$ 52,338.99	$ -	$ -	$ 14,104.13	$ 4,008.34	$ 120,474.99
$ 387.72	$ -	$ 2,259.78	$ 6,756.89	$ -	$ -	$ -	$ 875.06	$ 1,756.54	$ 17,358.04
$ 262.04	$ 19.49	$ 7,450.68	$ 956.47	$ -	$ -	$ -	$ 3,622.21	$ 706.40	$ 18,957.10
$ -	$ 491.99	$ 1,822.87	$ 2,759.36	$ -	$ -	$ -	$ 4,247.09	$ 90.83	$ 14,911.67
$ 585.80	$ 1,646.42	$ 4,230.19	$ 1,139.67	$ -	$ -	$ -	$ 2,503.25	$ 974.50	$ 17,651.63
$ -	$ 10.13	$ 393.29	$ 1,425.49	$ -	$ -	$ -	$ 865.72	$ 308.84	$ 3,694.01
$ 98.92	$ 470.24	$ 15,440.89	$ 16,719.93	$ 24,303.60	$ -	$ -	$ 14,699.92	$ 6,654.28	$ 94,065.63
$ 255.12	$ 290.00	$ 12,096.31	$ 10,848.66	$ -	$ -	$ -	$ 13,850.89	$ 13,874.92	$ 60,068.59
$ -	$ 345.38	$ 3,372.25	$ 8,316.61	$ -	$ -	$ -	$ 3,938.90	$ 2,518.82	$ 23,647.08
$ 567.13	$ 876.81	$ 1,969.94	$ 11,755.22	$ -	$ -	$ -	$ 6,362.88	$ 746.22	$ 27,124.38
$ 112.29	$ 1,997.30	$ 1,101.21	$ 1,230.51	$ -	$ -	$ -	$ 2,681.26	$ 3,377.05	$ 13,771.32
$ 435.55	$ 754.25	$ 2,219.50	$ 8,644.04	$ -	$ -	$ -	$ 3,433.59	$ 12.65	$ 33,864.67
$ 248.27	$ 2,776.88	$ 2,504.16	$ 2,350.30	$ -	$ -	$ -	$ 886.68	$ 931.21	$ 21,504.49
$ 782.91	$ 4,163.66	$ 972.05	$ 4,300.08	$ -	$ -	$ -	$ 1,581.64	$ 986.17	$ 21,950.03
$ 1,808.78	$ 331.61	$ 1,661.07	$ 22,664.06	$ -	$ -	$ -	$ 961.67	$ 1,166.67	$ 47,769.98
$ 280.48	$ 5,626.51	$ 3,605.19	$ 3,457.07	$ -	$ -	$ -	$ 926.40	$ 1,792.55	$ 33,814.17
$ 1,227.20	$ -	$ 5,619.29	$ 5,830.59	$ 6,322.52	$ -	$ -	$ 4,133.58	$ 1,985.90	$ 33,543.58
$ 4,671.72	$ -	$ 9,180.60	$ 7,063.62	$ 86.71	$ -	$ -	$ 8,988.14	$ 4,519.45	$ 74,544.49
$ 5,196.65	$ 2,441.89	$ 11,957.69	$ 6,550.40	$ -	$ -	$ -	$ 2,515.27	$ 1,547.69	$ 43,607.07
$ -	$ 2,289.22	$ 10,348.22	$ 11,704.37	$ -	$ -	$ -	$ 1,915.46	$ 7,273.12	$ 40,825.70
$ 834.02	$ 1,091.52	$ 8,507.31	$ 10,278.76	$ -	$ -	$ -	$ 5,802.66	$ 4,958.98	$ 40,888.58

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
HILLVIEW SENIOR LIVING AND REH	6004485	145880	$ 7,380.55	$ 1,917.38	$ -	$ -	$ -	$ -	$ -
GREENVILLE NURSING & REHABILIT	6004493	145909	$ 22,887.70	$ 3,046.49	$ -	$ -	$ -	$ -	$ -
HITZ MEMORIAL HOME	6004501	145921	$ 14,593.05	$ 2,730.92	$ 87.04	$ -	$ -	$ -	$ -
ALIYA OF PALOS PARK	6004550	146053	$ 52,465.53	$ 17,015.10	$ 605.21	$ 159.16	$ -	$ 862.80	$ -
HERITAGE HEALTH HOOPESTON	6004592	145470	$ 37,498.01	$ 9,168.65	$ 2,983.77	$ -	$ -	$ 1,363.08	$ -
ACCOLADE HEALTHCARE OF PONTIAC	6004642	146010	$ 65,948.50	$ 15,835.23	$ 2,206.75	$ 82.32	$ -	$ 3,258.34	$ -
KENWOOD VILLAGE NURSING AND RE	6004667	145828	$ 73,826.91	$ 10,542.01	$ 745.48	$ 423.17	$ -	$ 1,583.05	$ -
ACCOLADE PAXTON SENIOR LIVING	6004675	145449	$ 19,235.73	$ 6,519.27	$ 638.91	$ -	$ -	$ 80.45	$ -
WARREN BARR GOLD COAST	6004725	145336	$ 87,099.34	$ 31,062.88	$ 5,079.06	$ 6,416.02	$ -	$ 3,510.39	$ -
AVANTARA LINCOLN PARK	6004733	145510	$ 146,798.51	$ 27,638.12	$ 1,710.47	$ 4,383.76	$ -	$ 4,319.85	$ -
RIVER VIEW REHAB CENTER	6004758	145308	$ 89,308.46	$ 9,914.67	$ 1,342.20	$ 2,486.97	$ -	$ 44.80	$ -
PARC JOLIET	6004766	145221	$ 101,821.54	$ 19,836.13	$ 2,575.52	$ 1,559.32	$ -	$ 7,257.26	$ -
HAVEN OF FARMER CITY, THE	6004824	146104	$ 6,753.88	$ 2,833.03	$ 138.78	$ -	$ -	$ 166.19	$ -
RYZE WEST	6004832	145661	$ 104,229.31	$ 21,141.42	$ 1,239.59	$ 559.45	$ -	$ 826.94	$ -
JACKSONVILLE SKLD NUR & REHAB	6004840	145273	$ 59,570.87	$ 10,961.00	$ 132.81	$ 71.51	$ -	$ 194.11	$ -
AXIOM HEALTHCARE OF MOUNT VERN	6004881	145517	$ 27,561.31	$ 5,143.90	$ -	$ -	$ -	$ 23.55	$ -
PARKSHORE ESTATES NRSG REHAB	6005003	145938	$ 97,494.86	$ 9,340.63	$ 3,077.50	$ 2,061.22	$ -	$ 1,407.15	$ -
ARCADIA CARE KEWANEE	6005011	145968	$ 16,787.40	$ 3,256.73	$ 265.59	$ 321.56	$ -	$ 1,394.62	$ -
AVENUES AT ROYAL OAK	6005029	145418	$ 49,112.70	$ 7,988.58	$ 2,539.19	$ 1,012.93	$ -	$ 1,102.08	$ -
GOLDWATER CARE ROSEVILLE	6005136	146020	$ 310.55	$ 87.82	$ 2.53	$ -	$ -	$ 21.42	$ -
LAKEFRONT NURSING & REHAB CENT	6005169	145235	$ 64,679.56	$ 3,652.64	$ 5,396.58	$ 1,528.22	$ -	$ 12.21	$ -
APERION CARE LAKESHORE	6005177	145244	$ 137,297.34	$ 17,824.18	$ 2,877.41	$ 2,648.67	$ -	$ 3,439.01	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ -	$ 261.68	$ 1,254.85	$ 849.00	$ -	$ -	$ -	$ 340.04	$ 2,757.60	$ 7,380.55
$ 91.71	$ 931.62	$ 7,033.96	$ 8,108.38	$ -	$ -	$ -	$ 745.16	$ 2,930.38	$ 22,887.70
$ 416.17	$ -	$ 296.49	$ 701.77	$ -	$ -	$ -	$ 9,365.12	$ 995.54	$ 14,593.05
$ 2,037.62	$ 265.96	$ 638.22	$ 6,763.66	$ 5,315.19	$ -	$ -	$ 17,772.98	$ 1,029.63	$ 52,465.53
$ -	$ 4,091.15	$ 3,288.91	$ 1,091.72	$ -	$ -	$ -	$ 6,113.20	$ 9,397.53	$ 37,498.01
$ 823.22	$ 2,395.29	$ 9,594.71	$ 23,267.57	$ -	$ -	$ -	$ 518.46	$ 7,966.61	$ 65,948.50
$ 4,808.36	$ 50.43	$ 10,559.54	$ 5,713.91	$ 22,971.83	$ -	$ -	$ 14,938.16	$ 1,490.97	$ 73,826.91
$ 225.02	$ 3,384.59	$ 1,916.78	$ 1,496.23	$ -	$ -	$ -	$ 1,709.98	$ 3,264.50	$ 19,235.73
$ 6,856.26	$ 565.37	$ 6,976.75	$ 8,675.18	$ 10,686.41	$ -	$ -	$ 5,792.72	$ 1,478.30	$ 87,099.34
$ 2,519.91	$ 705.06	$ 17,314.71	$ 22,115.05	$ 34,781.57	$ -	$ -	$ 23,732.92	$ 7,577.09	$ 146,798.51
$ 5,128.23	$ 149.32	$ 11,598.65	$ 26,601.74	$ 96.23	$ -	$ -	$ 27,852.69	$ 4,092.96	$ 89,308.46
$ 2,344.65	$ 3,551.99	$ 19,277.44	$ 24,368.82	$ 29.29	$ -	$ -	$ 16,851.14	$ 4,169.98	$ 101,821.54
$ -	$ 183.89	$ 460.95	$ 2,890.14	$ -	$ -	$ -	$ -	$ 80.90	$ 6,753.88
$ 1,069.96	$ 239.76	$ 8,295.02	$ 11,887.20	$ 37,205.25	$ -	$ -	$ 17,607.50	$ 4,157.22	$ 104,229.31
$ 365.22	$ 314.14	$ 4,803.98	$ 13,341.70	$ -	$ -	$ -	$ 16,716.65	$ 12,669.75	$ 59,570.87
$ 38.26	$ -	$ 1,836.10	$ 16,451.34	$ -	$ -	$ -	$ 4,068.16	$ -	$ 27,561.31
$ 5,679.43	$ 156.35	$ 19,436.95	$ 8,145.85	$ 30,599.06	$ -	$ -	$ 12,669.59	$ 4,921.13	$ 97,494.86
$ 251.29	$ 503.78	$ 3,321.94	$ 1,908.38	$ -	$ -	$ -	$ 3,706.17	$ 1,857.34	$ 16,787.40
$ 717.08	$ 5,222.38	$ 12,304.78	$ 6,919.18	$ -	$ -	$ -	$ 5,225.83	$ 6,080.67	$ 49,112.70
$ 37.64	$ 19.94	$ 59.37	$ 51.77	$ -	$ -	$ -	$ 23.79	$ 6.27	$ 310.55
$ 3,137.83	$ 486.34	$ 7,295.15	$ 15,839.73	$ 11,666.13	$ -	$ -	$ 10,620.19	$ 5,044.54	$ 64,679.56
$ 2,856.90	$ 2,238.51	$ 24,376.56	$ 23,140.83	$ 19,811.12	$ -	$ -	$ 28,684.71	$ 9,399.44	$ 137,297.34

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
LAKELAND REHAB AND HCC	6005185	145256	$ 47,523.69	$ 15,315.11	$ 6,229.62	$ 1,711.54	$ -	$ 831.11	$ -
ALDEN LAKELAND REHAB AND HCC	6005193	145450	$ 79,730.14	$ 11,558.85	$ 1,225.93	$ 426.59	$ -	$ 234.69	$ -
LAKEVIEW REHAB NURSING CENTER	6005227	145654	$ 109,261.58	$ 19,743.38	$ 7,750.11	$ 3,814.30	$ -	$ 857.68	$ -
LAKEWOOD NURSING AND REHAB CTR	6005235	145761	$ 46,877.54	$ 7,086.34	$ 1,124.37	$ 4,263.41	$ -	$ 4,459.48	$ -
LEE MANOR NURSING HM	6005284	145382	$ 147,621.55	$ 29,742.73	$ 7,048.37	$ 3,822.21	$ -	$ 7,396.06	$ -
ARC AT SANGAMON VALLEY	6005300	146026	$ 34,605.34	$ 12,876.67	$ 1,903.24	$ 461.29	$ -	$ 1,787.05	$ -
BELLA TERRA LOMBARD	6005318	145511	$ 68,877.64	$ 17,105.22	$ 1,120.07	$ 1,712.69	$ -	$ 4,674.27	$ -
AHVA CARE OF WINFIELD	6005334	146168	$ 68,668.93	$ 4,723.21	$ 7,431.41	$ 2,046.52	$ -	$ 5,393.64	$ -
WARREN BARR LIEBERMAN	6005375	145931	$ 83,158.76	$ 32,553.04	$ 5,122.82	$ 3,241.93	$ -	$ 836.07	$ -
BENTON REHAB AND HEALTH CARE C	6005391	146121	$ 25,890.83	$ 7,474.83	$ 1,829.25	$ -	$ -	$ 1,024.78	$ -
PINCKNEYVILLE NURSING & REHABI	6005441	146175	$ 15,729.58	$ 2,491.72	$ -	$ -	$ -	$ -	$ -
QUINCY HEALTHCARE AND SENIOR L	6005466	145457	$ 48,672.77	$ 13,859.15	$ 1,404.20	$ 71.48	$ -	$ 249.02	$ -
BRIA OF BELLEVILLE	6005474	145668	$ 91,112.48	$ 19,658.28	$ 809.95	$ -	$ -	$ 991.96	$ -
LINCOLN VILLAGE HEALTHCARE	6005490	145719	$ 65,613.59	$ 16,437.19	$ 1,484.48	$ 1,172.95	$ -	$ 1,151.28	$ -
WARREN BARR LINCOLN PARK	6005516	145875	$ 56,169.35	$ 12,954.28	$ 1,975.19	$ 84.05	$ -	$ 622.50	$ -
LITTLE SISTERS OF THE POOR	6005563	146185	$ 60,410.89	$ 7,786.38	$ 2,270.92	$ 3,188.24	$ -	$ 343.06	$ -
GOLDWATER PONTIAC NURSING HOME	6005573	145930	$ 36,699.25	$ 15,282.00	$ 1,342.96	$ 384.60	$ -	$ 2,475.75	$ -
COUNTRYSIDE CARE CENTER	6005631	146080	$ 31,019.69	$ 2,417.70	$ 1,643.94	$ -	$ -	$ -	$ -
MACOMB POST ACUTE CARE CENTER	6005649	145021	$ 31,905.61	$ 10,996.92	$ 766.95	$ 354.35	$ -	$ 208.73	$ -
ALDEN LONG GROVE REHAB	6005714	145872	$ 87,365.86	$ 22,234.47	$ 5,787.52	$ 2,466.92	$ -	$ 7,891.18	$ -
LOFT REHABILITATION AND NURSIN	6005722	145431	$ 45,180.46	$ 10,661.04	$ 3,585.38	$ 8.19	$ -	$ 4,646.81	$ -
MASCOUTAH REHAB AND NURSING	6005748	145518	$ 14,679.14	$ 3,842.41	$ 324.35	$ -	$ -	$ 1,313.28	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 4,915.14	$ 636.28	$ 11,041.18	$ 4,461.36	$ -	$ -	$ -	$ 1,371.21	$ 1,011.14	$ 47,523.69
$ 1,242.50	$ 1,279.77	$ 12,908.17	$ 12,727.38	$ 15,989.76	$ -	$ -	$ 16,431.86	$ 5,704.64	$ 79,730.14
$ 7,423.72	$ 221.57	$ 9,529.80	$ 18,807.07	$ 23,324.19	$ -	$ -	$ 12,171.94	$ 5,617.82	$ 109,261.58
$ 3,549.18	$ 206.07	$ 6,110.03	$ 13,942.62	$ -	$ -	$ -	$ 3,939.31	$ 2,196.73	$ 46,877.54
$ 4,879.46	$ 8,604.69	$ 25,564.16	$ 16,691.74	$ 5,656.83	$ -	$ -	$ 24,136.57	$ 14,078.73	$ 147,621.55
$ 587.94	$ 2,853.70	$ 3,380.67	$ 8,202.68	$ -	$ -	$ -	$ 1,668.20	$ 883.90	$ 34,605.34
$ 2,209.82	$ 2,473.55	$ 7,022.53	$ 20,169.02	$ 499.80	$ -	$ -	$ 8,536.38	$ 3,354.29	$ 68,877.64
$ 4,687.14	$ 2,529.69	$ 10,330.96	$ 13,889.88	$ -	$ -	$ -	$ 12,645.65	$ 4,990.83	$ 68,668.93
$ 2,132.63	$ 2,549.13	$ 9,587.68	$ 9,672.96	$ 9,690.02	$ -	$ -	$ 5,220.23	$ 2,552.25	$ 83,158.76
$ 203.62	$ 754.40	$ 8,504.07	$ 2,467.77	$ -	$ -	$ -	$ 3,465.21	$ 166.90	$ 25,890.83
$ -	$ -	$ 2,538.47	$ 8,174.55	$ -	$ -	$ -	$ 2,341.71	$ 183.13	$ 15,729.58
$ 408.12	$ 1,399.58	$ 2,550.04	$ 19,467.04	$ -	$ -	$ -	$ 3,104.52	$ 6,159.62	$ 48,672.77
$ 2,065.83	$ 2,154.56	$ 5,836.81	$ 31,684.02	$ -	$ -	$ -	$ 21,063.99	$ 6,847.08	$ 91,112.48
$ 490.31	$ 7,043.13	$ 8,271.81	$ 15,363.31	$ -	$ -	$ -	$ 10,142.24	$ 4,056.89	$ 65,613.59
$ 2,996.92	$ -	$ 4,373.25	$ 9,274.44	$ 15,026.65	$ -	$ -	$ 6,098.91	$ 2,763.16	$ 56,169.35
$ -	$ 5,000.50	$ -	$ 28,544.12	$ 2,841.09	$ -	$ -	$ 6,374.70	$ 4,061.88	$ 60,410.89
$ 1,475.36	$ 2,410.60	$ 2,039.10	$ 6,672.75	$ -	$ -	$ -	$ 2,759.67	$ 1,856.46	$ 36,699.25
$ -	$ 3,205.10	$ 2,445.19	$ 5,958.29	$ -	$ -	$ -	$ 13,873.65	$ 1,475.82	$ 31,019.69
$ 87.37	$ 623.76	$ 2,978.93	$ 7,191.62	$ -	$ -	$ -	$ 4,657.65	$ 4,039.33	$ 31,905.61
$ 3,736.71	$ 135.40	$ 9,014.87	$ 23,299.88	$ -	$ -	$ -	$ 9,649.80	$ 3,149.11	$ 87,365.86
$ -	$ 6,616.86	$ 3,894.76	$ 10,203.02	$ -	$ -	$ -	$ 3,352.28	$ 2,212.12	$ 45,180.46
$ 206.40	$ 1,313.28	$ -	$ 2,729.92	$ -	$ -	$ -	$ 4,347.35	$ 602.15	$ 14,679.14

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
MARIGOLD REHABILITATION HCC	6005797	145446	$ 35,285.09	$ 8,541.66	$ 1,815.39	$ -	$ -	$ 950.98	$ -
APERION CARE ELGIN	6005847	145740	$ 48,391.91	$ 7,352.92	$ 2,146.77	$ 1,851.27	$ -	$ 3,368.78	$ -
CITADEL OF GLENVIEW, THE	6005854	145741	$ 61,387.77	$ 18,962.72	$ 2,050.07	$ 2,905.71	$ -	$ 1,916.97	$ -
MATTOON REHAB AND HCC	6005888	145480	$ 27,741.97	$ 6,225.71	$ 3,535.37	$ 276.41	$ -	$ 167.16	$ -
MAYFIELD CARE AND REHAB	6005896	145885	$ 93,567.73	$ 16,161.49	$ 920.65	$ -	$ -	$ -	$ -
ELEVATE CARE COUNTRY CLUB HILL	6005904	145967	$ 115,256.63	$ 17,016.66	$ 1,342.08	$ 2,106.10	$ -	$ 1,857.49	$ -
AVANTARA AURORA	6005912	145944	$ 26,925.02	$ 7,556.90	$ 1,563.51	$ 2,024.68	$ -	$ 403.15	$ -
ARC AT EL PASO	6005920	145319	$ 30,270.74	$ 4,084.87	$ 300.24	$ 60.44	$ -	$ 111.13	$ -
LOFT REHAB OF DECATUR	6005938	145965	$ 48,880.97	$ 14,510.42	$ 3,621.38	$ 426.57	$ -	$ 884.58	$ -
TAYLORVILLE SKILLED NURSING &	6005953	146048	$ 45,066.22	$ 14,305.69	$ 495.96	$ 27.44	$ -	$ 670.43	$ -
HALLMARK HEALTHCARE OF CARLINV	6005979	145769	$ 38,082.17	$ 8,479.62	$ 81.44	$ -	$ -	$ 1,077.66	$ -
MEADOWBROOK SKILLED NURSING &	6005987	146119	$ 34,102.23	$ 9,799.74	$ 86.25	$ 20.29	$ -	$ 76.10	$ -
PRAIRIE VLG HEALTHCARE CTR INC	6006027	145294	$ 29,501.49	$ 4,748.87	$ -	$ 130.51	$ -	$ -	$ -
MERCER MANOR REHABILITATION	6006076	146138	$ 20,340.61	$ 4,950.47	$ 517.33	$ -	$ -	$ -	$ -
KENSINGTON PLACE NRSG REHAB	6006126	145829	$ 64,664.09	$ 12,149.13	$ 1,114.01	$ 471.70	$ -	$ 549.12	$ -
UPTOWN CARE AND REHABILITATION	6006134	145881	$ 119,853.09	$ 18,406.60	$ 152.96	$ 179.87	$ -	$ 43.90	$ -
ARISTA HEALTHCARE	6006175	145358	$ 58,928.73	$ 14,159.13	$ 386.44	$ 4,618.19	$ -	$ 4,113.14	$ -
ELEVATE CARE NILES	6006191	145662	$ 117,339.31	$ 31,397.82	$ 1,042.15	$ 1,535.15	$ -	$ 472.19	$ -
ALLURE OF THE QUAD CITIES	6006233	145027	$ 55,357.10	$ 23,388.00	$ 4,609.09	$ 1,324.16	$ -	$ 78.94	$ -
MOMENCE MEADOWS NURSING AND RE	6006258	145713	$ 55,681.16	$ 7,841.69	$ 7,422.31	$ 3,779.41	$ -	$ 1,731.63	$ -
MONMOUTH REHAB AND NURSING	6006266	146057	$ 17,628.50	$ 2,784.45	$ 2,430.48	$ -	$ -	$ 797.81	$ -
LOFT REHAB OF ROCK SPRINGS, TH	6006282	146003	$ 84,766.28	$ 11,411.74	$ 2,426.55	$ -	$ -	$ 7.22	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 360.72	$ 1,379.91	$ 8,969.53	$ 2,201.78	$ -	$ -	$ -	$ 4,882.96	$ 6,182.16	$ 35,285.09
$ 924.76	$ 12.17	$ 8,180.33	$ 11,603.00	$ -	$ -	$ -	$ 9,497.95	$ 3,453.96	$ 48,391.91
$ 2,131.32	$ 1,566.08	$ 6,097.29	$ 13,017.71	$ 8,644.86	$ -	$ -	$ 3,298.67	$ 796.37	$ 61,387.77
$ 1,516.29	$ -	$ 3,028.62	$ 5,513.65	$ -	$ -	$ -	$ 6,196.76	$ 1,282.00	$ 27,741.97
$ 949.27	$ 143.11	$ 16,657.58	$ 10,079.46	$ 23,037.74	$ -	$ -	$ 17,983.70	$ 7,634.73	$ 93,567.73
$ 2,073.76	$ 1,200.60	$ 14,417.97	$ 16,761.61	$ 28,053.92	$ -	$ -	$ 20,108.64	$ 10,317.80	$ 115,256.63
$ 1,088.96	$ 1,444.50	$ 1,308.77	$ 8,966.60	$ -	$ -	$ -	$ 958.11	$ 1,609.84	$ 26,925.02
$ 60.44	$ 60.44	$ 3,469.83	$ 7,208.89	$ -	$ -	$ -	$ 13,779.51	$ 1,134.95	$ 30,270.74
$ 343.50	$ 8,102.64	$ 9,907.93	$ 4,268.40	$ -	$ -	$ -	$ 4,717.43	$ 2,098.12	$ 48,880.97
$ 762.57	$ 2,724.85	$ 5,206.52	$ 1,605.60	$ -	$ -	$ -	$ 10,261.35	$ 9,005.81	$ 45,066.22
$ -	$ 716.63	$ 6,026.87	$ 7,574.79	$ -	$ -	$ -	$ 5,713.40	$ 8,411.76	$ 38,082.17
$ -	$ 509.89	$ 15,214.50	$ 2,720.97	$ -	$ -	$ -	$ 3,152.83	$ 2,521.66	$ 34,102.23
$ 65.25	$ -	$ -	$ 4,713.08	$ -	$ -	$ -	$ 19,553.29	$ 290.49	$ 29,501.49
$ 130.04	$ 128.62	$ 6,402.63	$ 2,175.72	$ -	$ -	$ -	$ 2,243.02	$ 3,792.78	$ 20,340.61
$ 153.41	$ 375.64	$ 5,057.31	$ 3,975.18	$ 14,366.30	$ -	$ -	$ 24,999.79	$ 1,452.50	$ 64,664.09
$ 63.73	$ 345.57	$ 16,425.48	$ 22,520.55	$ 31,441.43	$ -	$ -	$ 19,711.59	$ 10,561.41	$ 119,853.09
$ 1,480.73	$ 2,165.61	$ 8,513.24	$ 16,329.56	$ -	$ -	$ -	$ 4,263.45	$ 2,899.24	$ 58,928.73
$ 347.38	$ -	$ 13,530.85	$ 13,689.34	$ 21,772.19	$ -	$ -	$ 26,016.67	$ 7,535.57	$ 117,339.31
$ 677.36	$ 2,021.89	$ 11,504.54	$ 6,281.26	$ -	$ -	$ -	$ 1,855.28	$ 3,616.58	$ 55,357.10
$ 1,578.95	$ 1,496.32	$ 10,149.09	$ 11,960.36	$ 42.77	$ -	$ -	$ 7,505.96	$ 2,172.67	$ 55,681.16
$ 2,543.83	$ 2,971.07	$ 2,815.58	$ 1,466.18	$ -	$ -	$ -	$ 1,580.36	$ 238.74	$ 17,628.50
$ 881.07	$ 6,656.17	$ 15,363.71	$ 18,218.07	$ -	$ -	$ -	$ 25,823.98	$ 3,977.77	$ 84,766.28

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
GOLDWATER CARE TOLUCA	6006308	145413	$ 34,814.38	$ 3,921.84	$ 1,058.63	$ 1.75	$ -	$ 120.54	$ -
PEARL OF HINSDALE, THE	6006332	145246	$ 61,282.44	$ 19,717.97	$ 305.92	$ 1,965.85	$ -	$ 655.28	$ -
ALLURE OF STOCKTON	6006365	146147	$ 23,950.18	$ 3,619.71	$ 876.84	$ -	$ -	$ -	$ -
ARCADIA CARE MORTON	6006399	145248	$ 52,809.23	$ 4,102.31	$ -	$ -	$ -	$ 1,103.67	$ -
NATURE TRAIL HEALTH AND REHAB	6006498	146021	$ 46,115.43	$ 7,732.04	$ 285.64	$ 216.31	$ -	$ -	$ -
NORRIDGE GARDENS	6006571	145329	$ 91,396.08	$ 15,754.67	$ 1,982.77	$ 3,750.38	$ -	$ 5,595.49	$ -
WHITE HALL NURSING AND REHAB	6006597	145519	$ 43,128.90	$ 6,342.49	$ 138.89	$ 4.68	$ -	$ 48.38	$ -
NORTH AURORA LIVING AND REHAB	6006605	14E306	$ 43,689.66	$ 6,649.60	$ 6.93	$ 1,129.99	$ -	$ 507.46	$ -
ELEVATE CARE WAUKEGAN	6006647	145669	$ 119,314.83	$ 12,627.40	$ 132.69	$ 653.38	$ -	$ 1,788.83	$ -
ASTORIA PLACE LIVING & REHAB	6006662	145634	$ 89,739.79	$ 20,563.25	$ 2,210.53	$ 2,901.51	$ -	$ 1,434.76	$ -
PEARL OF MONTCLARE, THE	6006688	145844	$ 55,800.15	$ 16,503.46	$ 2,743.68	$ 2,886.42	$ -	$ 3,709.35	$ -
ALTA REHAB AT OAK BROOK	6006720	145458	$ 28,418.98	$ 11,312.12	$ 962.68	$ 1,167.81	$ -	$ 2,256.36	$ -
HOPE CREEK NURSING AND REHABIL	6006761	145269	$ 91,205.93	$ 29,540.16	$ 2,063.61	$ 8,440.01	$ -	$ -	$ -
OAK LAWN RESPIRATORY AND REHAB	6006779	145942	$ 55,919.25	$ 8,249.66	$ 4,226.59	$ 2,622.12	$ -	$ 23.74	$ -
OAK PARK OASIS	6006795	145714	$ 88,651.69	$ 12,257.47	$ 2,490.41	$ 1,457.28	$ -	$ 712.10	$ -
ALIYA OF EVANSTON	6006845	146058	$ 35,654.44	$ 5,506.58	$ 1,755.89	$ 145.27	$ -	$ 1,680.09	$ -
ODD FELLOWS REBEKAH HOME	6006860	145772	$ 41,344.54	$ 14,728.67	$ 3,028.16	$ 740.53	$ -	$ 2,878.80	$ -
ODIN HEALTH AND REHAB CENTER	6006878	145649	$ 50,569.87	$ 9,805.54	$ 117.31	$ -	$ -	$ -	$ -
ALDEN ESTATES OF SKOKIE	6006886	145869	$ 3,327.43	$ 974.41	$ 268.73	$ 720.98	$ -	$ -	$ -
APERION CARE FOX RIVER	6006902	145447	$ 37,721.53	$ 9,829.62	$ 1,856.09	$ 3,125.33	$ -	$ 1,661.13	$ -
PAVILION OF OTTAWA	6006985	145426	$ 69,585.50	$ 12,531.22	$ 306.57	$ 581.64	$ -	$ 1,234.67	$ -
CITADEL OF BOURBONNAIS, THE	6007009	145536	$ 51,022.88	$ 8,630.63	$ 5,804.21	$ 4,896.17	$ -	$ 929.36	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 655.10	$ -	$ 5,106.25	$ 12,728.06	$ -	$ -	$ -	$ 7,808.73	$ 3,413.48	$ 34,814.38
$ 309.54	$ 307.73	$ 9,770.64	$ 12,641.06	$ 1,495.55	$ -	$ -	$ 8,822.45	$ 5,290.45	$ 61,282.44
$ 1,181.20	$ 376.83	$ 14,290.39	$ 1,547.16	$ -	$ -	$ -	$ 1,659.48	$ 398.57	$ 23,950.18
$ 819.70	$ 2,434.92	$ 12,709.74	$ 5,799.82	$ -	$ -	$ -	$ 16,186.28	$ 9,652.79	$ 52,809.23
$ -	$ 49.92	$ 10,000.15	$ 8,976.69	$ -	$ -	$ -	$ 11,228.29	$ 7,626.39	$ 46,115.43
$ 3,357.06	$ 3,477.37	$ 13,946.45	$ 12,708.39	$ 11,340.88	$ -	$ -	$ 15,552.22	$ 3,930.40	$ 91,396.08
$ 205.99	$ 185.70	$ 2,231.21	$ 6,216.17	$ -	$ -	$ -	$ 2,742.10	$ 25,013.29	$ 43,128.90
$ 3,871.08	$ 126.17	$ 2,792.39	$ 13,826.07	$ -	$ -	$ -	$ 13,841.32	$ 938.65	$ 43,689.66
$ 1,227.83	$ -	$ 32,465.28	$ 39,337.86	$ 131.97	$ -	$ -	$ 28,074.19	$ 2,875.40	$ 119,314.83
$ 1,796.25	$ 1,516.34	$ 9,659.91	$ 15,265.82	$ 15,960.85	$ -	$ -	$ 13,675.83	$ 4,754.74	$ 89,739.79
$ 1,300.47	$ 1,714.58	$ 780.39	$ 4,552.25	$ 13,969.32	$ -	$ -	$ 4,113.81	$ 3,526.42	$ 55,800.15
$ 46.62	$ -	$ 4,044.20	$ 5,358.86	$ -	$ -	$ -	$ 2,874.07	$ 396.26	$ 28,418.98
$ 671.73	$ 7,929.66	$ 11,915.96	$ 17,033.43	$ 365.02	$ -	$ -	$ 5,897.94	$ 7,348.41	$ 91,205.93
$ 2,852.78	$ 305.29	$ 12,890.09	$ 4,518.32	$ 14,104.47	$ -	$ -	$ 4,586.16	$ 1,540.03	$ 55,919.25
$ 5,753.23	$ 772.42	$ 18,258.83	$ 8,871.15	$ 21,367.21	$ -	$ -	$ 12,889.81	$ 3,821.78	$ 88,651.69
$ 488.45	$ 1,873.79	$ 5,376.24	$ 5,839.93	$ 3,070.35	$ -	$ -	$ 8,328.79	$ 1,589.06	$ 35,654.44
$ 1,632.00	$ 3,650.78	$ 2,942.36	$ 8,342.31	$ -	$ -	$ -	$ 2,392.07	$ 1,008.86	$ 41,344.54
$ 182.69	$ 653.85	$ 5,911.25	$ 16,655.43	$ -	$ -	$ -	$ 9,434.64	$ 7,809.16	$ 50,569.87
$ -	$ -	$ 530.90	$ 17.48	$ 784.34	$ -	$ -	$ -	$ 30.59	$ 3,327.43
$ 592.70	$ 356.79	$ 1,947.36	$ 15,411.74	$ 55.71	$ -	$ -	$ 1,754.71	$ 1,130.35	$ 37,721.53
$ 1,129.68	$ 3,531.84	$ 9,106.57	$ 12,766.20	$ -	$ -	$ -	$ 12,101.27	$ 16,295.84	$ 69,585.50
$ 1,119.06	$ -	$ 5,292.64	$ 18,005.19	$ -	$ -	$ -	$ 3,056.64	$ 3,288.98	$ 51,022.88

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
EASTSIDE HEALTH AND REHAB CENT	6007025	145851	$ 29,001.69	$ 5,332.83	$ 247.44	$ 35.63	$ -	$ -	$ -
ALDEN ESTATES OF NAPERVILLE	6007033	145582	$ 93,086.85	$ 29,744.05	$ 1,612.08	$ 2,288.26	$ -	$ 5,507.94	$ -
PA PETERSON AT THE CITADEL	6007041	145751	$ 65,437.34	$ 15,330.76	$ 2,570.92	$ 193.71	$ -	$ 2,413.00	$ -
PAVILION OF LOGAN SQUARE	6007074	145792	$ 125,480.09	$ 25,452.80	$ -	$ 93.47	$ -	$ 35.05	$ -
ROSE GARDEN OF PANA	6007082	145411	$ 40,759.30	$ 14,270.87	$ 4,081.06	$ 1,033.79	$ -	$ 1,475.22	$ -
PARIS HEALTH AND REHAB CENTER	6007090	145469	$ 35,005.84	$ 5,994.04	$ 626.47	$ -	$ -	$ 1,340.64	$ -
LITTLE VILLAGE NURSING AND REH	6007140	146018	$ 61,243.40	$ 4,807.22	$ 378.19	$ 787.33	$ -	$ -	$ -
PARK RIDGE HEALTHCARE CENTER L	6007157	145839	$ 36,656.00	$ 16,712.05	$ 1,056.38	$ -	$ -	$ 1,054.21	$ -
ALDEN PARK STRATHMOOR	6007165	145259	$ 95,483.65	$ 17,221.05	$ 5,687.96	$ 78.79	$ -	$ 5,518.40	$ -
ARCADIA CARE AUBURN	6007181	145136	$ 28,259.25	$ 7,383.01	$ -	$ -	$ -	$ -	$ -
ARC AT CHILLICOTHE	6007199	145058	$ 33,664.11	$ 12,454.01	$ 2,778.87	$ 43.32	$ -	$ 792.73	$ -
APERION CARE BURBANK	6007207	145913	$ 25,953.04	$ 6,739.17	$ 372.04	$ 635.78	$ -	$ -	$ -
SHARON HEALTH CARE WILLOWS	6007272	14E888	$ 106,763.56	$ 2,578.07	$ -	$ -	$ -	$ -	$ -
ALIYA OF HIGHWOOD	6007280	145936	$ 47,490.12	$ 8,876.37	$ 767.77	$ 1,216.07	$ -	$ 736.86	$ -
SHARON HEALTHCARE PINES	6007298	14E322	$ 100,794.93	$ 6,641.28	$ 2,616.50	$ -	$ -	$ 239.70	$ -
SHARON HEALTH CARE ELMS	6007306	146098	$ 67,161.09	$ 7,069.95	$ 181.06	$ -	$ -	$ 274.61	$ -
AVANTARA EVERGREEN PARK	6007322	145734	$ 91,966.55	$ 24,342.91	$ 3,868.99	$ 5,170.31	$ -	$ 5,220.26	$ -
TIMBERCREEK REHAB AND HLTH C C	6007330	145275	$ 71,352.56	$ 9,452.76	$ 1,214.11	$ 74.79	$ -	$ 1,313.83	$ -
AHVA CARE OF STICKNEY	6007355	146078	$ 26,849.68	$ 7,604.29	$ 1,061.85	$ 564.95	$ -	$ 1,892.78	$ -
PETERSON PARK HEALTH CARE CTR	6007371	145838	$ 83,574.97	$ 15,707.01	$ 863.95	$ 1,503.72	$ -	$ 444.43	$ -
APERION CARE DEKALB	6007413	145261	$ 34,197.95	$ 8,764.43	$ -	$ 206.84	$ -	$ 15.55	$ -
GROVE OF ST CHARLES	6007439	145433	$ 20,031.72	$ 2,356.75	$ 1,373.34	$ 997.26	$ -	$ 182.98	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 1,249.06	$ 1,215.41	$ 702.25	$ 16,003.23	$ -	$ -	$ -	$ 2,304.69	$ 1,911.15	$ 29,001.69
$ 1,025.46	$ 2,326.32	$ 11,152.35	$ 28,811.13	$ -	$ -	$ -	$ 8,233.66	$ 2,385.60	$ 93,086.85
$ 1,562.34	$ 29.48	$ 9,304.58	$ 23,214.06	$ -	$ -	$ -	$ 7,628.53	$ 3,189.96	$ 65,437.34
$ 46.73	$ -	$ 22,907.51	$ 19,098.54	$ 20,252.95	$ -	$ -	$ 29,587.63	$ 8,005.41	$ 125,480.09
$ 2,087.52	$ -	$ 3,218.14	$ 11,909.96	$ -	$ -	$ -	$ 1,381.24	$ 1,301.50	$ 40,759.30
$ 1,256.51	$ 5,018.89	$ 3,775.85	$ 6,556.59	$ -	$ -	$ -	$ 4,617.53	$ 5,819.32	$ 35,005.84
$ 1,815.32	$ 629.17	$ 8,353.79	$ 12,317.85	$ 7,066.55	$ -	$ -	$ 19,928.77	$ 5,159.21	$ 61,243.40
$ 396.14	$ 1,158.12	$ 121.12	$ 9,310.81	$ 2,345.10	$ -	$ -	$ 3,051.20	$ 1,450.87	$ 36,656.00
$ 2,194.00	$ 2,560.53	$ 14,552.05	$ 29,038.86	$ 61.17	$ -	$ -	$ 12,562.03	$ 6,008.81	$ 95,483.65
$ 644.58	$ 420.74	$ 2,474.36	$ 11,051.48	$ -	$ -	$ -	$ 4,758.39	$ 1,526.69	$ 28,259.25
$ -	$ 1,910.34	$ 3,687.21	$ 6,887.10	$ -	$ -	$ -	$ 1,727.58	$ 3,382.95	$ 33,664.11
$ 41.92	$ 38.43	$ 503.20	$ 6,329.54	$ 3,659.66	$ -	$ -	$ 6,828.59	$ 804.71	$ 25,953.04
$ 1,797.63	$ 1,046.22	$ 57,947.21	$ 15,808.82	$ -	$ -	$ -	$ 14,909.00	$ 12,676.61	$ 106,763.56
$ 262.79	$ -	$ 5,101.72	$ 13,317.64	$ 36.81	$ -	$ -	$ 14,679.46	$ 2,494.63	$ 47,490.12
$ 1,523.98	$ 3,671.17	$ 49,027.10	$ 6,211.74	$ -	$ -	$ -	$ 20,077.02	$ 10,786.44	$ 100,794.93
$ 247.45	$ 1,804.56	$ 39,955.28	$ 5,852.11	$ -	$ -	$ -	$ 8,474.60	$ 3,301.47	$ 67,161.09
$ 5,055.41	$ 387.15	$ 7,170.99	$ 9,743.66	$ 21,428.06	$ -	$ -	$ 6,007.05	$ 3,571.76	$ 91,966.55
$ 4,851.45	$ 10,286.26	$ 13,598.91	$ 15,240.16	$ -	$ -	$ -	$ 7,360.39	$ 7,959.90	$ 71,352.56
$ 946.39	$ 2,369.06	$ 1,774.66	$ 2,648.49	$ 4,216.97	$ -	$ -	$ 2,695.13	$ 1,075.11	$ 26,849.68
$ 1,115.66	$ 536.20	$ 14,216.54	$ 10,839.16	$ 21,907.74	$ -	$ -	$ 14,219.66	$ 2,220.90	$ 83,574.97
$ 452.55	$ 48.21	$ 1,384.83	$ 7,324.06	$ -	$ -	$ -	$ 16,001.48	$ -	$ 34,197.95
$ 1,280.17	$ 697.47	$ 1,418.71	$ 7,358.80	$ 13.66	$ -	$ -	$ 2,243.41	$ 2,109.17	$ 20,031.72

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ALLURE OF PINECREST	6007447	145024	$ 49,098.13	$ 14,713.85	$ 2,814.59	$ -	$ -	$ 225.37	$ -
PLEASANT MEADOWS SENIOR LIVING	6007488	146037	$ 44,993.62	$ 15,761.00	$ 1,156.56	$ 84.46	$ -	$ 1,099.68	$ -
EVERCARE OF COLLINSVILLE	6007496	145438	$ 25,855.76	$ 3,738.39	$ 30.06	$ -	$ -	$ -	$ -
ALIYA OF PALATINE	6007520	145658	$ 46,180.35	$ 5,796.74	$ 89.14	$ -	$ -	$ 2,251.46	$ -
ALLURE OF PROPHETSTOWN, LLC	6007637	145920	$ 32,405.67	$ 10,780.71	$ 874.75	$ 142.15	$ -	$ 2,866.98	$ -
ALIYA OF CRESTWOOD	6007843	145681	$ 87,662.42	$ 23,979.17	$ 3,921.35	$ 6,035.13	$ -	$ 4,016.83	$ -
ELEVATE CARE SOUTH HOLLAND	6007868	145671	$ 83,965.50	$ 19,596.69	$ 3,352.02	$ 728.61	$ -	$ 2,135.05	$ -
RESTHAVE HOME OF WHITESIDE CO	6007884	146177	$ 22,249.44	$ 4,526.29	$ -	$ -	$ -	$ -	$ -
LANDMARK OF RICHTON PARK	6007918	145424	$ 58,213.37	$ 8,358.74	$ 3,470.71	$ 181.99	$ -	$ 788.63	$ -
ELEVATE CARE PALOS HEIGHTS	6007934	145779	$ 51,782.70	$ 13,310.70	$ 1,663.51	$ 2,581.76	$ -	$ 2,346.65	$ -
RIDGEVIEW HEALTH AND REHAB CEN	6007942	146096	$ 21,542.84	$ 5,999.40	$ 376.26	$ -	$ -	$ -	$ -
PEARL OF EVANSTON, THE	6007967	145803	$ 48,154.39	$ 15,543.55	$ 189.99	$ 710.65	$ -	$ 1,185.63	$ -
GALLATIN MANOR	6007975	146054	$ 31,155.19	$ 6,452.24	$ 42.92	$ 145.45	$ -	$ -	$ -
BRIA OF CAHOKIA	6007983	145613	$ 100,727.41	$ 10,162.89	$ 871.72	$ -	$ -	$ 418.32	$ -
BRIA OF CHICAGO HEIGHTS	6007991	145898	$ 86,175.48	$ 8,771.15	$ 1,522.49	$ 1,603.33	$ -	$ 471.57	$ -
RIVER BLUFF NURSING HOME	6008007	145771	$ 143,696.04	$ 31,793.84	$ 279.47	$ -	$ -	$ 55.31	$ -
GOLDWATER CARE MARSEILLES	6008015	145295	$ 47,719.77	$ 13,807.68	$ 1,755.14	$ -	$ -	$ 1,144.01	$ -
ROCK RIVER HEALTH CARE	6008049	145818	$ 62,113.12	$ 8,469.74	$ 2,261.42	$ 774.98	$ -	$ 2,803.49	$ -
APERION CARE CHICAGO HEIGHTS	6008064	145180	$ 56,304.54	$ 6,589.10	$ 710.96	$ 113.63	$ -	$ 159.89	$ -
FARGO HEALTH CARE CENTER	6008155	146169	$ 48,473.48	$ 5,107.68	$ 1,032.34	$ 352.62	$ -	$ 1,602.53	$ -
ALLURE OF ZION	6008163	145443	$ 77,071.19	$ 28,164.96	$ 370.38	$ 2,375.26	$ -	$ 4,589.49	$ -
BATAVIA REHAB AND HLTH CARE CT	6008171	14E095	$ 32,385.02	$ 4,909.52	$ 1,712.91	$ 742.55	$ -	$ 1,174.48	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 2,996.43	$ 3,203.87	$ 6,393.48	$ 8,241.09	$ -	$ -	$ -	$ 3,661.69	$ 6,847.76	$ 49,098.13
$ 2,663.02	$ 7,306.49	$ 3,006.10	$ 8,546.36	$ -	$ -	$ -	$ 935.69	$ 4,434.26	$ 44,993.62
$ 3,175.12	$ 3,698.10	$ 1,349.66	$ 1,864.91	$ -	$ -	$ -	$ 9,626.52	$ 2,373.00	$ 25,855.76
$ 1,156.29	$ -	$ 6,525.15	$ 13,763.44	$ 6,746.73	$ -	$ -	$ 5,822.21	$ 4,029.19	$ 46,180.35
$ 400.20	$ 3,610.51	$ 2,324.84	$ 8,885.43	$ -	$ -	$ -	$ 1,111.66	$ 1,408.44	$ 32,405.67
$ 1,926.10	$ 161.33	$ 5,152.74	$ 12,550.95	$ 22,820.22	$ -	$ -	$ 4,211.09	$ 2,887.51	$ 87,662.42
$ 117.20	$ 552.81	$ 12,036.60	$ 15,162.02	$ 12,017.99	$ -	$ -	$ 15,810.82	$ 2,455.69	$ 83,965.50
$ -	$ -	$ 1,132.89	$ 1,427.97	$ -	$ -	$ -	$ 13,507.74	$ 1,654.55	$ 22,249.44
$ 3,419.23	$ 110.30	$ 9,638.19	$ 7,948.80	$ 12,618.07	$ -	$ -	$ 7,753.94	$ 3,924.77	$ 58,213.37
$ 130.86	$ 609.95	$ 2,772.51	$ 6,273.80	$ 10,202.84	$ -	$ -	$ 5,447.33	$ 6,442.79	$ 51,782.70
$ 80.44	$ -	$ 6,235.54	$ 1,746.37	$ -	$ -	$ -	$ 4,128.48	$ 2,976.35	$ 21,542.84
$ 655.84	$ 1,452.35	$ 5,624.12	$ 8,236.10	$ 8,323.09	$ -	$ -	$ 5,787.23	$ 445.84	$ 48,154.39
$ -	$ -	$ 15,442.25	$ 3,849.21	$ -	$ -	$ -	$ 4,961.96	$ 261.16	$ 31,155.19
$ 623.73	$ 235.46	$ 15,089.26	$ 31,633.76	$ -	$ -	$ -	$ 20,421.19	$ 21,271.08	$ 100,727.41
$ 2,438.67	$ 326.05	$ 28,822.17	$ 12,966.74	$ 6,747.45	$ -	$ -	$ 16,782.39	$ 5,723.47	$ 86,175.48
$ 1,065.48	$ 564.76	$ 69,087.63	$ 22,869.79	$ -	$ -	$ -	$ 5,662.86	$ 12,316.90	$ 143,696.04
$ 1,606.08	$ 2,146.41	$ 8,209.19	$ 12,081.99	$ -	$ -	$ -	$ 1,648.05	$ 5,321.22	$ 47,719.77
$ 2,646.80	$ 4,738.83	$ 10,725.83	$ 12,172.75	$ -	$ -	$ -	$ 14,070.88	$ 3,448.40	$ 62,113.12
$ 130.73	$ 535.99	$ 16,274.01	$ 10,661.79	$ 7,374.42	$ -	$ -	$ 10,901.22	$ 2,852.80	$ 56,304.54
$ 2,015.16	$ 180.06	$ 10,632.51	$ 8,107.17	$ 6,624.68	$ -	$ -	$ 7,491.97	$ 5,326.76	$ 48,473.48
$ 1,755.28	$ -	$ 14,054.30	$ 17,911.08	$ -	$ -	$ -	$ 6,988.90	$ 861.54	$ 77,071.19
$ 1,535.40	$ 689.30	$ 690.29	$ 6,085.82	$ -	$ -	$ -	$ 14,844.75	$ -	$ 32,385.02

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
AVENUES AT QUAD CITIES	6008205	14E361	$ 18,945.47	$ 2,589.15	$ 55.72	$ 637.32	$ -	$ -	$ -
SANDWICH LIVING AND REHAB CENT	6008213	146133	$ 17,908.94	$ 4,631.42	$ 498.57	$ -	$ -	$ 610.22	$ -
REGENCY CARE	6008239	146139	$ 32,901.48	$ 9,271.47	$ 1,411.40	$ 697.99	$ -	$ 1,785.72	$ -
WARREN PARK HEALTH LIVING CTR	6008262	145806	$ 65,261.00	$ 9,825.67	$ 428.10	$ 584.07	$ -	$ -	$ -
BRIA OF ELMWOOD PARK	6008270	145419	$ 126,746.51	$ 28,285.81	$ 97.83	$ 1,995.36	$ -	$ 2,159.18	$ -
ALDEN TERRACE OF MCHENRY REHAB	6008304	145453	$ 89,383.36	$ 23,448.68	$ 3,244.05	$ 688.89	$ -	$ 3,550.02	$ -
APERION CARE WILMINGTON	6008312	145316	$ 56,813.79	$ 4,849.01	$ 766.49	$ 39.65	$ -	$ 656.70	$ -
SALINE CARE NURSING & REHABILI	6008346	146134	$ 59,877.42	$ 6,662.96	$ 577.39	$ 867.80	$ -	$ 170.12	$ -
PAVILION ON MAIN STREET	6008379	145712	$ 41,998.78	$ 8,437.85	$ -	$ 293.75	$ -	$ 1,535.63	$ -
STONEBRIDGE NURSING & REHABILI	6008494	146144	$ 29,106.54	$ 5,812.58	$ -	$ -	$ -	$ 611.89	$ -
PRAIRIE CROSSING LVG AND REHAB	6008502	145414	$ 38,408.07	$ 6,544.70	$ -	$ -	$ -	$ -	$ -
ARC AT NORMAL	6008510	145732	$ 52,842.83	$ 16,791.62	$ 886.66	$ 103.81	$ -	$ 2,528.95	$ -
SHELBYVILLE HEALTHCARE AND SEN	6008536	145836	$ 21,734.59	$ 6,360.49	$ 612.47	$ -	$ -	$ 1,772.06	$ -
SHELBYVILLE MANOR	6008544	145441	$ 69,365.76	$ 12,591.55	$ -	$ -	$ -	$ -	$ -
GROVE AT THE LAKE, THE	6008593	145665	$ 78,197.83	$ 15,292.16	$ 4,389.22	$ 2,073.66	$ -	$ 3,113.12	$ -
CHALET LIVING & REHAB	6008601	145670	$ 108,546.40	$ 12,692.08	$ 6,753.35	$ 2,319.84	$ -	$ 1,885.71	$ -
CITADEL OF SKOKIE, THE	6008635	145468	$ 35,349.79	$ 5,658.41	$ 362.70	$ 622.23	$ -	$ 33.66	$ -
ARCADIA CARE JACKSONVILLE	6008650	145928	$ 49,656.92	$ 5,770.75	$ 89.67	$ 277.80	$ -	$ -	$ -
RUSHVILLE NURSING & REHABILITA	6008684	145488	$ 33,232.14	$ 5,178.71	$ 414.56	$ -	$ -	$ 22.31	$ -
SOUTH ELGIN LIVING AND REHAB C	6008718	145825	$ 34,670.30	$ 3,543.66	$ 725.07	$ 621.49	$ -	$ 516.21	$ -
GOLDWATER CARE SPRING VALLEY	6008783	145486	$ 43,640.78	$ 6,856.24	$ 603.63	$ 151.73	$ -	$ 189.67	$ -
WARREN BARR SOUTH LOOP	6008825	145632	$ 78,558.56	$ 16,866.91	$ 5,185.60	$ 2,798.22	$ -	$ 646.68	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 637.32	$ 691.30	$ 1,979.70	$ 1,913.36	$ -	$ -	$ -	$ 10,441.60	$ -	$ 18,945.47
$ 1,776.76	$ 881.64	$ 2,548.31	$ 1,264.99	$ -	$ -	$ -	$ 5,259.33	$ 437.70	$ 17,908.94
$ -	$ 2,990.15	$ 3,357.86	$ 9,161.38	$ -	$ -	$ -	$ 2,471.87	$ 1,753.64	$ 32,901.48
$ 1,798.35	$ 95.49	$ 12,333.81	$ 15,838.21	$ 8,878.76	$ -	$ -	$ 12,917.88	$ 2,560.66	$ 65,261.00
$ 1,965.79	$ 2,466.33	$ 17,080.37	$ 32,048.03	$ 17,852.32	$ -	$ -	$ 16,590.11	$ 6,205.38	$ 126,746.51
$ 1,613.97	$ 3,136.69	$ 9,219.29	$ 28,152.05	$ -	$ -	$ -	$ 12,482.67	$ 3,847.05	$ 89,383.36
$ 1,233.09	$ -	$ 9,712.26	$ 15,920.43	$ 286.67	$ -	$ -	$ 20,974.79	$ 2,374.70	$ 56,813.79
$ 70.46	$ 49.83	$ 8,164.53	$ 10,678.73	$ -	$ -	$ -	$ 26,707.06	$ 5,928.54	$ 59,877.42
$ 1,209.46	$ 166.12	$ 5,832.54	$ 20,327.81	$ -	$ -	$ -	$ 1,719.98	$ 2,475.64	$ 41,998.78
$ 846.08	$ 390.30	$ 4,418.64	$ 11,424.31	$ -	$ -	$ -	$ 2,709.94	$ 2,892.80	$ 29,106.54
$ 97.79	$ 1,152.07	$ 2,190.06	$ 21,689.57	$ -	$ -	$ -	$ 6,733.88	$ -	$ 38,408.07
$ 335.26	$ 1,802.26	$ 5,719.44	$ 15,393.66	$ -	$ -	$ -	$ 5,026.54	$ 4,254.63	$ 52,842.83
$ -	$ 3,340.77	$ 6,000.24	$ 144.10	$ -	$ -	$ -	$ 1,706.12	$ 1,798.34	$ 21,734.59
$ 181.22	$ 111.52	$ 2,402.14	$ 1,547.49	$ -	$ -	$ -	$ 630.61	$ 51,901.23	$ 69,365.76
$ 1,698.54	$ -	$ 14,657.60	$ 18,636.64	$ 385.63	$ -	$ -	$ 14,349.09	$ 3,602.17	$ 78,197.83
$ 3,479.76	$ 811.27	$ 15,675.68	$ 12,051.77	$ 26,180.34	$ -	$ -	$ 23,106.21	$ 3,590.39	$ 108,546.40
$ 205.24	$ 395.27	$ 12,998.70	$ 2,939.74	$ 7,589.79	$ -	$ -	$ 2,440.73	$ 2,103.32	$ 35,349.79
$ 274.28	$ 1,283.51	$ 4,441.61	$ 16,745.01	$ -	$ -	$ -	$ 15,562.40	$ 5,211.89	$ 49,656.92
$ 503.80	$ 570.72	$ 2,604.85	$ 5,121.18	$ -	$ -	$ -	$ 15,786.24	$ 3,029.77	$ 33,232.14
$ 881.29	$ 833.74	$ 8,451.84	$ 7,449.18	$ -	$ -	$ -	$ 10,715.91	$ 931.91	$ 34,670.30
$ -	$ 291.92	$ 3,699.07	$ 10,618.14	$ -	$ -	$ -	$ 20,181.92	$ 1,048.46	$ 43,640.78
$ 2,865.17	$ 299.75	$ 8,854.18	$ 8,003.60	$ 22,598.77	$ -	$ -	$ 5,270.81	$ 5,168.87	$ 78,558.56

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ST CLARAS REHAB & SENIOR CARE	6008890	145720	$ 52,231.68	$ 14,197.79	$ 4,404.15	$ 1,288.62	$ -	$ 1,104.53	$ -
GROVE OF EVANSTON L & R, THE	6008916	145011	$ 71,002.72	$ 14,654.37	$ 2,794.05	$ 6,154.74	$ -	$ 3,444.25	$ -
LACON REHAB AND NURSING	6008999	146123	$ 26,656.01	$ 7,010.73	$ 1,548.07	$ 93.60	$ -	$ 542.85	$ -
LITTLE SISTERS OF PALATINE	6009005	146189	$ 47,824.60	$ 10,358.07	$ -	$ 7,828.61	$ -	$ 299.03	$ -
MADO HEALTHCARE - UPTOWN	6009013	146191	$ 73,629.03	$ 10,072.47	$ 390.70	$ -	$ -	$ -	$ -
AVANTARA PARK RIDGE	6009096	145667	$ 44,570.08	$ 11,439.93	$ 2,882.29	$ 3,163.66	$ -	$ 5,087.57	$ -
PAUL HOUSE & HEALTHCARE CENTER	6009112	145767	$ 63,082.86	$ 15,210.96	$ 2,462.99	$ 2,987.33	$ -	$ 3,808.32	$ -
CITADEL OF STERLING, THE	6009179	145278	$ 50,929.12	$ 5,654.58	$ 1,473.89	$ 388.61	$ -	$ 2,635.68	$ -
INTEGRITY HC OF CARBONDALE	6009203	145757	$ 57,638.43	$ 4,615.47	$ 308.00	$ 1,136.74	$ -	$ -	$ -
SULLIVAN HEALTHCARE AND SENIOR	6009211	145370	$ 47,608.43	$ 13,050.19	$ 2,841.28	$ -	$ -	$ 752.47	$ -
EASTVIEW HEALTHCARE AND SENIOR	6009237	146039	$ 26,606.88	$ 5,839.05	$ 888.57	$ -	$ -	$ -	$ -
SUNNY ACRES NURSING HOME	6009245	146068	$ 53,074.10	$ 14,534.83	$ 3,601.34	$ -	$ -	$ 2,358.17	$ -
VANDALIA HEALTHCARE AND SENIOR	6009260	145903	$ 36,870.68	$ 9,265.70	$ 1,162.00	$ 191.06	$ -	$ -	$ -
SUNRISE SKILLED NURSING & REHA	6009294	145783	$ 56,523.30	$ 13,767.82	$ 477.96	$ -	$ -	$ 812.26	$ -
SUNSET REHAB HEALTH CARE	6009328	146016	$ 72,607.31	$ 19,451.48	$ 2,046.16	$ 916.64	$ -	$ 1,192.13	$ -
CARLINVILLE REHAB AND HLTC	6009336	145454	$ 32,536.84	$ 4,484.98	$ 1,181.03	$ -	$ -	$ 109.71	$ -
THREE SPRINGS SENIOR LIVING AN	6009393	145497	$ 25,371.25	$ 6,482.95	$ 108.03	$ 228.45	$ -	$ -	$ -
PEARL AT THE TILLERS	6009401	146034	$ 22,466.81	$ 6,723.93	$ 2,803.15	$ 1,126.96	$ -	$ 3,352.37	$ -
ARCADIA CARE TOULON	6009427	145442	$ 18,170.84	$ 4,475.47	$ 1,059.38	$ -	$ -	$ 649.44	$ -
ALTA REHAB AT WAUCONDA	6009435	145887	$ 81,374.28	$ 19,571.94	$ 4,727.26	$ 2,594.59	$ -	$ 4,541.29	$ -
TRI-STATE VILLAGE NRSG REHAB	6009443	145879	$ 48,880.58	$ 9,689.94	$ 1,159.05	$ 1,272.55	$ -	$ 3,014.40	$ -
BRIA OF WOODRIVER LP	6009534	145655	$ 59,971.66	$ 13,660.38	$ 1,829.27	$ -	$ -	$ 972.14	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 852.87	$ 3,500.01	$ 3,897.60	$ 16,652.86	$ -	$ -	$ -	$ 4,555.06	$ 1,778.19	$ 52,231.68
$ 8,593.65	$ 389.08	$ 4,655.87	$ 6,371.47	$ 12,675.05	$ -	$ -	$ 5,031.89	$ 6,238.30	$ 71,002.72
$ 13.10	$ 228.37	$ 6,718.80	$ 5,243.56	$ -	$ -	$ -	$ 1,194.45	$ 4,062.48	$ 26,656.01
$ 450.99	$ -	$ 5,328.55	$ 20,123.00	$ -	$ -	$ -	$ 3,436.35	$ -	$ 47,824.60
$ 62.97	$ 384.98	$ 16,149.71	$ 13,207.36	$ 11,944.89	$ -	$ -	$ 16,260.45	$ 5,155.50	$ 73,629.03
$ 1,623.97	$ 352.79	$ 1,664.64	$ 4,536.52	$ 8,647.96	$ -	$ -	$ 2,599.83	$ 2,570.92	$ 44,570.08
$ 1,625.90	$ 1,478.71	$ 5,174.35	$ 10,077.67	$ 9,174.21	$ -	$ -	$ 8,528.10	$ 2,554.32	$ 63,082.86
$ 3,426.99	$ 2,371.91	$ 7,972.52	$ 10,976.00	$ -	$ -	$ -	$ 6,165.16	$ 9,863.78	$ 50,929.12
$ -	$ 1,949.61	$ 25,961.55	$ 10,860.16	$ -	$ -	$ -	$ 7,862.56	$ 4,944.34	$ 57,638.43
$ 818.26	$ 5,666.11	$ 7,261.80	$ 7,783.12	$ -	$ -	$ -	$ 6,950.96	$ 2,484.24	$ 47,608.43
$ 316.31	$ 1,966.50	$ 6,473.25	$ 2,348.51	$ -	$ -	$ -	$ 6,810.17	$ 1,964.52	$ 26,606.88
$ -	$ 4,805.82	$ 3,866.93	$ 14,408.13	$ -	$ -	$ -	$ 8,194.55	$ 1,304.33	$ 53,074.10
$ 322.60	$ 977.20	$ 7,945.75	$ 6,189.56	$ -	$ -	$ -	$ 7,427.47	$ 3,389.34	$ 36,870.68
$ -	$ 1,582.74	$ 6,212.31	$ 10,170.40	$ -	$ -	$ -	$ 6,918.11	$ 16,581.70	$ 56,523.30
$ 2,494.46	$ 6,712.01	$ 22,191.50	$ 10,527.77	$ -	$ -	$ -	$ 6,791.92	$ 283.24	$ 72,607.31
$ 837.37	$ 638.92	$ 12,256.34	$ 8,105.59	$ -	$ -	$ -	$ 3,584.13	$ 1,338.77	$ 32,536.84
$ 152.30	$ 162.93	$ 1,144.79	$ 15,896.40	$ -	$ -	$ -	$ 737.90	$ 457.50	$ 25,371.25
$ 347.78	$ 893.21	$ 2,497.72	$ 4,045.22	$ -	$ -	$ -	$ 619.91	$ 56.56	$ 22,466.81
$ 190.17	$ 1,964.46	$ 5,139.68	$ 2,588.53	$ -	$ -	$ -	$ 913.03	$ 1,190.68	$ 18,170.84
$ 4,499.30	$ -	$ 10,861.30	$ 21,074.71	$ -	$ -	$ -	$ 12,049.12	$ 1,454.77	$ 81,374.28
$ 1,193.97	$ 292.49	$ 5,241.24	$ 5,792.13	$ 15,983.57	$ -	$ -	$ 3,011.70	$ 2,229.54	$ 48,880.58
$ 420.97	$ 1,492.93	$ 4,487.16	$ 2,557.45	$ -	$ -	$ -	$ 20,686.90	$ 13,864.46	$ 59,971.66

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
EFFINGHAM HEALTHCARE AND SENIO	6009559	145514	$ 33,505.70	$ 8,719.98	$ 1,277.52	$ -	$ -	$ -	$ -
GROVE OF SKOKIE, THE	6009625	145860	$ 76,700.66	$ 9,011.62	$ 1,853.76	$ 1,673.23	$ -	$ 2,216.32	$ -
WABASH SENIOR LIVING AND REHAB	6009674	146019	$ 37,811.09	$ 9,024.21	$ 49.83	$ 58.13	$ -	$ 600.03	$ -
ALLURE OF WALNUT	6009690	146063	$ 16,246.98	$ 3,726.36	$ 278.28	$ -	$ -	$ 1,031.52	$ -
WASHINGTON SENIOR LIVING	6009740	145000	$ 35,670.60	$ 10,319.56	$ 872.48	$ -	$ -	$ 988.38	$ -
PAVILION OF SOUTH SHORE	6009757	145939	$ 82,682.38	$ 16,365.53	$ -	$ 3.91	$ -	$ 423.80	$ -
ARCADIA CARE WATSEKA	6009765	145389	$ 32,988.64	$ 6,930.39	$ 739.31	$ 311.07	$ -	$ 256.53	$ -
HAVEN OF ARCOLA, THE	6009823	146050	$ 12,470.88	$ 2,568.65	$ 323.09	$ -	$ -	$ 184.77	$ -
EVERCARE OF SWANSEA	6009831	145981	$ 31,154.56	$ 6,592.20	$ 194.97	$ 65.69	$ -	$ 1,339.33	$ -
ALDEN LINCOLN PARK REHAB	6009849	145126	$ 43,149.80	$ 14,932.22	$ 3,009.44	$ 316.78	$ -	$ 2,054.75	$ -
WENTWORTH REHAB AND HCC	6009856	145429	$ 142,763.38	$ 19,631.22	$ 2,985.67	$ 193.69	$ -	$ 502.76	$ -
WESLEY VILLAGE	6009864	146047	$ 13,839.96	$ 2,167.43	$ -	$ -	$ -	$ -	$ -
BRIA OF WESTMONT	6009930	145405	$ 109,349.52	$ 27,850.03	$ 2,635.95	$ 4,547.73	$ -	$ 2,454.91	$ -
CITY VIEW MULTICARE CENTER LLC	6009948	145850	$ 91,335.41	$ 6,270.07	$ 2,846.37	$ 2,002.15	$ -	$ 2,481.45	$ -
WESTWOOD VILLAGE NURSING AND R	6009955	146149	$ 55,859.89	$ 5,429.83	$ 1,281.58	$ 2,494.02	$ -	$ 2,107.86	$ -
WHEATON VILLAGE NURSING REHAB	6009963	145715	$ 50,479.54	$ 4,687.96	$ 3,015.41	$ 2,807.41	$ -	$ 42.45	$ -
OREGON LIVING AND REHAB CENTER	6009989	145476	$ 63,152.76	$ 12,403.39	$ 1,961.78	$ 818.14	$ -	$ 360.69	$ -
WHITEHALL OF DEERFIELD	6010003	145706	$ 14,174.65	$ 6,664.68	$ 2,394.95	$ 585.19	$ -	$ 327.82	$ -
PRAIRIE OASIS	6010078	145927	$ 101,901.26	$ 21,759.07	$ 7,731.16	$ 4,285.83	$ -	$ 2,274.89	$ -
BRIA OF PALOS HILLS	6010086	145650	$ 90,522.56	$ 21,111.35	$ 1,691.14	$ 2,715.70	$ -	$ 2,355.25	$ -
WINNING WHEELS	6010094	145556	$ 65,258.79	$ 13,960.01	$ -	$ -	$ -	$ 953.60	$ -
WINSTON MANOR CONVALESCENT N H	6010102	14E169	$ 40,126.51	$ 2,565.95	$ 305.65	$ 29.82	$ -	$ 545.70	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 1,092.96	$ 1,788.05	$ 7,415.97	$ 4,120.30	$ -	$ -	$ -	$ 8,032.31	$ 1,058.61	$ 33,505.70
$ 5,444.46	$ 1,958.43	$ 11,256.39	$ 8,235.06	$ 21,608.01	$ -	$ -	$ 8,173.66	$ 5,269.72	$ 76,700.66
$ 427.70	$ 388.26	$ 18,755.31	$ 6,250.95	$ -	$ -	$ -	$ 776.12	$ 1,480.55	$ 37,811.09
$ 1,506.48	$ 1,033.61	$ 5,041.53	$ 1,721.19	$ -	$ -	$ -	$ 201.76	$ 1,706.25	$ 16,246.98
$ 1,033.45	$ 8,526.77	$ 3,104.49	$ 5,279.55	$ -	$ -	$ -	$ 2,851.53	$ 2,694.39	$ 35,670.60
$ 113.27	$ 953.06	$ 14,542.76	$ 13,915.01	$ 21,038.76	$ -	$ -	$ 11,318.01	$ 4,008.27	$ 82,682.38
$ 185.84	$ 1,735.15	$ 7,714.32	$ 6,978.48	$ -	$ -	$ -	$ 4,056.75	$ 4,080.80	$ 32,988.64
$ 563.39	$ 1,085.39	$ 622.63	$ 716.38	$ -	$ -	$ -	$ 5,112.04	$ 1,294.54	$ 12,470.88
$ 775.62	$ 4,975.87	$ 3,928.08	$ 1,046.98	$ -	$ -	$ -	$ 4,753.05	$ 7,482.77	$ 31,154.56
$ 538.10	$ -	$ 4,042.24	$ 6,396.42	$ 5,524.18	$ -	$ -	$ 4,521.76	$ 1,813.91	$ 43,149.80
$ 2,563.27	$ 3,362.74	$ 23,153.70	$ 23,524.10	$ 34,417.80	$ -	$ -	$ 21,917.40	$ 10,511.03	$ 142,763.38
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,672.53	$ -	$ 13,839.96
$ 2,889.40	$ 2,514.65	$ 19,073.88	$ 28,824.19	$ 32.33	$ -	$ -	$ 14,509.08	$ 4,017.37	$ 109,349.52
$ 4,865.95	$ 131.81	$ 23,451.76	$ 13,271.07	$ 14,408.31	$ -	$ -	$ 18,318.93	$ 3,287.54	$ 91,335.41
$ 1,185.46	$ 52.27	$ 15,503.71	$ 17,286.11	$ 5,207.25	$ -	$ -	$ 4,101.05	$ 1,210.75	$ 55,859.89
$ 4,025.74	$ 41.04	$ 8,529.76	$ 18,078.34	$ -	$ -	$ -	$ 8,633.06	$ 618.37	$ 50,479.54
$ -	$ 3,762.28	$ 628.37	$ 33,195.56	$ -	$ -	$ -	$ 8,580.78	$ 1,441.77	$ 63,152.76
$ -	$ -	$ 493.08	$ 2,717.35	$ -	$ -	$ -	$ -	$ 991.58	$ 14,174.65
$ 4,205.94	$ 621.69	$ 11,072.30	$ 14,646.14	$ 10,599.95	$ -	$ -	$ 17,945.60	$ 6,758.69	$ 101,901.26
$ 866.56	$ 167.88	$ 10,060.44	$ 20,211.99	$ 23,835.86	$ -	$ -	$ 5,393.20	$ 2,113.19	$ 90,522.56
$ -	$ 65.14	$ 34,829.70	$ 12,761.51	$ -	$ -	$ -	$ 1,365.26	$ 1,323.57	$ 65,258.79
$ 137.17	$ -	$ 11,939.70	$ 5,236.29	$ 5,935.56	$ -	$ -	$ 12,658.35	$ 772.32	$ 40,126.51

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
MOUNT ZION HEALTH AND REHAB CE	6010128	145546	$ 40,845.21	$ 15,354.70	$ 2,901.03	$ -	$ -	$ 189.27	$ -
GROVE OF ELMHURST, THE	6010144	145339	$ 72,006.86	$ 15,958.94	$ 1,501.37	$ 468.41	$ -	$ 1,600.54	$ -
CASEYVILLE NRSG AND REHAB CTR	6010227	145585	$ 85,896.70	$ 21,709.97	$ 165.29	$ 27.10	$ -	$ -	$ -
SEMINARY MANOR	6010250	145598	$ 52,820.33	$ 15,944.97	$ 1,412.11	$ 554.54	$ -	$ 4,090.86	$ -
CHATEAU NURSING AND REHAB	6010367	145614	$ 80,226.17	$ 19,941.56	$ 7,316.94	$ 4,442.06	$ -	$ 3,892.21	$ -
STEARNS NURSING AND REHAB CTR	6010441	145847	$ 61,949.39	$ 16,497.06	$ 354.60	$ -	$ -	$ 401.26	$ -
ALLURE OF LAKE STOREY	6010466	145619	$ 56,600.86	$ 7,202.11	$ 36.42	$ -	$ -	$ 506.63	$ -
AVANTARA LIBERTYVILLE	6010482	145593	$ 72,304.90	$ 15,261.08	$ 1,074.34	$ 4,768.70	$ -	$ 5,598.17	$ -
ST JAMES WELLNESS REHAB VILLAS	6010664	145611	$ 57,765.62	$ 12,731.64	$ 2,310.28	$ 1,600.75	$ -	$ 2,106.51	$ -
AVANTARA PALOS HEIGHTS	6010912	145607	$ 40,561.56	$ 12,310.88	$ 1,080.47	$ 1,626.51	$ -	$ 983.89	$ -
ALLURE OF STERLING	6011373	145615	$ 63,958.29	$ 14,627.49	$ 306.60	$ -	$ -	$ 448.30	$ -
ARCADIA CARE MORRIS	6011381	145623	$ 24,314.82	$ 7,697.38	$ 760.38	$ 558.72	$ -	$ 1,116.16	$ -
ACCOLADE HC OF PAXTON ON PELLS	6011571	145603	$ 52,441.26	$ 10,130.98	$ 816.25	$ -	$ -	$ 256.59	$ -
SOUTH HOLLAND MANOR HLTH REHAB	6011589	145608	$ 72,547.73	$ 19,507.08	$ 4,032.03	$ 1,709.59	$ -	$ 1,186.44	$ -
LOFT REHAB AND NRSG OF CANTON	6011597	145600	$ 38,296.39	$ 7,976.55	$ 2,302.44	$ 1,749.77	$ -	$ 744.72	$ -
HENRY REHAB AND NURSING	6011613	145604	$ 22,581.22	$ 7,397.69	$ 73.51	$ -	$ -	$ 1.71	$ -
MASON CITY AREA NURSING HOME	6011688	145616	$ 25,002.98	$ 8,182.37	$ 3,486.74	$ -	$ -	$ 944.63	$ -
PEKIN MANOR	6011712	145597	$ 61,266.46	$ 18,254.06	$ 3,109.41	$ -	$ -	$ 2,997.51	$ -
PRAIRIE MANOR NURSING REHAB	6011746	145629	$ 79,045.02	$ 17,154.35	$ 2,440.49	$ 1,000.13	$ -	$ 4,876.92	$ -
PEARL OF CRYSTAL LAKE, THE	6011803	145612	$ 21,968.11	$ 6,302.26	$ 151.66	$ 293.84	$ -	$ 454.98	$ -
ST PATRICKS RESIDENCE	6011910	145878	$ 101,409.77	$ 22,160.20	$ -	$ 1,466.96	$ -	$ 1,429.69	$ -
BELLA TERRA BLOOMINGDALE	6011993	145638	$ 59,521.93	$ 16,605.11	$ 116.91	$ 960.12	$ -	$ 1,661.61	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 49.64	$ 5,041.90	$ 4,594.96	$ 7,320.91	$ -	$ -	$ -	$ 4,428.74	$ 964.06	$ 40,845.21
$ 93.07	$ 346.35	$ 12,960.05	$ 20,400.04	$ 1,229.71	$ -	$ -	$ 11,617.72	$ 5,830.66	$ 72,006.86
$ 143.61	$ 262.84	$ 7,516.22	$ 31,177.81	$ -	$ -	$ -	$ 10,958.20	$ 13,935.66	$ 85,896.70
$ 1,957.55	$ 3,784.81	$ 4,826.79	$ 8,210.59	$ -	$ -	$ -	$ 6,558.37	$ 5,479.74	$ 52,820.33
$ 3,101.41	$ 2,798.68	$ 10,041.88	$ 19,674.33	$ -	$ -	$ -	$ 5,758.88	$ 3,258.22	$ 80,226.17
$ 166.10	$ 720.40	$ 5,470.14	$ 5,865.62	$ -	$ -	$ -	$ 26,053.13	$ 6,421.08	$ 61,949.39
$ 2,221.89	$ 11,529.98	$ 9,803.84	$ 10,134.98	$ -	$ -	$ -	$ 6,334.85	$ 8,830.16	$ 56,600.86
$ 1,502.84	$ -	$ 13,360.32	$ 22,187.62	$ 91.82	$ -	$ -	$ 4,144.30	$ 4,315.71	$ 72,304.90
$ 1,500.09	$ 1,475.54	$ 9,122.00	$ 19,190.98	$ -	$ -	$ -	$ 7,365.41	$ 362.42	$ 57,765.62
$ 565.35	$ 548.61	$ 3,293.12	$ 4,740.38	$ 6,466.66	$ -	$ -	$ 5,601.98	$ 3,343.71	$ 40,561.56
$ 2,826.37	$ 1,952.95	$ 11,333.31	$ 9,269.09	$ -	$ -	$ -	$ 7,980.86	$ 15,213.32	$ 63,958.29
$ 851.57	$ 561.29	$ 2,165.17	$ 2,041.32	$ -	$ -	$ -	$ 6,955.77	$ 1,607.06	$ 24,314.82
$ 66.67	$ 947.58	$ 7,978.25	$ 11,689.57	$ -	$ -	$ -	$ 6,152.66	$ 14,402.71	$ 52,441.26
$ 2,985.72	$ -	$ 7,789.48	$ 10,231.76	$ 16,132.82	$ -	$ -	$ 7,404.68	$ 1,568.13	$ 72,547.73
$ 386.23	$ 6,439.99	$ 3,086.48	$ 6,932.51	$ -	$ -	$ -	$ 3,655.51	$ 5,022.19	$ 38,296.39
$ 104.28	$ 731.67	$ 3,535.02	$ 7,385.48	$ -	$ -	$ -	$ 2,293.59	$ 1,058.27	$ 22,581.22
$ 928.22	$ 2,892.24	$ 3,510.45	$ 1,925.64	$ -	$ -	$ -	$ 1,589.14	$ 1,543.55	$ 25,002.98
$ 2,482.10	$ 13,085.28	$ 4,613.97	$ 15,032.75	$ -	$ -	$ -	$ 734.68	$ 956.70	$ 61,266.46
$ 1,939.41	$ 2,438.46	$ 7,122.08	$ 8,008.42	$ 20,344.67	$ -	$ -	$ 10,336.56	$ 3,383.53	$ 79,045.02
$ 764.62	$ 687.21	$ 684.58	$ 3,163.35	$ -	$ -	$ -	$ 4,696.13	$ 4,769.48	$ 21,968.11
$ -	$ -	$ 15,316.66	$ 48,118.23	$ -	$ -	$ -	$ 8,889.83	$ 4,028.20	$ 101,409.77
$ 255.09	$ 131.09	$ 5,396.56	$ 25,348.44	$ 27.42	$ -	$ -	$ 6,746.23	$ 2,273.35	$ 59,521.93

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
LOFT REHABILITATION OF EAST PE	6012017	145646	$ 62,872.07	$ 16,551.08	$ 2,715.45	$ -	$ -	$ 4,986.59	$ -
HENDERSON CO RETIREMENT CENTER	6012066	146103	$ 17,807.34	$ 1,270.49	$ -	$ -	$ -	$ -	$ -
LA BELLA OF ALTON	6012074	145651	$ 54,792.41	$ 17,602.28	$ 895.17	$ 980.65	$ -	$ 2,065.43	$ -
LOFT REHABILITATION OF PEORIA	6012165	145647	$ 61,516.20	$ 13,573.50	$ 1,725.48	$ -	$ -	$ 1,772.78	$ -
APERION CARE WESTCHESTER	6012173	145660	$ 68,114.92	$ 10,805.86	$ 303.31	$ 359.85	$ -	$ 1,369.16	$ -
MOWEAQUA REHAB AND HEALTH CR	6012322	146162	$ 34,449.02	$ 6,612.90	$ 3,657.48	$ 492.51	$ -	$ 131.87	$ -
CENTRALIA MANOR	6012355	145666	$ 47,906.62	$ 9,323.01	$ -	$ 160.92	$ -	$ -	$ -
PITTSFIELD MANOR	6012470	145837	$ 44,493.85	$ 8,934.97	$ -	$ -	$ -	$ -	$ -
BELLA TERRA SCHAUMBURG	6012553	145678	$ 104,675.95	$ 27,063.23	$ 1,225.82	$ 1,947.43	$ -	$ 2,814.75	$ -
IMBODEN CREEK SENIOR LIVING AN	6012579	145945	$ 19,264.86	$ 6,078.85	$ -	$ 140.68	$ -	$ -	$ -
ELEVATE CARE ABINGTON LLC	6012595	145683	$ 53,117.37	$ 12,064.58	$ 979.13	$ 1,716.82	$ -	$ 2,257.16	$ -
ALIYA OF HOMEWOOD	6012611	145684	$ 58,472.65	$ 21,362.21	$ 837.92	$ 203.72	$ -	$ 2,834.72	$ -
PRINCETON REHABILITATION AND H	6012645	145688	$ 131,294.17	$ 16,913.27	$ 1,497.38	$ 1,606.71	$ -	$ 2,928.21	$ -
PEARL OF ELK GROVE, THE	6012686	145689	$ 65,357.14	$ 18,783.41	$ 790.50	$ 2,681.64	$ -	$ 1,179.86	$ -
RENWICK NURSING AND REHAB	6012835	145694	$ 37,070.53	$ 13,763.75	$ 372.36	$ 2,556.17	$ -	$ 2,218.91	$ -
AVANTARA CHICAGO RIDGE	6012967	145700	$ 63,718.53	$ 17,952.61	$ 649.33	$ 2,165.72	$ -	$ 2,726.16	$ -
BELLA TERRA STREAMWOOD	6012975	145701	$ 60,842.93	$ 15,594.70	$ 1,713.20	$ 4,456.68	$ -	$ 4,277.82	$ -
BELLA TERRA ELMHURST	6013098	145711	$ 34,432.76	$ 9,070.55	$ 687.01	$ 930.40	$ -	$ 4,997.23	$ -
BRIA OF COLUMBIA LP	6013106	145717	$ 71,166.92	$ 13,617.52	$ 184.29	$ -	$ -	$ 492.15	$ -
MEADOWBROOK MANOR	6013120	145710	$ 116,404.62	$ 34,554.84	$ 5,963.98	$ 4,252.64	$ -	$ 8,969.76	$ -
MANOR COURT OF MARYVILLE	6013189	145728	$ 88,801.86	$ 17,458.81	$ 624.41	$ -	$ -	$ 702.46	$ -
JERSEYVILLE MANOR	6013312	145733	$ 75,794.51	$ 20,077.07	$ -	$ -	$ -	$ -	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 2,223.69	$ 11,168.06	$ 7,346.06	$ 9,990.74	$ -	$ -	$ -	$ 4,822.05	$ 3,068.35	$ 62,872.07
$ 79.41	$ -	$ 389.34	$ 1,093.75	$ -	$ -	$ -	$ 14,974.35	$ -	$ 17,807.34
$ 3,980.11	$ 3,936.59	$ 4,523.60	$ 8,096.23	$ -	$ -	$ -	$ 7,778.01	$ 4,934.34	$ 54,792.41
$ 2,988.23	$ 7,654.64	$ 9,849.61	$ 10,904.84	$ -	$ -	$ -	$ 4,698.33	$ 8,348.79	$ 61,516.20
$ 616.89	$ 887.64	$ 5,210.15	$ 20,705.94	$ 10,216.29	$ -	$ -	$ 15,016.40	$ 2,623.43	$ 68,114.92
$ -	$ 6,800.91	$ 6,587.28	$ 3,268.01	$ -	$ -	$ -	$ 3,213.54	$ 3,684.52	$ 34,449.02
$ 16.94	$ 223.03	$ 73.94	$ 36,908.95	$ -	$ -	$ -	$ 258.79	$ 941.04	$ 47,906.62
$ -	$ 285.55	$ 1,303.09	$ 24,205.42	$ -	$ -	$ -	$ 3,376.03	$ 6,388.79	$ 44,493.85
$ 1,979.81	$ 2,167.15	$ 15,708.19	$ 23,483.81	$ 10,283.98	$ -	$ -	$ 6,869.75	$ 11,132.03	$ 104,675.95
$ 268.17	$ 127.49	$ 1,284.85	$ 5,961.10	$ -	$ -	$ -	$ 4,705.03	$ 698.69	$ 19,264.86
$ 777.94	$ 973.38	$ 2,595.86	$ 9,087.78	$ 8,727.38	$ -	$ -	$ 10,262.54	$ 3,674.80	$ 53,117.37
$ 399.74	$ 21.14	$ 5,898.23	$ 4,390.50	$ 17,157.03	$ -	$ -	$ 4,248.65	$ 1,118.79	$ 58,472.65
$ 2,495.64	$ 35.65	$ 22,356.14	$ 20,461.83	$ 29,712.32	$ -	$ -	$ 25,374.67	$ 7,912.35	$ 131,294.17
$ 311.82	$ 2,307.46	$ 7,456.37	$ 5,694.61	$ 12,189.84	$ -	$ -	$ 8,297.12	$ 5,664.51	$ 65,357.14
$ 1,713.78	$ 1,410.09	$ 3,335.56	$ 7,341.51	$ -	$ -	$ -	$ 2,476.24	$ 1,882.16	$ 37,070.53
$ 271.84	$ 780.74	$ 10,555.31	$ 12,435.69	$ 7,676.45	$ -	$ -	$ 6,227.05	$ 2,277.63	$ 63,718.53
$ 2,832.17	$ 1,000.72	$ 4,686.15	$ 9,328.30	$ 7,419.00	$ -	$ -	$ 5,708.55	$ 3,825.64	$ 60,842.93
$ 4,305.04	$ 1,508.66	$ 1,970.70	$ 8,345.16	$ -	$ -	$ -	$ 1,771.37	$ 846.64	$ 34,432.76
$ 106.24	$ 2,428.24	$ 9,508.52	$ 10,300.90	$ -	$ -	$ -	$ 13,467.83	$ 21,061.23	$ 71,166.92
$ 4,604.81	$ 6,656.89	$ 11,244.83	$ 24,005.74	$ -	$ -	$ -	$ 13,243.61	$ 2,907.52	$ 116,404.62
$ -	$ -	$ 10,235.65	$ 28,369.34	$ -	$ -	$ -	$ 19,194.91	$ 12,216.28	$ 88,801.86
$ -	$ 93.09	$ 3,945.12	$ 49,092.42	$ -	$ -	$ -	$ 1,421.64	$ 1,165.17	$ 75,794.51

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ALDEN TOWN MANOR REHAB AND HCC	6013353	145736	$ 148,420.15	$ 30,524.21	$ 1,248.49	$ 875.69	$ -	$ 3,788.00	$ -
BELLA TERRA LAGRANGE	6013361	145737	$ 54,495.51	$ 15,054.84	$ 1,263.49	$ 4,159.83	$ -	$ 4,035.01	$ -
ALDEN ESTATES OF EVANSTON	6013429	145907	$ 19,521.07	$ 6,459.80	$ 1,994.34	$ 1,490.30	$ -	$ -	$ -
HARMONY HEALTHCARE AND REHABIL	6013684	145775	$ 88,481.40	$ 23,941.39	$ 3,040.75	$ 6,662.12	$ -	$ 4,712.92	$ -
AVANTARA LAKE ZURICH	6014138	145816	$ 93,195.26	$ 27,913.08	$ 2,201.35	$ 4,632.61	$ -	$ 4,378.24	$ -
WARREN BARR BUFFALO GROVE	6014195	145819	$ 81,109.98	$ 13,893.02	$ 5,071.57	$ 3,389.83	$ -	$ 3,521.56	$ -
PEARL OF ELGIN, THE	6014237	145821	$ 45,989.59	$ 14,190.63	$ 1,065.24	$ 3,161.14	$ -	$ 1,165.67	$ -
MILLER HEALTHCARE CENTER	6014294	145843	$ 16,479.39	$ 3,850.70	$ 768.99	$ 738.81	$ -	$ 1,341.06	$ -
AVANTARA LONG GROVE	6014344	145868	$ 90,472.71	$ 33,866.82	$ 2,040.85	$ 2,070.03	$ -	$ 4,463.18	$ -
BELLA TERRA WHEELING	6014369	145835	$ 100,546.96	$ 30,459.79	$ 3,080.63	$ 389.95	$ -	$ 4,207.94	$ -
PARKWAY MANOR	6014385	145841	$ 30,689.10	$ 5,118.72	$ -	$ -	$ -	$ -	$ -
LA BELLA OF EDWARDSVILLE	6014401	145846	$ 37,438.79	$ 9,938.78	$ 2,066.42	$ 80.29	$ -	$ 1,116.13	$ -
LEMONT NURSING AND REHAB CTR	6014492	145901	$ 63,792.16	$ 20,709.96	$ 4,512.12	$ 5,306.28	$ -	$ 977.79	$ -
ALDEN ESTATES OF NORTHMOOR	6014500	145888	$ 77,543.04	$ 17,767.27	$ 2,218.10	$ 2,655.23	$ -	$ 4,821.91	$ -
MEADOWBROOK MANOR NAPERVILLE	6014518	145874	$ 101,920.34	$ 20,812.77	$ 5,417.63	$ 8,145.80	$ -	$ 6,050.78	$ -
HARMONY PALOS	6014534	145893	$ 38,945.13	$ 10,736.35	$ -	$ 1,475.64	$ -	$ 1,899.89	$ -
APERION CARE INTERNATIONAL	6014617	146001	$ 111,600.08	$ 25,587.41	$ 1,366.12	$ 1,995.84	$ -	$ 1,740.99	$ -
ARCHER HEIGHTS HEALTHCARE	6014641	145995	$ 167,076.73	$ 17,953.85	$ 1,776.76	$ 1,656.68	$ -	$ 281.83	$ -
PEARL OF ST. CHARLES, THE	6014666	145980	$ 24,150.77	$ 9,154.53	$ 618.77	$ 714.05	$ -	$ 328.44	$ -
CALHOUN NURSING AND REHAB CTR	6014674	145910	$ 27,918.02	$ 9,310.80	$ 580.55	$ -	$ -	$ 38.57	$ -
WARREN BARR ORLAND PARK	6014682	145899	$ 80,340.86	$ 25,289.21	$ 4,809.00	$ 3,443.62	$ -	$ 8,996.54	$ -
ALDEN DES PLAINES REHAB HHC	6014757	145998	$ 57,431.21	$ 13,247.51	$ 2,477.08	$ 1,317.14	$ -	$ 1,452.64	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 4,130.77	$ 227.68	$ 25,835.48	$ 19,948.31	$ 27,021.42	$ -	$ -	$ 21,897.36	$ 12,922.74	$ 148,420.15
$ 5,553.23	$ 2,700.19	$ 4,157.28	$ 8,745.06	$ 6,141.67	$ -	$ -	$ 1,536.05	$ 1,148.86	$ 54,495.51
$ 1,223.30	$ -	$ 1,817.24	$ 997.17	$ 3,901.49	$ -	$ -	$ 1,637.43	$ -	$ 19,521.07
$ 2,601.15	$ 2,780.31	$ 6,268.25	$ 14,215.15	$ 12,623.40	$ -	$ -	$ 10,198.25	$ 1,437.71	$ 88,481.40
$ 7,665.58	$ -	$ 13,704.61	$ 21,790.89	$ -	$ -	$ -	$ 8,739.35	$ 2,169.55	$ 93,195.26
$ 838.68	$ -	$ 12,727.22	$ 28,121.96	$ 2,590.67	$ -	$ -	$ 6,544.74	$ 4,410.73	$ 81,109.98
$ 1,178.84	$ 2,323.11	$ 4,543.36	$ 9,876.61	$ 49.00	$ -	$ -	$ 5,660.58	$ 2,775.41	$ 45,989.59
$ 132.24	$ -	$ 1,617.04	$ 6,473.89	$ -	$ -	$ -	$ 942.91	$ 613.75	$ 16,479.39
$ 2,928.90	$ 2.08	$ 13,525.04	$ 23,172.69	$ 97.98	$ -	$ -	$ 5,532.59	$ 2,772.55	$ 90,472.71
$ 7,499.50	$ 8,146.47	$ 11,179.49	$ 10,681.50	$ 14,492.40	$ -	$ -	$ 8,303.38	$ 2,105.91	$ 100,546.96
$ -	$ -	$ -	$ 18,380.89	$ -	$ -	$ -	$ -	$ 7,189.49	$ 30,689.10
$ 4,311.83	$ 1,575.48	$ 3,487.90	$ 6,380.38	$ -	$ -	$ -	$ 7,543.01	$ 938.57	$ 37,438.79
$ 3,207.61	$ 524.67	$ 7,493.18	$ 10,099.81	$ 5,768.93	$ -	$ -	$ 4,509.74	$ 682.07	$ 63,792.16
$ 2,021.87	$ 2,092.24	$ 6,536.25	$ 12,038.17	$ 16,215.77	$ -	$ -	$ 8,596.85	$ 2,579.38	$ 77,543.04
$ 4,071.93	$ 323.35	$ 14,142.37	$ 26,385.28	$ 100.69	$ -	$ -	$ 11,112.14	$ 5,357.60	$ 101,920.34
$ 32.94	$ 662.72	$ 2,729.18	$ 7,481.73	$ 2,791.92	$ -	$ -	$ 7,334.29	$ 3,800.47	$ 38,945.13
$ 3,796.09	$ 1,386.86	$ 9,029.50	$ 17,039.45	$ 25,183.46	$ -	$ -	$ 17,842.03	$ 6,632.33	$ 111,600.08
$ 2,127.21	$ 296.54	$ 18,752.79	$ 28,026.25	$ 62,032.21	$ -	$ -	$ 24,070.81	$ 10,101.80	$ 167,076.73
$ 347.50	$ 768.98	$ 3,128.02	$ 6,517.60	$ -	$ -	$ -	$ 2,514.16	$ 58.72	$ 24,150.77
$ -	$ 468.68	$ 2,415.52	$ 1,795.57	$ -	$ -	$ -	$ 388.04	$ 12,920.29	$ 27,918.02
$ 5,551.09	$ 3,717.79	$ 5,557.45	$ 6,358.21	$ 9,517.73	$ -	$ -	$ 3,261.79	$ 3,838.43	$ 80,340.86
$ 1,081.35	$ 658.57	$ 6,001.06	$ 7,607.80	$ 12,992.63	$ -	$ -	$ 6,433.40	$ 4,162.03	$ 57,431.21

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
ALDEN NORTH SHORE REHAB AND HC	6014765	145984	$ 25,197.43	$ 8,211.86	$ 1,432.43	$ 286.05	$ -	$ 1,109.26	$ -
ALDEN OF WATERFORD	6014773	146008	$ 30,479.76	$ 7,404.90	$ 1,781.01	$ 1,725.29	$ -	$ 1,281.58	$ -
SOUTHPOINT NURSING REHAB CTR	6014781	145914	$ 131,799.83	$ 18,333.97	$ 4,199.39	$ 1,927.66	$ -	$ 3,038.65	$ -
SOUTH SHORE REHABILITATION	6014823	145977	$ 133,615.28	$ 29,568.02	$ 361.00	$ 45.38	$ -	$ 109.33	$ -
ALIYA ON 87TH STREET	6014831	145983	$ 119,395.59	$ 31,721.00	$ 365.95	$ 757.33	$ -	$ 2,007.82	$ -
ELEVATE CARE WINDSOR PARK	6014856	145970	$ 129,832.27	$ 19,596.83	$ 1,648.34	$ 1,795.68	$ -	$ 2,736.80	$ -
PEARL OF HILLSIDE, THE	6014906	145946	$ 95,000.57	$ 20,239.45	$ 674.87	$ 739.51	$ -	$ 2,961.84	$ -
ALDEN ESTATES OF ORLAND PARK	6014922	145963	$ 129,734.26	$ 33,360.08	$ 7,225.75	$ 2,659.20	$ -	$ 3,683.52	$ -
WARREN BARR NORTH SHORE	6014963	145923	$ 62,934.88	$ 12,908.36	$ 4,404.86	$ 7,078.72	$ -	$ 8,023.20	$ -
CITADEL OF NORTHBROOK	6015168	145982	$ 79,184.96	$ 30,101.49	$ 2,744.90	$ 1,012.15	$ -	$ 1,353.49	$ -
COULTERVILLE REHAB AND HCC	6015200	145993	$ 23,230.22	$ 5,489.39	$ 650.45	$ 853.49	$ -	$ 2,002.12	$ -
HAWTHORNE INN OF DANVILLE	6015317	146090	$ 39,693.48	$ 14,436.72	$ 89.17	$ 92.14	$ -	$ 636.06	$ -
APERION CARE FOREST PARK	6015333	145969	$ 127,670.26	$ 26,368.28	$ 4,350.40	$ 2,056.05	$ -	$ 1,695.65	$ -
ALDEN COURTS OF WATERFORD, LLC	6015507	146182	$ 24,888.88	$ 6,902.95	$ 3,141.14	$ 718.49	$ -	$ 1,668.06	$ -
MANOR COURT OF PRINCETON	6015861	146083	$ 34,899.08	$ 5,838.65	$ 2,410.71	$ 83.04	$ -	$ 2,646.86	$ -
GOLDWATER CARE CLINTON	6015879	146076	$ 63,151.92	$ 19,886.26	$ 4,242.21	$ 286.13	$ -	$ 569.15	$ -
MANOR COURT OF PERU	6015887	146091	$ 28,459.48	$ 7,251.78	$ 1,889.38	$ 1,215.85	$ -	$ 160.95	$ -
FRIENDSHIP MANOR HEALTH CARE	6015895	146043	$ 22,831.05	$ 4,683.02	$ 354.86	$ -	$ -	$ -	$ -
MANOR COURT OF FREEPORT	6016133	146102	$ 57,648.25	$ 14,876.11	$ -	$ -	$ -	$ -	$ -
MANOR COURT OF PEORIA	6016190	146108	$ 18,263.09	$ 5,238.13	$ 2,801.02	$ 837.76	$ -	$ 1,001.67	$ -
MEADOWBROOK MANOR OF LAGRANGE	6016281	146093	$ 50,835.96	$ 13,406.24	$ 1,107.49	$ 3,327.54	$ -	$ 3,094.91	$ -
RYZE AT HOMEWOOD	6016497	146132	$ 108,689.51	$ 24,278.43	$ 3,400.29	$ 1,155.30	$ -	$ 3,126.44	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
		Managed Care Plans (Non-MMAI)							$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 1,122.36	$ 1,397.49	$ 2,620.30	$ 2,622.90	$ 5,505.75	$ -	$ -	$ 5.20	$ 883.83	$ 25,197.43
$ 1,492.08	$ -	$ 4,120.11	$ 10,964.84	$ -	$ -	$ -	$ 899.20	$ 810.75	$ 30,479.76
$ 5,604.71	$ 1,979.48	$ 21,164.25	$ 13,285.34	$ 33,931.40	$ -	$ -	$ 20,357.36	$ 7,977.62	$ 131,799.83
$ 1,198.54	$ 55.70	$ 14,764.36	$ 16,282.05	$ 39,759.64	$ -	$ -	$ 23,897.53	$ 7,573.73	$ 133,615.28
$ 1,872.79	$ 2,142.84	$ 7,145.14	$ 16,077.15	$ 30,330.16	$ -	$ -	$ 21,321.27	$ 5,654.14	$ 119,395.59
$ 766.16	$ 410.70	$ 18,024.77	$ 25,238.18	$ 22,515.06	$ -	$ -	$ 29,228.58	$ 7,871.17	$ 129,832.27
$ 958.13	$ 404.92	$ 12,635.22	$ 13,818.85	$ 24,580.18	$ -	$ -	$ 13,017.70	$ 4,969.90	$ 95,000.57
$ 2,225.25	$ 888.08	$ 8,566.04	$ 20,550.08	$ 31,825.29	$ -	$ -	$ 11,383.34	$ 7,367.63	$ 129,734.26
$ 3,342.73	$ -	$ 6,714.47	$ 10,419.84	$ 489.97	$ -	$ -	$ 7,481.66	$ 2,071.07	$ 62,934.88
$ 21.33	$ -	$ 11,081.53	$ 8,888.93	$ 11,017.53	$ -	$ -	$ 6,973.66	$ 5,989.95	$ 79,184.96
$ 688.05	$ -	$ 1,112.91	$ 7,906.96	$ -	$ -	$ -	$ 3,376.34	$ 1,150.51	$ 23,230.22
$ 89.17	$ 5,058.80	$ 2,781.19	$ 14,641.95	$ -	$ -	$ -	$ 605.07	$ 1,263.21	$ 39,693.48
$ 4,409.49	$ 244.21	$ 19,160.29	$ 20,018.95	$ 26,998.50	$ -	$ -	$ 16,990.01	$ 5,378.43	$ 127,670.26
$ -	$ 384.52	$ 4,534.63	$ 7,006.11	$ -	$ -	$ -	$ 532.98	$ -	$ 24,888.88
$ 1,564.76	$ 5,750.42	$ 2,823.56	$ 12,375.47	$ -	$ -	$ -	$ 744.51	$ 661.10	$ 34,899.08
$ 758.87	$ 15,497.74	$ 1,780.92	$ 11,659.26	$ -	$ -	$ -	$ 2,121.55	$ 6,349.83	$ 63,151.92
$ 398.87	$ 2,293.50	$ 2,126.38	$ 11,727.40	$ -	$ -	$ -	$ 1,395.37	$ -	$ 28,459.48
$ 154.73	$ 359.91	$ 2,766.97	$ 5,149.52	$ -	$ -	$ -	$ 5,075.44	$ 4,286.60	$ 22,831.05
$ 170.29	$ 102.17	$ -	$ -	$ -	$ -	$ -	$ 33,863.51	$ 8,636.17	$ 57,648.25
$ 87.42	$ 2,607.97	$ -	$ 4,756.83	$ -	$ -	$ -	$ 39.03	$ 893.26	$ 18,263.09
$ 3,266.85	$ -	$ 1,362.87	$ 13,631.27	$ 5,221.40	$ -	$ -	$ 4,993.83	$ 1,423.56	$ 50,835.96
$ 5,879.19	$ 11.41	$ 13,378.66	$ 14,134.60	$ 24,891.73	$ -	$ -	$ 14,967.56	$ 3,465.90	$ 108,689.51

Illinois Department of Healthcare and Family Services

July 1, 2025 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2025 Q4 (PBJ Records 10/1/2024 - 12/31/2024)

			$ 27,365,368.06	$ 5,680,498.32	$ 796,430.87	$ 521,747.21	$ -	$ 677,239.77	$ -
				FFS Days	MMAI Plans				
Facility Name	IDPH Facility ID	Medicare ID (CCN)	Total All Payers (check Figure)	Medicaid Fee-For-Service	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan
CARMI MANOR	6016539	146124	$ 31,894.42	$ 2,780.87	$ 179.35	$ 39.37	$ -	$ -	$ -
ALDEN ESTATES OF SHOREWOOD	6016695	146153	$ 25,593.72	$ 7,697.24	$ 354.95	$ 1,484.76	$ -	$ 849.10	$ -
SPRING CREEK	6016786	146172	$ 80,803.27	$ 20,981.77	$ 4,101.71	$ 2,634.88	$ -	$ 923.56	$ -
SPRINGFIELD SUITES	6016794	146160	$ 8,713.15	$ 4,652.01	$ 378.77	$ -	$ -	$ 80.02	$ -
ALDEN COURTS OF SHOREWOOD, INC	6016869	146183	$ 17,395.23	$ 5,405.35	$ 3,853.17	$ -	$ -	$ 263.96	$ -
MANOR COURT OF CARBONDALE	6016885	146171	$ 48,604.67	$ 7,338.67	$ 554.66	$ 401.40	$ -	$ 1,792.91	$ -
ALDEN ESTATES CTS OF HUNTLEY	6016950	146186	$ 47,874.68	$ 13,597.87	$ 3,185.30	$ 1,837.50	$ -	$ 1,058.23	$ -
MANOR COURT OF ROCHELLE	6016976	146193	$ 31,059.02	$ 12,179.24	$ 262.32	$ -	$ -	$ 1,772.84	$ -
THRIVE OF LAKE COUNTY	6016984	145460	$ 82,235.48	$ 24,667.07	$ 2,783.36	$ 5,634.11	$ -	$ 3,657.71	$ -

$ 702,161.26	$ 828,924.27	$ 3,959,506.30	$ 5,494,793.26	$ 2,454,547.15	$ -	$ -	$ 4,224,809.28	$ 2,024,710.37	
Calculated Payment by Payer and Plan									Total Payment
	Managed Care Plans (Non-MMAI)								$ 27,365,368.06
Meridian Health Plan	Molina Healthcare	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	Humana Health Plan	IlliniCare Health Plan	Meridian Health Plan	Molina Healthcare	Total Payment
$ 80.93	$ 67.80	$ 11,295.34	$ 6,236.13	$ -	$ -	$ -	$ 6,941.77	$ 4,272.86	$ 31,894.42
$ 960.46	$ 1,542.76	$ 4,507.32	$ 3,145.73	$ -	$ -	$ -	$ 4,209.04	$ 842.36	$ 25,593.72
$ 3,519.96	$ 4,540.86	$ 8,793.16	$ 23,579.57	$ -	$ -	$ -	$ 5,780.36	$ 5,947.44	$ 80,803.27
$ -	$ 976.26	$ 978.04	$ 1,162.21	$ -	$ -	$ -	$ -	$ 485.84	$ 8,713.15
$ 1,996.88	$ -	$ 1,271.00	$ 1,540.70	$ -	$ -	$ -	$ 1,050.08	$ 2,014.09	$ 17,395.23
$ 445.19	$ 10,020.34	$ 4,042.94	$ 12,904.96	$ -	$ -	$ -	$ 4,329.65	$ 6,773.95	$ 48,604.67
$ 735.30	$ 647.37	$ 3,557.39	$ 14,702.45	$ 155.22	$ -	$ -	$ 5,217.87	$ 3,180.18	$ 47,874.68
$ 527.53	$ 2,778.88	$ 8,037.13	$ 4,162.70	$ -	$ -	$ -	$ 1,338.38	$ -	$ 31,059.02
$ 2,131.23	$ -	$ 10,118.38	$ 21,579.08	$ -	$ -	$ -	$ 9,478.66	$ 2,185.88	$ 82,235.48