

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
ARCADIA CARE CLIFTON	6000012	146085	\$ 38,634.75	\$ 12,325.95	\$ 1,800.01	\$ 1,271.17	\$ -	\$ 143.13	
ABBINGTON VILLAGE NURSING AND	6000020	146065	\$ 27,685.11	\$ 2,653.47	\$ 1,225.97	\$ 1,378.80	\$ -	\$ 2,660.19	
ALL AMERICAN VILLAGE NURSING A	6000087	146198	\$ 86,810.12	\$ 8,167.65	\$ 2,907.72	\$ 158.99	\$ -	\$ 99.61	
AVENUES AT ARCADIA LITCHFIELD	6000095	14E264	\$ 30,401.26	\$ 4,272.17	\$ 1,627.76	\$ -	\$ -	\$ 41.11	
ALDEN DEBES REHABILITATION AND	6000103	145142	\$ 89,897.30	\$ 13,887.97	\$ 3,567.31	\$ 852.55	\$ -	\$ 881.29	
FOSTER HEALTH AND REHAB CENTER	6000137	146167	\$ 18,897.84	\$ 2,912.77	\$ 530.11	\$ 58.90	\$ -	\$ 209.00	
AMBASSADOR NURSING REHAB CTR	6000186	145343	\$ 83,331.69	\$ 10,133.36	\$ 2,657.30	\$ 1,395.66	\$ -	\$ 2,910.01	
WESTSIDE REHAB CARE CENTER	6000194	145664	\$ 22,304.61	\$ 3,927.44	\$ -	\$ 39.29	\$ -	\$ -	
ACCOLADE HEALTHCARE DANVILLE	6000210	145243	\$ 69,109.05	\$ 20,433.05	\$ 2,192.56	\$ -	\$ -	\$ 700.00	
WARREN BARR OAK LAWN	6000236	145363	\$ 32,976.31	\$ 10,799.17	\$ 432.76	\$ 970.79	\$ -	\$ 1,388.51	
LOFT REHAB AND NRSNG OF NORMAL	6000244	145031	\$ 63,563.97	\$ 12,526.95	\$ 194.17	\$ -	\$ -	\$ 2,385.56	
PEARL OF NAPERVILLE THE	6000251	145045	\$ 30,188.03	\$ 8,190.08	\$ 2,948.09	\$ 1,368.15	\$ -	\$ 295.49	
CITADEL CARE CENTER-KANKAKEE	6000269	145043	\$ 59,394.60	\$ 8,595.33	\$ 6,755.26	\$ 6,737.13	\$ -	\$ 4,078.99	
CRESCENT CARE OF ELGIN	6000277	145004	\$ 29,843.45	\$ 6,210.04	\$ 1,488.23	\$ 2,182.61	\$ -	\$ -	
ACCOLADE HEALTHCARE OF PEORIA	6000293	145039	\$ 93,075.83	\$ 25,526.16	\$ 607.90	\$ -	\$ -	\$ 3,386.89	
PEARL OF ROLLING MEADOWS THE	6000327	145350	\$ 46,621.72	\$ 9,967.34	\$ 3,203.78	\$ 591.17	\$ -	\$ 2,100.89	
WESTMONT MANOR HLTH AND REHAB	6000335	145338	\$ 49,216.02	\$ 12,798.65	\$ 3,340.68	\$ 1,115.02	\$ -	\$ 3,467.49	
ALIYA OF OAK LAWN	6000343	145087	\$ 40,172.11	\$ 10,341.67	\$ 270.93	\$ 416.58	\$ -	\$ 2,637.27	
BRIDGEWAY SENIOR LIVING	6000353	145420	\$ 119,539.07	\$ 17,441.63	\$ 13,281.33	\$ 6,972.40	\$ -	\$ 14,981.34	
ALLURE OF GALESBURG	6000434	145987	\$ 60,489.89	\$ 3,120.26	\$ 1.96	\$ 168.77	\$ -	\$ 423.88	
ALDEN VALLEY RIDGE REHAB HCC	6000459	145379	\$ 74,402.47	\$ 15,946.42	\$ 2,671.84	\$ 2,281.64	\$ -	\$ 3,281.42	
FOREST VIEW REHAB NURSING CTR	6000483	145752	\$ 69,012.19	\$ 8,630.94	\$ 3,654.91	\$ 7,441.74	\$ -	\$ 2,725.85	
GROVE OF FOX VALLEY	6000574	145006	\$ 55,840.57	\$ 9,909.39	\$ 485.57	\$ 882.61	\$ -	\$ 1,821.93	
ZAHAV OF DES PLAINES	6000640	145334	\$ 86,923.77	\$ 13,021.23	\$ 2,359.97	\$ 2,504.50	\$ -	\$ 3,427.74	
BALMORAL NURSING HOME	6000657	145796	\$ 65,287.94	\$ 3,034.02	\$ 1,284.76	\$ 263.13	\$ -	\$ 122.17	
LITCHFIELD HEALTH AND REHAB CE	6000699	145271	\$ 37,115.40	\$ 2,424.23	\$ 50.24	\$ -	\$ -	\$ -	
PANA HEALTH AND REHAB CENTER	6000707	145267	\$ 43,681.50	\$ 6,864.29	\$ 295.02	\$ 26.03	\$ -	\$ 93.28	
STAUNTON HEALTH AND REHAB CENT	6000715	145286	\$ 17,640.46	\$ 2,910.19	\$ -	\$ 477.13	\$ -	\$ 1,281.12	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 688.95	\$ 1,843.68	\$ 2,020.77	\$ 7,413.52	\$ -	\$ -	\$ -	\$ 7,127.27	\$ 4,000.30	\$ 38,634.75
\$ -	\$ 3,222.79	\$ -	\$ 4,329.52	\$ 3,985.25	\$ -	\$ -	\$ -	\$ 8,224.08	\$ 5.04	\$ 27,685.11
\$ -	\$ 2,620.39	\$ -	\$ 16,201.24	\$ 15,132.39	\$ 14,358.53	\$ -	\$ -	\$ 17,273.91	\$ 9,889.69	\$ 86,810.12
\$ -	\$ 1,711.34	\$ 1,113.95	\$ 16,187.15	\$ 1,888.09	\$ -	\$ -	\$ -	\$ 2,812.95	\$ 746.74	\$ 30,401.26
\$ -	\$ 2,643.87	\$ 2,546.16	\$ 28,526.97	\$ 22,744.94	\$ 45.98	\$ -	\$ -	\$ 7,056.07	\$ 7,144.19	\$ 89,897.30
\$ -	\$ 602.31	\$ -	\$ 5,673.53	\$ 1,603.64	\$ 3,260.48	\$ -	\$ -	\$ 2,071.05	\$ 1,976.05	\$ 18,897.84
\$ -	\$ 3,534.14	\$ 1,121.89	\$ 10,617.72	\$ 8,594.11	\$ 22,550.69	\$ -	\$ -	\$ 16,037.62	\$ 3,779.19	\$ 83,331.69
\$ -	\$ -	\$ 506.57	\$ 1,916.11	\$ 4,670.82	\$ -	\$ -	\$ -	\$ 9,582.20	\$ 1,662.18	\$ 22,304.61
\$ -	\$ 754.96	\$ 6,227.68	\$ 7,428.09	\$ 17,800.82	\$ -	\$ -	\$ -	\$ 6,262.39	\$ 7,309.50	\$ 69,109.05
\$ -	\$ 100.25	\$ 157.06	\$ 356.06	\$ 3,403.45	\$ 11,202.95	\$ -	\$ -	\$ 2,192.06	\$ 1,973.25	\$ 32,976.31
\$ -	\$ 588.07	\$ 21,253.64	\$ 3,461.83	\$ 12,180.20	\$ -	\$ -	\$ -	\$ 5,006.89	\$ 5,966.66	\$ 63,563.97
\$ -	\$ 676.39	\$ 194.72	\$ 6,907.34	\$ 3,940.47	\$ -	\$ -	\$ -	\$ 5,014.83	\$ 652.47	\$ 30,188.03
\$ -	\$ 1,976.04	\$ 840.72	\$ 7,389.77	\$ 15,375.52	\$ -	\$ -	\$ -	\$ 2,542.57	\$ 5,103.27	\$ 59,394.60
\$ -	\$ 1,002.16	\$ 114.48	\$ 5,671.42	\$ 7,441.16	\$ -	\$ -	\$ -	\$ 5,023.95	\$ 709.40	\$ 29,843.45
\$ -	\$ 2,000.29	\$ 19,218.44	\$ 11,003.06	\$ 11,619.64	\$ -	\$ -	\$ -	\$ 7,902.75	\$ 11,810.70	\$ 93,075.83
\$ -	\$ 1,586.00	\$ 1,320.61	\$ 4,190.66	\$ 8,664.20	\$ 4,845.40	\$ -	\$ -	\$ 7,106.80	\$ 3,044.87	\$ 46,621.72
\$ -	\$ 826.43	\$ -	\$ 4,044.67	\$ 17,584.49	\$ -	\$ -	\$ -	\$ 4,057.79	\$ 1,980.80	\$ 49,216.02
\$ -	\$ 801.83	\$ 40.72	\$ 3,736.21	\$ 8,727.13	\$ 7,774.44	\$ -	\$ -	\$ 4,735.51	\$ 689.82	\$ 40,172.11
\$ -	\$ 13,892.86	\$ 894.87	\$ 10,353.54	\$ 24,347.93	\$ -	\$ -	\$ -	\$ 5,695.04	\$ 11,678.13	\$ 119,539.07
\$ -	\$ 5.89	\$ 1,026.35	\$ 7,571.05	\$ 3,548.07	\$ -	\$ -	\$ -	\$ 5,104.28	\$ 39,519.38	\$ 60,489.89
\$ -	\$ 1,477.74	\$ -	\$ 9,002.76	\$ 18,566.53	\$ -	\$ -	\$ -	\$ 17,521.30	\$ 3,652.82	\$ 74,402.47
\$ -	\$ 5,132.11	\$ 113.34	\$ 9,173.51	\$ 15,624.88	\$ 79.90	\$ -	\$ -	\$ 11,994.12	\$ 4,440.89	\$ 69,012.19
\$ -	\$ 318.18	\$ 127.27	\$ 9,757.87	\$ 21,949.85	\$ 36.23	\$ -	\$ -	\$ 5,843.19	\$ 4,708.48	\$ 55,840.57
\$ -	\$ 3,951.43	\$ 574.69	\$ 13,462.49	\$ 14,994.76	\$ 16,209.24	\$ -	\$ -	\$ 12,575.92	\$ 3,841.80	\$ 86,923.77
\$ -	\$ 277.90	\$ 520.89	\$ 21,685.23	\$ 5,155.16	\$ 8,931.58	\$ -	\$ -	\$ 21,718.79	\$ 2,294.31	\$ 65,287.94
\$ -	\$ -	\$ 47.29	\$ 21,884.91	\$ 594.62	\$ -	\$ -	\$ -	\$ 830.36	\$ 11,283.75	\$ 37,115.40
\$ -	\$ -	\$ -	\$ -	\$ 35,238.18	\$ -	\$ -	\$ -	\$ 1,007.17	\$ 157.53	\$ 43,681.50
\$ -	\$ 3,521.77	\$ 3,363.60	\$ 1,014.88	\$ 1,779.34	\$ -	\$ -	\$ -	\$ 1,731.89	\$ 1,560.54	\$ 17,640.46

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				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	
LAKESIDE HEALTH AND REHAB CENT	6000723	145456	\$ 22,833.48	\$ 5,398.49	\$ 995.70	\$ 32.78	\$ -	\$ -	
BARRY HEALTHCARE AND SENIOR LI	6000731	146051	\$ 17,877.63	\$ 4,014.54	\$ 454.82	\$ 1,047.28	\$ -	\$ -	
GROVE HEALTH AND REHAB CENTER,	6000756	146059	\$ 60,796.20	\$ 14,706.53	\$ 2,446.07	\$ 2,310.51	\$ -	\$ 3,464.26	
BEARDSTOWN HEALTH AND REHAB CE	6000780	145952	\$ 37,018.97	\$ 8,441.36	\$ -	\$ 1,000.01	\$ -	\$ 1,239.44	
BEECHER MANOR NURSG AND RHB CT	6000806	145538	\$ 32,928.28	\$ 6,360.15	\$ 2,665.58	\$ 3,365.43	\$ -	\$ 702.93	
BELHAVEN NURSING REHAB CTR	6000822	145549	\$ 143,302.07	\$ 20,791.23	\$ 4,137.07	\$ 4,004.73	\$ -	\$ 5,786.08	
BEMENT HEALTH CARE CENTER	6000855	145948	\$ 11,100.29	\$ 2,614.56	\$ -	\$ -	\$ -	\$ 78.33	
BELLA TERRA MORTON GROVE	6000889	145198	\$ 95,851.25	\$ 20,705.38	\$ 7,462.92	\$ 5,676.68	\$ -	\$ 1,435.54	
FLANAGAN REHABILITATION HCC	6000939	145842	\$ 20,300.97	\$ 3,847.57	\$ 418.72	\$ -	\$ -	\$ -	
BRIA OF FOREST EDGE	6000954	145864	\$ 149,727.73	\$ 8,777.56	\$ 1,954.50	\$ 2,005.09	\$ -	\$ 892.09	
BIG MEADOWS	6000962	14E701	\$ 46,265.86	\$ 3,975.99	\$ -	\$ -	\$ -	\$ -	
CASEY HEALTH CARE CENTER	6000970	146117	\$ 15,359.48	\$ 1,776.69	\$ 950.53	\$ -	\$ -	\$ -	
BIRCHWOOD PLAZA	6000988	145532	\$ 59,298.39	\$ 11,458.17	\$ 106.32	\$ 116.38	\$ -	\$ 28.74	
BLOOMINGTON REHABILITATION AND	6000996	145610	\$ 34,123.73	\$ 8,461.85	\$ 673.49	\$ 27.14	\$ -	\$ 673.49	
WEST SUBURBAN NURSING REHAB	6001002	145333	\$ 72,448.70	\$ 9,163.36	\$ 4,276.04	\$ 3,812.56	\$ -	\$ 2,703.37	
ARCADIA CARE BLOOMINGTON	6001010	145371	\$ 58,926.51	\$ 6,916.73	\$ 217.94	\$ -	\$ -	\$ 402.85	
BRIA OF GODFREY LLC	6001028	145656	\$ 21,623.54	\$ 3,838.03	\$ -	\$ -	\$ -	\$ -	
LEBANON CARE CENTER	6001044	145897	\$ 51,145.02	\$ 9,962.44	\$ -	\$ 185.90	\$ -	\$ 952.74	
ALTA REHAB AT FAIRMONT	6001051	145867	\$ 106,974.63	\$ 35,619.41	\$ 1,391.60	\$ 3,137.28	\$ -	\$ 2,676.72	
APERION CARE MIDLOTHIAN	6001077	145947	\$ 47,859.24	\$ 5,551.95	\$ 375.09	\$ 237.94	\$ -	\$ 72.70	
APERION CARE BRADLEY	6001085	146112	\$ 48,008.40	\$ 8,100.54	\$ 2,346.92	\$ 1,628.23	\$ -	\$ 1,199.85	
ELEVATE CARE RIVERWOODS	6001119	145304	\$ 83,949.71	\$ 15,435.71	\$ 101.41	\$ 1,676.07	\$ -	\$ 105.10	
BURBANK REHABILITATION CENTER	6001127	145211	\$ 65,793.73	\$ 16,502.49	\$ 904.92	\$ 2,862.85	\$ -	\$ 585.26	
FOREST CITY REHAB AND NRSG CTR	6001135	145937	\$ 59,678.21	\$ 1,968.23	\$ 1,050.61	\$ 150.68	\$ -	\$ 580.90	
BRIAR PLACE NURSING	6001143	145784	\$ 70,689.07	\$ 7,837.76	\$ 2,643.60	\$ 3,770.59	\$ -	\$ 2,708.03	
PAVILION OF BRIDGEVIEW	6001168	145208	\$ 86,058.63	\$ 21,373.47	\$ 3,246.70	\$ 8,956.41	\$ -	\$ 4,938.46	
BEACON CARE AND REHABILITATION	6001176	145776	\$ 60,280.46	\$ 12,405.23	\$ -	\$ 295.31	\$ -	\$ 80.97	
AMBERWOOD CARE CENTRE	6001267	145908	\$ 83,321.66	\$ 12,344.43	\$ 1,642.57	\$ 999.83	\$ -	\$ 3,964.93	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 61.46	\$ 1,985.25	\$ 2,407.30	\$ 7,369.41	\$ -	\$ -	\$ -	\$ 4,331.09	\$ 252.00	\$ 22,833.48
\$ -	\$ 14.96	\$ 8,511.36	\$ 527.20	\$ 1,212.92	\$ -	\$ -	\$ -	\$ 242.23	\$ 1,852.32	\$ 17,877.63
\$ -	\$ 6,934.54	\$ 4,666.20	\$ 3,822.73	\$ 14,357.08	\$ -	\$ -	\$ -	\$ 5,181.32	\$ 2,906.96	\$ 60,796.20
\$ -	\$ 5,068.10	\$ 10,119.77	\$ 1,068.08	\$ 4,248.85	\$ -	\$ -	\$ -	\$ 5,833.36	\$ -	\$ 37,018.97
\$ -	\$ 3,225.46	\$ 327.62	\$ 3,167.01	\$ 10,071.67	\$ -	\$ -	\$ -	\$ 1,887.29	\$ 1,155.14	\$ 32,928.28
\$ -	\$ 4,989.37	\$ 1,802.53	\$ 14,240.21	\$ 22,143.80	\$ 39,390.86	\$ -	\$ -	\$ 19,819.84	\$ 6,196.35	\$ 143,302.07
\$ -	\$ -	\$ 1,046.59	\$ 1,312.41	\$ 771.78	\$ -	\$ -	\$ -	\$ 1,204.54	\$ 4,072.08	\$ 11,100.29
\$ -	\$ 3,600.53	\$ 2,807.95	\$ 9,943.54	\$ 11,863.04	\$ 10,883.42	\$ -	\$ -	\$ 9,613.88	\$ 11,858.37	\$ 95,851.25
\$ -	\$ 2,465.80	\$ 500.14	\$ 4,273.28	\$ 5,883.02	\$ -	\$ -	\$ -	\$ 2,591.42	\$ 321.02	\$ 20,300.97
\$ -	\$ 168.64	\$ 42.16	\$ 48,700.68	\$ 33,265.33	\$ 21,022.29	\$ -	\$ -	\$ 28,197.79	\$ 4,701.60	\$ 149,727.73
\$ -	\$ 81.24	\$ 847.19	\$ 847.19	\$ 4,725.70	\$ -	\$ -	\$ -	\$ 34,672.12	\$ 1,116.43	\$ 46,265.86
\$ -	\$ 1,003.83	\$ 6,168.07	\$ 2,195.69	\$ 1,074.90	\$ -	\$ -	\$ -	\$ 1,767.81	\$ 421.96	\$ 15,359.48
\$ -	\$ 524.42	\$ 89.08	\$ 2,669.98	\$ 35,881.42	\$ 2,526.31	\$ -	\$ -	\$ 5,083.40	\$ 814.17	\$ 59,298.39
\$ -	\$ 495.87	\$ 1,916.87	\$ 6,320.49	\$ 5,183.20	\$ -	\$ -	\$ -	\$ 3,752.33	\$ 6,619.00	\$ 34,123.73
\$ -	\$ 3,798.21	\$ 103.31	\$ 14,237.20	\$ 11,680.18	\$ 1,023.09	\$ -	\$ -	\$ 16,020.79	\$ 5,630.59	\$ 72,448.70
\$ -	\$ 768.28	\$ 3,370.31	\$ 5,093.99	\$ 15,893.96	\$ -	\$ -	\$ -	\$ 15,728.85	\$ 10,533.60	\$ 58,926.51
\$ -	\$ 135.64	\$ 373.84	\$ 872.37	\$ 5,242.08	\$ -	\$ -	\$ -	\$ 7,843.43	\$ 3,318.15	\$ 21,623.54
\$ -	\$ 17,068.03	\$ 647.75	\$ 1,656.37	\$ 2,406.75	\$ -	\$ -	\$ -	\$ 17,725.60	\$ 539.44	\$ 51,145.02
\$ -	\$ 2,060.16	\$ 1,421.31	\$ 24,147.41	\$ 20,254.91	\$ 3,082.81	\$ -	\$ -	\$ 6,876.27	\$ 6,306.75	\$ 106,974.63
\$ -	\$ 180.11	\$ 94.19	\$ 5,639.54	\$ 13,319.75	\$ 6,670.62	\$ -	\$ -	\$ 10,978.35	\$ 4,739.00	\$ 47,859.24
\$ -	\$ 2,078.94	\$ -	\$ 4,145.69	\$ 17,116.71	\$ 54.82	\$ -	\$ -	\$ 8,425.38	\$ 2,911.32	\$ 48,008.40
\$ -	\$ 252.61	\$ 46.10	\$ 18,557.09	\$ 32,256.50	\$ 39.51	\$ -	\$ -	\$ 9,375.13	\$ 6,104.48	\$ 83,949.71
\$ -	\$ 6,141.72	\$ 738.04	\$ 5,333.17	\$ 6,954.97	\$ 16,977.28	\$ -	\$ -	\$ 7,862.25	\$ 930.78	\$ 65,793.73
\$ -	\$ 11,878.90	\$ 1,973.41	\$ 8,783.18	\$ 8,966.07	\$ 33.25	\$ -	\$ -	\$ 15,172.07	\$ 9,120.91	\$ 59,678.21
\$ -	\$ 2,422.71	\$ 1,436.85	\$ 11,345.51	\$ 13,400.06	\$ 8,238.64	\$ -	\$ -	\$ 12,463.29	\$ 4,422.03	\$ 70,689.07
\$ -	\$ 3,172.06	\$ 1,457.90	\$ 5,866.45	\$ 10,095.86	\$ 18,800.99	\$ -	\$ -	\$ 6,361.54	\$ 1,788.79	\$ 86,058.63
\$ -	\$ 69.06	\$ 83.35	\$ 10,292.83	\$ 10,707.21	\$ 8,799.63	\$ -	\$ -	\$ 12,974.40	\$ 4,572.47	\$ 60,280.46
\$ -	\$ 2,531.31	\$ 4,977.98	\$ 13,558.52	\$ 28,471.30	\$ -	\$ -	\$ -	\$ 9,754.94	\$ 5,075.85	\$ 83,321.66

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				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
BRIA OF RIVER OAKS	6001283	145735	\$ 131,901.64	\$ 10,766.88	\$ 2,585.24	\$ 288.90	\$ -	\$ 450.68	
MARSHALL REHAB & NURSING	6001291	146046	\$ 26,145.04	\$ 4,820.63	\$ 135.49	\$ -	\$ -	\$ 80.82	
AUTUMN MEADOWS OF CAHOKIA	6001317	145581	\$ 89,108.97	\$ 19,281.48	\$ -	\$ -	\$ -	\$ -	
CALIFORNIA TERRACE	6001333	145625	\$ 118,214.65	\$ 7,792.95	\$ 192.45	\$ 123.62	\$ -	\$ 1.40	
BELLEVILLE HEALTHCARE CENTER L	6001341	145290	\$ 95,969.68	\$ 8,636.34	\$ 466.00	\$ 80.43	\$ -	\$ 380.84	
CHARLESTON REHAB HEALTH CARE	6001358	145636	\$ 33,603.81	\$ 4,874.85	\$ 4,453.24	\$ -	\$ -	\$ 690.12	
ALDEN POPLAR CR REHAB AND HCC	6001366	145403	\$ 70,081.42	\$ 15,297.02	\$ 3,030.23	\$ 475.30	\$ -	\$ 1,314.36	
PARKER NURSING AND REHAB CTR	6001374	145989	\$ 37,454.03	\$ 9,467.46	\$ 3,326.15	\$ 5,895.09	\$ -	\$ 2,092.78	
ACCOLADE HEALTHCARE OF SAVOY	6001457	145439	\$ 86,375.32	\$ 21,358.71	\$ 6,771.45	\$ -	\$ -	\$ 3,935.98	
CARLTON AT THE LAKE, THE	6001465	145679	\$ 98,594.91	\$ 16,554.27	\$ 5,162.67	\$ 3,052.99	\$ -	\$ 1,450.96	
CARLYLE HEALTHCARE AND SR LIVI	6001473	145729	\$ 36,446.91	\$ 8,402.89	\$ 570.87	\$ 8.43	\$ -	\$ 1,236.52	
CARRIER MILLS NURSING & REHABI	6001507	145323	\$ 29,404.39	\$ 9,038.90	\$ 9.64	\$ 57.82	\$ -	\$ -	
ALLURE OF MT CARROLL, LLC	6001515	145770	\$ 16,259.87	\$ 2,671.97	\$ 123.03	\$ -	\$ -	\$ 39.15	
CENTER HOME HISPANIC ELDERLY	6001523	146062	\$ 80,403.62	\$ 17,545.57	\$ 3,987.40	\$ 2,968.31	\$ -	\$ -	
MT VERNON HEALTH CARE CENTER	6001531	14E812	\$ 38,255.59	\$ 9,788.23	\$ 1,271.38	\$ -	\$ -	\$ 1,360.60	
CENTRAL NURSING HOME	6001580	145648	\$ 68,212.10	\$ 9,152.55	\$ 616.07	\$ 770.09	\$ -	\$ 752.61	
FIRESIDE HOUSE OF CENTRALIA	6001614	145791	\$ 39,379.57	\$ 6,112.84	\$ -	\$ -	\$ -	\$ -	
HIGHLAND HEALTH CARE CENTER	6001663	145508	\$ 43,180.88	\$ 8,248.44	\$ -	\$ -	\$ -	\$ -	
RYZE ON THE AVENUE	6001689	145337	\$ 94,360.46	\$ 12,080.93	\$ 939.99	\$ 861.52	\$ -	\$ 1,047.89	
CHICAGO RIDGE SNF	6001697	145639	\$ 55,237.17	\$ 5,207.89	\$ 1,922.11	\$ 725.31	\$ -	\$ 1,252.59	
APERION CARE WEST CHICAGO	6001713	145830	\$ 72,362.97	\$ 4,955.66	\$ 886.14	\$ 337.03	\$ -	\$ 895.59	
CISNE REHAB AND HEALTH CARE CT	6001770	146131	\$ 18,961.13	\$ 2,669.70	\$ -	\$ 1,235.52	\$ -	\$ 1,055.47	
INTEGRITY HC OF ANNA	6001788	146006	\$ 34,196.88	\$ 5,805.43	\$ 145.43	\$ 914.79	\$ -	\$ 851.46	
CLARK MANOR	6001796	145507	\$ 94,112.53	\$ 9,187.28	\$ 3,006.74	\$ 1,110.47	\$ -	\$ 854.03	
CLAYBERG, THE	6001838	146151	\$ 30,133.35	\$ 10,218.74	\$ 2,797.14	\$ -	\$ -	\$ -	
CLINTON MANOR LIVING CENTER	6001887	146025	\$ 19,295.60	\$ 4,116.44	\$ -	\$ -	\$ -	\$ -	
SOUTHVIEW MANOR	6001895	146161	\$ 68,648.46	\$ 5,768.39	\$ 2,158.21	\$ 2,354.17	\$ -	\$ 2,293.67	
APERION CARE PRINCETON	6001945	145437	\$ 51,043.74	\$ 9,198.82	\$ 1,224.06	\$ 230.14	\$ -	\$ 103.39	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 929.43	\$ 369.79	\$ 41,791.39	\$ 22,547.37	\$ 20,663.75	\$ -	\$ -	\$ 20,531.68	\$ 10,976.53	\$ 131,901.64
\$ -	\$ 47.54	\$ 40.41	\$ 12,163.30	\$ 6,486.94	\$ -	\$ -	\$ -	\$ 2,136.96	\$ 232.95	\$ 26,145.04
\$ -	\$ -	\$ 247.34	\$ 2,945.93	\$ 7,852.13	\$ -	\$ -	\$ -	\$ 20,990.70	\$ 37,791.39	\$ 89,108.97
\$ -	\$ 63.21	\$ 43.55	\$ 16,753.14	\$ 12,615.86	\$ 44,789.32	\$ -	\$ -	\$ 28,318.80	\$ 7,520.35	\$ 118,214.65
\$ -	\$ 525.14	\$ 2,251.93	\$ 19,560.11	\$ 5,322.32	\$ -	\$ -	\$ -	\$ 43,120.24	\$ 15,626.33	\$ 95,969.68
\$ -	\$ 1,996.93	\$ 5,323.75	\$ 4,595.88	\$ 4,830.81	\$ -	\$ -	\$ -	\$ 5,413.95	\$ 1,424.28	\$ 33,603.81
\$ -	\$ 3,421.45	\$ 888.82	\$ 14,315.53	\$ 11,817.22	\$ 5,825.39	\$ -	\$ -	\$ 6,067.33	\$ 7,628.77	\$ 70,081.42
\$ -	\$ 436.67	\$ 2,801.21	\$ 4,661.72	\$ 4,143.75	\$ -	\$ -	\$ -	\$ 3,597.91	\$ 1,031.29	\$ 37,454.03
\$ -	\$ 2,728.79	\$ 21,515.92	\$ 2,172.93	\$ 13,163.91	\$ -	\$ -	\$ -	\$ 4,337.44	\$ 10,390.19	\$ 86,375.32
\$ -	\$ 1,306.92	\$ 586.71	\$ 14,056.38	\$ 19,508.89	\$ 18,477.76	\$ -	\$ -	\$ 13,207.94	\$ 5,229.42	\$ 98,594.91
\$ -	\$ -	\$ 1,961.16	\$ 1,845.31	\$ 5,527.49	\$ -	\$ -	\$ -	\$ 14,846.71	\$ 2,047.53	\$ 36,446.91
\$ -	\$ -	\$ 59.75	\$ -	\$ 10,122.03	\$ -	\$ -	\$ -	\$ 9,532.29	\$ 583.96	\$ 29,404.39
\$ -	\$ -	\$ 3.73	\$ 6,728.75	\$ 2,605.39	\$ -	\$ -	\$ -	\$ -	\$ 4,087.85	\$ 16,259.87
\$ -	\$ 7,733.37	\$ 1,608.68	\$ 6,894.72	\$ 10,282.35	\$ 18,455.37	\$ -	\$ -	\$ 9,034.54	\$ 1,893.31	\$ 80,403.62
\$ -	\$ -	\$ 2,514.87	\$ 7,816.65	\$ 8,244.83	\$ -	\$ -	\$ -	\$ 5,845.06	\$ 1,413.97	\$ 38,255.59
\$ -	\$ 598.59	\$ 515.57	\$ 13,661.64	\$ 7,408.11	\$ 13,220.35	\$ -	\$ -	\$ 19,303.48	\$ 2,213.04	\$ 68,212.10
\$ -	\$ -	\$ -	\$ 9,556.20	\$ 12,729.60	\$ -	\$ -	\$ -	\$ 10,797.96	\$ 182.97	\$ 39,379.57
\$ -	\$ 498.64	\$ 221.36	\$ 3,147.93	\$ 13,910.53	\$ -	\$ -	\$ -	\$ 5,620.13	\$ 11,533.85	\$ 43,180.88
\$ -	\$ 2,166.07	\$ 58.85	\$ 12,358.85	\$ 13,552.23	\$ 28,351.79	\$ -	\$ -	\$ 15,955.34	\$ 6,987.00	\$ 94,360.46
\$ -	\$ 917.05	\$ 453.42	\$ 8,836.69	\$ 8,135.07	\$ 7,228.58	\$ -	\$ -	\$ 18,534.98	\$ 2,023.48	\$ 55,237.17
\$ -	\$ 1,004.78	\$ 95.54	\$ 6,984.10	\$ 20,665.68	\$ 804.24	\$ -	\$ -	\$ 31,552.36	\$ 4,181.85	\$ 72,362.97
\$ -	\$ 62.09	\$ 2,595.20	\$ 2,216.48	\$ 7,335.49	\$ -	\$ -	\$ -	\$ 1,133.07	\$ 658.11	\$ 18,961.13
\$ -	\$ -	\$ 842.08	\$ 12,788.35	\$ 7,719.45	\$ -	\$ -	\$ -	\$ 2,254.15	\$ 2,875.74	\$ 34,196.88
\$ -	\$ 4,280.73	\$ 1,604.54	\$ 18,207.51	\$ 21,902.42	\$ 13,064.52	\$ -	\$ -	\$ 18,232.21	\$ 2,662.08	\$ 94,112.53
\$ -	\$ 321.54	\$ 9,837.06	\$ 1,320.15	\$ 3,136.98	\$ -	\$ -	\$ -	\$ 807.77	\$ 1,693.97	\$ 30,133.35
\$ -	\$ -	\$ -	\$ 1,304.43	\$ -	\$ -	\$ -	\$ -	\$ 10,863.13	\$ 3,011.60	\$ 19,295.60
\$ -	\$ 5,173.92	\$ 398.50	\$ 26,884.91	\$ 3,591.76	\$ 5,142.35	\$ -	\$ -	\$ 7,862.15	\$ 7,020.43	\$ 68,648.46
\$ -	\$ 607.03	\$ 3,712.21	\$ 6,764.03	\$ 10,119.36	\$ -	\$ -	\$ -	\$ 18,531.04	\$ 553.66	\$ 51,043.74

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
GOLDWATER CARE DANVILLE	6001952	145183	\$ 37,128.13	\$ 6,444.31	\$ 2,117.15	\$ -	\$ -	\$ 2,091.15	
GRANITE NURSING AND REHAB CTR	6001986	146075	\$ 39,902.77	\$ 6,327.98	\$ 179.00	\$ 44.75	\$ -	\$ 63.93	
COMMUNITY CARE CENTER	6002026	146164	\$ 54,566.47	\$ 6,297.05	\$ 861.55	\$ 2,811.63	\$ -	\$ 766.48	
APERION CARE OAK LAWN	6002059	145197	\$ 41,845.65	\$ 6,414.32	\$ 1,152.72	\$ 472.94	\$ -	\$ 181.13	
AUSTIN OASIS, THE	6002067	145834	\$ 89,116.54	\$ 5,337.30	\$ 3,751.62	\$ 150.26	\$ -	\$ -	
CONTINENTAL NURSING REHAB CTR	6002075	145730	\$ 78,910.81	\$ 10,453.71	\$ 2,073.87	\$ 1,212.19	\$ -	\$ 3,268.21	
ARC AT DWIGHT	6002083	145452	\$ 21,251.59	\$ 6,634.43	\$ 1,031.48	\$ -	\$ -	\$ -	
NEWMAN REHAB HEALTH CARE CTR	6002091	145631	\$ 20,880.54	\$ 2,601.94	\$ 208.36	\$ -	\$ -	\$ -	
PALM TERRACE OF MATTOON	6002109	145584	\$ 47,449.97	\$ 5,623.28	\$ 611.82	\$ 5.48	\$ -	\$ 91.32	
ROBINSON REHAB AND NURSING	6002125	145760	\$ 29,720.52	\$ 7,686.71	\$ 47.32	\$ -	\$ -	\$ -	
COUNTRY HEALTH	6002141	145708	\$ 28,066.50	\$ 7,731.32	\$ 1,893.98	\$ -	\$ -	\$ -	
PEARL OF ORCHARD VALLEY, THE	6002174	145473	\$ 52,120.82	\$ 8,804.93	\$ 1,851.46	\$ 950.75	\$ -	\$ 1,667.44	
COUNTRYSIDE NURSING AND REHAB	6002190	145798	\$ 80,778.56	\$ 8,698.03	\$ 2,673.42	\$ 2,072.76	\$ -	\$ 2,272.98	
CRESTWOOD REHABILITATION CENTE	6002265	145718	\$ 103,672.46	\$ 16,153.08	\$ 667.97	\$ 1,290.55	\$ -	\$ 1,071.68	
CRESTWOOD TERRACE	6002273	14E177	\$ 58,725.31	\$ 4,674.35	\$ 4,357.50	\$ 2,824.95	\$ -	\$ 1,112.30	
CUMBERLAND REHAB HEALTH CARE	6002307	146113	\$ 17,385.63	\$ 3,087.70	\$ 264.40	\$ -	\$ -	\$ -	
PARK VIEW REHAB CENTER	6002315	145765	\$ 75,308.48	\$ 7,564.85	\$ 1,533.13	\$ 859.00	\$ -	\$ 169.93	
ARCADIA CARE DANVILLE	6002364	145753	\$ 97,971.63	\$ 13,690.27	\$ 1,744.24	\$ -	\$ -	\$ 228.17	
WATERFORD CARE CENTER, THE	6002430	145659	\$ 48,609.49	\$ 6,926.87	\$ 2,504.55	\$ 1,236.54	\$ -	\$ 1,392.79	
PEARL OF JOLIET, THE	6002463	145372	\$ 55,600.18	\$ 8,380.90	\$ 1,136.92	\$ 1,432.34	\$ -	\$ 682.15	
APERION CARE CAPITOL	6002489	145160	\$ 66,370.95	\$ 14,352.11	\$ 2,278.79	\$ -	\$ -	\$ 137.59	
DOBSON PLAZA NURSING & REHAB	6002521	145122	\$ 27,106.10	\$ 3,863.71	\$ -	\$ 1,585.09	\$ -	\$ 634.68	
APERION CARE DOLTON	6002547	145877	\$ 74,378.80	\$ 10,908.42	\$ 1,237.61	\$ 218.40	\$ -	\$ 847.40	
TUSCOLA HEALTH CARE CENTER	6002588	146086	\$ 15,551.76	\$ 2,773.40	\$ 93.57	\$ -	\$ -	\$ -	
DUPAGE CARE CENTER	6002612	145050	\$ 224,184.64	\$ 38,447.24	\$ 2,326.37	\$ 4,492.65	\$ -	\$ -	
ALLURE OF MOLINE	6002646	146041	\$ 72,238.04	\$ 15,755.70	\$ 165.79	\$ -	\$ -	\$ -	
AVENUES AT ARCADIA SPRINGFIELD	6002661	14E847	\$ 36,532.91	\$ 5,646.20	\$ -	\$ -	\$ -	\$ -	
EDEN VILLAGE	6002679	145384	\$ 22,550.38	\$ 4,421.94	\$ -	\$ -	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan **Total Payment**

\$ 25,155,429.33

Managed Care Plans (Non-MMAI)

IlliniCare Health Plan	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
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\$ -	\$ -	\$ 6,834.31	\$ 8,914.32	\$ 3,465.44	\$ -	\$ -	\$ -	\$ 6,455.45	\$ 806.00	\$ 37,128.13
\$ -	\$ 233.33	\$ 179.00	\$ 2,713.09	\$ 1,442.16	\$ -	\$ -	\$ -	\$ 17,343.97	\$ 11,375.56	\$ 39,902.77
\$ -	\$ 1,183.59	\$ 70.11	\$ 9,252.46	\$ 10,009.44	\$ 12,012.99	\$ -	\$ -	\$ 8,942.30	\$ 2,358.87	\$ 54,566.47
\$ -	\$ 869.85	\$ 401.38	\$ 3,899.79	\$ 14,520.25	\$ 4,949.65	\$ -	\$ -	\$ 7,165.65	\$ 1,817.97	\$ 41,845.65
\$ -	\$ 7,178.75	\$ 778.46	\$ 15,394.91	\$ 10,014.44	\$ 13,411.20	\$ -	\$ -	\$ 24,637.28	\$ 8,462.32	\$ 89,116.54
\$ -	\$ 5,335.58	\$ 2,077.11	\$ 14,627.42	\$ 8,535.64	\$ 16,154.42	\$ -	\$ -	\$ 11,451.71	\$ 3,720.95	\$ 78,910.81
\$ -	\$ 2,235.11	\$ 1,501.64	\$ 1,206.52	\$ 4,617.77	\$ -	\$ -	\$ -	\$ 3,894.44	\$ 130.20	\$ 21,251.59
\$ -	\$ 1,094.94	\$ 1,358.58	\$ 5,403.84	\$ 6,568.13	\$ -	\$ -	\$ -	\$ 2,121.04	\$ 1,523.71	\$ 20,880.54
\$ -	\$ 600.86	\$ 2,124.03	\$ 4,101.94	\$ 2,905.70	\$ -	\$ -	\$ -	\$ 29,648.70	\$ 1,736.84	\$ 47,449.97
\$ -	\$ 26.62	\$ 479.12	\$ 10,487.51	\$ 1,549.76	\$ -	\$ -	\$ -	\$ 4,019.32	\$ 5,424.16	\$ 29,720.52
\$ -	\$ -	\$ 5,128.31	\$ 3,312.03	\$ 5,520.06	\$ -	\$ -	\$ -	\$ 1,188.19	\$ 3,292.61	\$ 28,066.50
\$ -	\$ 497.17	\$ 469.73	\$ 10,753.49	\$ 11,648.97	\$ 103.77	\$ -	\$ -	\$ 12,794.27	\$ 2,578.84	\$ 52,120.82
\$ -	\$ 2,675.06	\$ 1,198.03	\$ 20,896.64	\$ 5,309.09	\$ 11,911.40	\$ -	\$ -	\$ 21,215.02	\$ 1,856.13	\$ 80,778.56
\$ -	\$ 671.22	\$ 1,048.98	\$ 16,925.15	\$ 14,309.85	\$ 25,257.44	\$ -	\$ -	\$ 15,915.70	\$ 10,360.84	\$ 103,672.46
\$ -	\$ 5,101.26	\$ 1,876.07	\$ 9,400.39	\$ 6,708.84	\$ 12,563.86	\$ -	\$ -	\$ 7,267.50	\$ 2,838.29	\$ 58,725.31
\$ -	\$ 67.22	\$ 224.07	\$ 5,953.55	\$ 3,419.32	\$ -	\$ -	\$ -	\$ 4,369.37	\$ -	\$ 17,385.63
\$ -	\$ 3,077.47	\$ 2,386.54	\$ 7,404.24	\$ 16,289.32	\$ 13,249.20	\$ -	\$ -	\$ 21,230.46	\$ 1,544.34	\$ 75,308.48
\$ -	\$ 83.66	\$ 14,630.84	\$ 12,240.12	\$ 13,084.35	\$ -	\$ -	\$ -	\$ 15,814.80	\$ 26,455.18	\$ 97,971.63
\$ -	\$ 2,570.88	\$ 272.04	\$ 10,420.66	\$ 9,596.67	\$ 7,099.98	\$ -	\$ -	\$ 5,250.80	\$ 1,337.71	\$ 48,609.49
\$ -	\$ 648.13	\$ 760.93	\$ 9,380.54	\$ 15,327.31	\$ 44.76	\$ -	\$ -	\$ 12,469.03	\$ 5,337.17	\$ 55,600.18
\$ -	\$ 66.64	\$ 2,528.17	\$ 8,180.01	\$ 17,561.76	\$ -	\$ -	\$ -	\$ 16,314.88	\$ 4,951.00	\$ 66,370.95
\$ -	\$ 865.47	\$ 84.94	\$ -	\$ 14,542.81	\$ 3,671.00	\$ -	\$ -	\$ 1,858.40	\$ -	\$ 27,106.10
\$ -	\$ 1,528.81	\$ 1,217.22	\$ 9,012.70	\$ 13,147.77	\$ 13,034.20	\$ -	\$ -	\$ 18,759.23	\$ 4,467.04	\$ 74,378.80
\$ -	\$ -	\$ 156.49	\$ 649.17	\$ 393.73	\$ -	\$ -	\$ -	\$ 10,373.35	\$ 1,112.05	\$ 15,551.76
\$ -	\$ 10,926.11	\$ 199.31	\$ 2,571.43	\$ 133,070.52	\$ 75.15	\$ -	\$ -	\$ 29,416.21	\$ 2,659.65	\$ 224,184.64
\$ -	\$ 60.79	\$ 455.93	\$ 6,413.36	\$ 27,819.78	\$ -	\$ -	\$ -	\$ 11,627.50	\$ 9,939.19	\$ 72,238.04
\$ -	\$ 798.59	\$ 1,648.15	\$ 4,963.15	\$ 9,487.92	\$ -	\$ -	\$ -	\$ 11,876.89	\$ 2,112.01	\$ 36,532.91
\$ -	\$ 5,882.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,245.61	\$ -	\$ 22,550.38

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
SHERIDAN VILLAGE NRSNG & RHB	6002687	145482	\$ 92,863.51	\$ 8,933.13	\$ 4,363.11	\$ 200.34	\$ -	\$ 2,126.54	
ROCK RIVER GARDENS	6002695	14E579	\$ 27,687.19	\$ 2,425.60	\$ 426.66	\$ 77.04	\$ -	\$ 75.06	
EL PASO HEALTH CARE CENTER	6002745	146097	\$ 71,033.98	\$ 14,825.36	\$ 376.50	\$ -	\$ -	\$ -	
BRIA OF ALTON LLC	6002778	145427	\$ 45,067.59	\$ 6,156.30	\$ 238.07	\$ 93.08	\$ -	\$ 123.51	
ELMS NURSING HOME	6002836	146033	\$ 45,349.89	\$ 12,142.54	\$ 1,989.29	\$ 351.24	\$ -	\$ 173.98	
HIGHLIGHT HEALTHCARE OF AURORA	6002844	145663	\$ 37,525.46	\$ 6,208.96	\$ 125.42	\$ 2,662.19	\$ -	\$ 1,329.91	
IRVING PARK LIVING AND REHAB C	6002851	145415	\$ 70,430.77	\$ 10,007.34	\$ 1,157.15	\$ 264.64	\$ -	\$ 256.86	
CEDAR RIDGE HEALTH & REHAB CEN	6002869	145571	\$ 64,496.77	\$ 16,337.84	\$ 2,292.32	\$ 2,682.07	\$ -	\$ 5.77	
DUQUOIN NURSING & REHABILITATI	6002943	145008	\$ 25,874.06	\$ 5,308.87	\$ 108.27	\$ 25.71	\$ -	\$ 35.19	
FAIR HAVENS SENIOR LIVING	6002950	145422	\$ 93,995.97	\$ 15,452.24	\$ 2,755.62	\$ 2,006.92	\$ -	\$ 315.42	
ZAHAV OF BERWYN	6003008	145070	\$ 55,195.51	\$ 9,559.14	\$ 2,688.23	\$ 2,104.34	\$ -	\$ 1,115.76	
GROVE OF LAGRANGE PARK, THE	6003057	145307	\$ 37,499.43	\$ 10,200.64	\$ 4,761.96	\$ 740.23	\$ -	\$ 1,674.04	
ROSICLARE REHAB & HEALTH CC	6003065	145759	\$ 28,954.58	\$ 3,893.07	\$ 73.62	\$ -	\$ -	\$ -	
DECATUR REHAB HEALTH CARE CTR	6003081	14E848	\$ 36,802.06	\$ 5,537.46	\$ 2,908.54	\$ -	\$ -	\$ -	
FAIRVIEW REHAB & HEALTHCARE	6003099	146032	\$ 27,533.60	\$ 3,830.47	\$ 49.47	\$ -	\$ -	\$ 202.36	
FARMINGTON VILLAGE NURSING AND	6003115	145404	\$ 36,524.89	\$ 10,367.60	\$ 856.43	\$ 69.36	\$ -	\$ 4,665.13	
FLORA GARDENS CARE CENTER	6003172	145624	\$ 24,971.48	\$ 5,044.21	\$ 1,235.02	\$ -	\$ -	\$ 165.15	
FONDULAC REHAB AND HEALTH CARE	6003198	145266	\$ 44,483.55	\$ 10,006.47	\$ 572.71	\$ 164.23	\$ -	\$ -	
ELEVATE CARE NORTH BRANCH	6003214	145630	\$ 69,237.52	\$ 16,258.48	\$ 110.25	\$ 813.09	\$ -	\$ 3,344.23	
INTEGRITY HC OF MARION	6003230	145863	\$ 53,536.69	\$ 7,183.84	\$ 128.84	\$ 1,439.43	\$ -	\$ 2,194.69	
ELDORADO REHAB & HEALTHCARE LL	6003248	145890	\$ 31,210.56	\$ 4,734.02	\$ 835.39	\$ 16.10	\$ -	\$ -	
TOWER HILL HEALTHCARE CENTER	6003263	145795	\$ 63,345.38	\$ 12,570.09	\$ 3,087.61	\$ 2,188.38	\$ -	\$ 5,282.36	
FRANKFORT TERRACE	6003297	14E212	\$ 49,770.68	\$ 3,744.56	\$ 3,412.73	\$ 3,343.41	\$ -	\$ 2,370.03	
FRANKLIN GROVE LIVING REHAB	6003305	145200	\$ 44,869.01	\$ 9,365.20	\$ 796.00	\$ -	\$ -	\$ -	
PEARL PAVILION	6003339	145234	\$ 34,185.07	\$ 2,056.57	\$ 1,110.29	\$ -	\$ -	\$ 26.60	
INTEGRITY HC OF HERRIN	6003362	146092	\$ 25,539.47	\$ 4,458.81	\$ 1,696.11	\$ -	\$ -	\$ 97.85	
GROVE OF NORTHBROOK, THE	6003412	145809	\$ 28,627.05	\$ 3,131.46	\$ 593.08	\$ 814.21	\$ -	\$ 760.83	
CORNERSTONE REHAB AND HC	6003420	145239	\$ 29,129.35	\$ 3,589.58	\$ 819.48	\$ 136.95	\$ -	\$ 545.57	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan **Total Payment**

Managed Care Plans (Non-MMAI) **\$ 25,155,429.33**

IlliniCare Health Plan	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
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\$ -	\$ 4,010.06	\$ -	\$ 16,665.87	\$ 29,513.82	\$ 5,231.79	\$ -	\$ -	\$ 20,319.59	\$ 1,499.26	\$ 92,863.51
\$ -	\$ 1,441.94	\$ 179.75	\$ 5,591.96	\$ 987.63	\$ -	\$ -	\$ -	\$ 15,952.18	\$ 529.37	\$ 27,687.19
\$ -	\$ 214.86	\$ 3,926.62	\$ 34,383.55	\$ 1,369.98	\$ -	\$ -	\$ -	\$ 6,453.69	\$ 9,483.42	\$ 71,033.98
\$ -	\$ 141.41	\$ 778.65	\$ 14,245.36	\$ 3,961.42	\$ -	\$ -	\$ -	\$ 13,682.79	\$ 5,647.00	\$ 45,067.59
\$ -	\$ 443.16	\$ 2,731.17	\$ 6,844.34	\$ 12,418.29	\$ -	\$ -	\$ -	\$ 6,040.09	\$ 2,215.79	\$ 45,349.89
\$ -	\$ 1,928.61	\$ 144.35	\$ 13,725.08	\$ 6,938.60	\$ 22.54	\$ -	\$ -	\$ 3,498.88	\$ 940.92	\$ 37,525.46
\$ -	\$ 12.97	\$ 695.33	\$ 11,057.51	\$ 12,172.53	\$ 15,993.23	\$ -	\$ -	\$ 16,085.90	\$ 2,727.31	\$ 70,430.77
\$ -	\$ 2,084.45	\$ 2,843.75	\$ 617.83	\$ 17,483.99	\$ -	\$ -	\$ -	\$ 12,679.94	\$ 7,468.81	\$ 64,496.77
\$ -	\$ -	\$ -	\$ 2,160.60	\$ 6,175.68	\$ -	\$ -	\$ -	\$ 7,003.83	\$ 5,055.91	\$ 25,874.06
\$ -	\$ -	\$ 25,680.96	\$ 12,454.00	\$ 16,481.70	\$ -	\$ -	\$ -	\$ 15,324.00	\$ 3,525.11	\$ 93,995.97
\$ -	\$ 554.99	\$ 1,195.25	\$ 5,896.77	\$ 6,665.66	\$ 12,318.18	\$ -	\$ -	\$ 6,914.25	\$ 6,182.94	\$ 55,195.51
\$ -	\$ 687.58	\$ 988.01	\$ 3,863.77	\$ 4,710.85	\$ 5,720.54	\$ -	\$ -	\$ 3,950.49	\$ 201.32	\$ 37,499.43
\$ -	\$ -	\$ 9.50	\$ 14,483.79	\$ 4,359.56	\$ -	\$ -	\$ -	\$ 5,801.43	\$ 333.61	\$ 28,954.58
\$ -	\$ -	\$ 2,205.18	\$ 20,890.15	\$ 2,314.72	\$ -	\$ -	\$ -	\$ 322.85	\$ 2,623.16	\$ 36,802.06
\$ -	\$ -	\$ 393.49	\$ 1,367.84	\$ 10,313.64	\$ -	\$ -	\$ -	\$ 9,858.59	\$ 1,517.74	\$ 27,533.60
\$ -	\$ -	\$ 7,074.59	\$ 2,397.40	\$ 7,373.13	\$ -	\$ -	\$ -	\$ 331.72	\$ 3,389.53	\$ 36,524.89
\$ -	\$ -	\$ 2,696.22	\$ 4,570.30	\$ 5,419.37	\$ -	\$ -	\$ -	\$ 4,139.47	\$ 1,701.74	\$ 24,971.48
\$ -	\$ 1,526.54	\$ 4,430.12	\$ 3,143.31	\$ 7,830.71	\$ -	\$ -	\$ -	\$ 8,048.79	\$ 8,760.67	\$ 44,483.55
\$ -	\$ 330.75	\$ 1,823.71	\$ 11,391.34	\$ 8,022.61	\$ 6,533.29	\$ -	\$ -	\$ 10,849.93	\$ 9,759.84	\$ 69,237.52
\$ -	\$ -	\$ 2,285.77	\$ 9,898.32	\$ 8,845.40	\$ -	\$ -	\$ -	\$ 13,583.54	\$ 7,976.86	\$ 53,536.69
\$ -	\$ 55.45	\$ 704.80	\$ 636.74	\$ 19,402.46	\$ -	\$ -	\$ -	\$ 4,567.92	\$ 257.68	\$ 31,210.56
\$ -	\$ 452.00	\$ 1,596.33	\$ 10,838.47	\$ 14,061.37	\$ 73.21	\$ -	\$ -	\$ 9,773.72	\$ 3,421.84	\$ 63,345.38
\$ -	\$ 3,940.71	\$ 479.32	\$ 11,062.61	\$ 12,611.17	\$ 558.96	\$ -	\$ -	\$ 6,411.03	\$ 1,836.15	\$ 49,770.68
\$ -	\$ -	\$ 261.50	\$ 428.17	\$ 30,084.13	\$ -	\$ -	\$ -	\$ 1,910.97	\$ 2,023.04	\$ 44,869.01
\$ -	\$ 6,225.43	\$ 1,569.66	\$ 834.03	\$ 2,206.48	\$ -	\$ -	\$ -	\$ 19,307.20	\$ 848.81	\$ 34,185.07
\$ -	\$ -	\$ 4,093.49	\$ 2,583.30	\$ 5,212.27	\$ -	\$ -	\$ -	\$ 3,271.53	\$ 4,126.11	\$ 25,539.47
\$ -	\$ 1,358.15	\$ 5.08	\$ 6,741.61	\$ 5,679.15	\$ 2,448.57	\$ -	\$ -	\$ 6,443.37	\$ 651.54	\$ 28,627.05
\$ -	\$ 379.43	\$ 1,297.70	\$ 6,331.86	\$ 4,909.93	\$ -	\$ -	\$ -	\$ 4,033.26	\$ 7,085.59	\$ 29,129.35

Illinois Department of Healthcare and Family Services

April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
ALLURE OF KNOX COUNTY	6003446	145012	\$ 30,470.49	\$ 3,783.58	\$ -	\$ 75.41	\$ -	\$ 2,516.70	
RYZE AT THE RIDGE	6003453	145832	\$ 57,800.14	\$ 5,357.01	\$ 335.52	\$ 512.48	\$ -	\$ 212.35	
OAKVIEW NURSING AND REHAB	6003487	145376	\$ 36,265.23	\$ 13,250.24	\$ -	\$ -	\$ -	\$ -	
ALLURE OF GENESEO, LLC	6003495	145789	\$ 37,090.26	\$ 13,568.53	\$ 291.14	\$ 1,263.75	\$ -	\$ 1,606.08	
BRIA OF GENEVA	6003503	146067	\$ 31,619.40	\$ 7,111.78	\$ 2,587.23	\$ 1,175.64	\$ -	\$ 3,039.82	
APERION CARE NILES LLC	6003511	145999	\$ 66,525.24	\$ 18,935.39	\$ -	\$ 188.24	\$ -	\$ 1,045.22	
ALEDO REHAB HEALTH CARE CTR	6003529	145886	\$ 23,773.38	\$ 5,762.30	\$ 321.89	\$ -	\$ -	\$ 448.95	
GOLDWATER CARE GIBSON CITY	6003560	145911	\$ 20,445.41	\$ 4,609.79	\$ 195.53	\$ -	\$ -	\$ 325.17	
GILMAN HEALTHCARE CENTER	6003578	145347	\$ 37,210.31	\$ 7,570.75	\$ 3,561.77	\$ 773.50	\$ -	\$ 1,501.37	
ELEVATE CARE NORTHBROOK	6003586	145171	\$ 135,868.26	\$ 18,755.24	\$ 458.70	\$ 495.80	\$ -	\$ 492.43	
ELEVATE CARE CHICAGO NORTH	6003594	145484	\$ 117,140.45	\$ 16,340.81	\$ 1,625.83	\$ 391.75	\$ -	\$ 307.68	
GLENVIEW TERRACE	6003610	145268	\$ 92,353.94	\$ 21,129.14	\$ 7,027.70	\$ 3,784.79	\$ -	\$ 8,398.10	
APERION CARE GLENWOOD	6003628	145758	\$ 72,204.86	\$ 12,175.64	\$ 263.95	\$ 231.56	\$ -	\$ 1,321.35	
NILES NURSING AND REHAB CTR	6003644	145696	\$ 210,612.82	\$ 47,918.74	\$ 13,598.60	\$ 11,903.57	\$ -	\$ 5,171.40	
ALDEN ESTATES OF BARRINGTON	6003735	145557	\$ 60,607.97	\$ 12,190.51	\$ 946.36	\$ 3,149.65	\$ -	\$ 2,461.53	
TIMBERPOINT HEALTHCARE CENTER	6003750	145726	\$ 35,680.08	\$ 4,467.44	\$ 873.25	\$ -	\$ -	\$ 257.36	
BRIA OF MASCOUTAH LLC	6003768	145785	\$ 18,650.52	\$ 4,313.44	\$ 17.96	\$ -	\$ -	\$ 37.30	
PIPER CITY REHAB LIVING CTR	6003792	145489	\$ 22,401.35	\$ 5,303.86	\$ 1,395.99	\$ 774.80	\$ -	\$ -	
MIDWAY NEUROLOGICAL REHAB CTR	6003826	145778	\$ 111,642.24	\$ 5,600.67	\$ 3,432.58	\$ 4,009.80	\$ -	\$ 1,977.86	
ATRIUM HEALTH CARE CENTER	6003834	145479	\$ 65,744.47	\$ 7,976.86	\$ 884.68	\$ 14.54	\$ -	\$ -	
WILLOW ROSE REHAB HEALTH CARE	6003842	146040	\$ 28,718.80	\$ 3,292.27	\$ 82.60	\$ -	\$ -	\$ -	
HENRY AND JANE VONDERLIETH CTR	6003917	146042	\$ 17,623.56	\$ 5,839.01	\$ 806.76	\$ -	\$ -	\$ -	
HALLMARK HEALTHCARE OF PEKIN	6003933	145691	\$ 24,838.03	\$ 8,421.43	\$ 166.89	\$ 63.15	\$ -	\$ 2,972.53	
MORGAN PARK HEALTHCARE	6003958	145764	\$ 143,316.39	\$ 15,838.78	\$ 2,763.00	\$ 2,035.89	\$ -	\$ 2,389.35	
SILVER FOXES SENIOR LIVING AND	6003974	146146	\$ 18,933.88	\$ 3,892.94	\$ 29.77	\$ 858.98	\$ -	\$ 393.34	
ALHAMBRA REHAB AND HEALTHCARE	6004014	146052	\$ 19,124.52	\$ 4,449.64	\$ 64.36	\$ -	\$ -	\$ -	
SHAWNEE ROSE CARE CENTER	6004055	145978	\$ 15,282.96	\$ 4,690.95	\$ 223.13	\$ 76.01	\$ -	\$ 451.17	
HAVANA HEALTH CARE CENTER	6004089	145774	\$ 27,868.66	\$ 4,775.28	\$ 2,840.22	\$ 87.60	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 2,204.27	\$ 3,301.02	\$ 2,672.87	\$ 9,957.84	\$ -	\$ -	\$ -	\$ 2,872.95	\$ 3,085.85	\$ 30,470.49
\$ -	\$ 734.75	\$ 127.41	\$ 14,137.17	\$ 7,660.34	\$ 8,580.55	\$ -	\$ -	\$ 13,824.30	\$ 6,318.26	\$ 57,800.14
\$ -	\$ -	\$ 53.69	\$ 3,960.41	\$ 7,414.93	\$ -	\$ -	\$ -	\$ 10,516.36	\$ 1,069.60	\$ 36,265.23
\$ -	\$ -	\$ 95.98	\$ 10,292.36	\$ 7,265.76	\$ -	\$ -	\$ -	\$ 1,865.23	\$ 841.43	\$ 37,090.26
\$ -	\$ 204.22	\$ -	\$ 2,798.35	\$ 9,062.89	\$ -	\$ -	\$ -	\$ 3,612.46	\$ 2,027.01	\$ 31,619.40
\$ -	\$ 153.56	\$ 594.44	\$ 5,756.16	\$ 14,449.84	\$ 10,940.17	\$ -	\$ -	\$ 10,833.66	\$ 3,628.56	\$ 66,525.24
\$ -	\$ -	\$ 1,649.69	\$ 3,288.80	\$ 3,479.39	\$ -	\$ -	\$ -	\$ 8,420.00	\$ 402.36	\$ 23,773.38
\$ -	\$ -	\$ 4,458.88	\$ 909.63	\$ 1,351.69	\$ -	\$ -	\$ -	\$ 2,514.23	\$ 6,080.49	\$ 20,445.41
\$ -	\$ 693.64	\$ 2,719.81	\$ 3,176.16	\$ 8,478.88	\$ -	\$ -	\$ -	\$ 5,731.68	\$ 3,002.75	\$ 37,210.31
\$ -	\$ 205.74	\$ 317.04	\$ 30,303.09	\$ 26,825.88	\$ 10,148.54	\$ -	\$ -	\$ 39,738.93	\$ 8,126.87	\$ 135,868.26
\$ -	\$ 980.21	\$ 516.16	\$ 19,517.30	\$ 14,877.66	\$ 32,187.23	\$ -	\$ -	\$ 25,483.97	\$ 4,911.85	\$ 117,140.45
\$ -	\$ 5,284.90	\$ 4,004.47	\$ 7,764.16	\$ 7,464.97	\$ 16,271.05	\$ -	\$ -	\$ 8,881.39	\$ 2,343.27	\$ 92,353.94
\$ -	\$ 1,105.99	\$ 1,473.57	\$ 10,995.86	\$ 12,609.38	\$ 19,815.29	\$ -	\$ -	\$ 8,347.14	\$ 3,865.13	\$ 72,204.86
\$ -	\$ 7,772.68	\$ 6,128.00	\$ 31,867.52	\$ 24,260.26	\$ 31,236.97	\$ -	\$ -	\$ 25,689.17	\$ 5,065.91	\$ 210,612.82
\$ -	\$ 323.63	\$ 127.49	\$ 11,322.68	\$ 7,022.43	\$ 16,883.80	\$ -	\$ -	\$ 4,689.40	\$ 1,490.49	\$ 60,607.97
\$ -	\$ 1,071.22	\$ 272.75	\$ 347.54	\$ 2,074.24	\$ -	\$ -	\$ -	\$ 26,265.69	\$ 50.59	\$ 35,680.08
\$ -	\$ 429.68	\$ 1,210.30	\$ 2,189.87	\$ 3,174.97	\$ -	\$ -	\$ -	\$ 3,408.46	\$ 3,868.54	\$ 18,650.52
\$ -	\$ 341.09	\$ 6,401.68	\$ 2,968.17	\$ 3,600.66	\$ -	\$ -	\$ -	\$ 1,599.29	\$ 15.81	\$ 22,401.35
\$ -	\$ 5,599.74	\$ 1,077.05	\$ 23,294.16	\$ 18,921.61	\$ 16,900.85	\$ -	\$ -	\$ 26,101.95	\$ 4,725.97	\$ 111,642.24
\$ -	\$ 1,702.26	\$ 123.03	\$ 14,306.68	\$ 11,507.92	\$ 17,277.20	\$ -	\$ -	\$ 11,175.05	\$ 776.25	\$ 65,744.47
\$ -	\$ 2,023.74	\$ 2,206.64	\$ 6,330.82	\$ 6,861.83	\$ -	\$ -	\$ -	\$ 5,926.66	\$ 1,994.24	\$ 28,718.80
\$ -	\$ -	\$ 971.84	\$ 1,879.78	\$ 5,349.11	\$ -	\$ -	\$ -	\$ 1,387.20	\$ 1,389.86	\$ 17,623.56
\$ -	\$ 11.28	\$ 2,564.32	\$ 1,741.12	\$ 3,222.88	\$ -	\$ -	\$ -	\$ 908.90	\$ 4,765.53	\$ 24,838.03
\$ -	\$ 3,027.58	\$ 670.55	\$ 14,800.62	\$ 15,200.53	\$ 56,471.80	\$ -	\$ -	\$ 19,435.91	\$ 10,682.38	\$ 143,316.39
\$ -	\$ -	\$ 82.92	\$ 230.34	\$ 11,807.92	\$ -	\$ -	\$ -	\$ 815.04	\$ 822.63	\$ 18,933.88
\$ -	\$ 2.15	\$ 6.44	\$ 6,942.67	\$ 3,338.32	\$ -	\$ -	\$ -	\$ 3,211.74	\$ 1,109.20	\$ 19,124.52
\$ -	\$ 76.01	\$ 421.75	\$ 904.91	\$ 662.63	\$ -	\$ -	\$ -	\$ 7,423.19	\$ 353.21	\$ 15,282.96
\$ -	\$ -	\$ 6,373.24	\$ 6,553.74	\$ 3,548.95	\$ -	\$ -	\$ -	\$ 3,633.89	\$ 55.74	\$ 27,868.66

Illinois Department of Healthcare and Family Services

April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
HEARTLAND NURSING AND REHAB	6004121	145416	\$ 26,098.17	\$ 6,026.99	\$ -	\$ -	\$ -	\$ -	
HEATHER HEALTH CARE CENTER	6004139	145173	\$ 65,157.90	\$ 9,012.92	\$ 609.28	\$ 542.30	\$ -	\$ 626.02	
APERION CARE PEORIA HEIGHTS	6004147	145811	\$ 60,757.26	\$ 8,857.80	\$ 670.63	\$ -	\$ -	\$ 331.88	
TWIN LAKES REHAB HEALTH CARE	6004188	145466	\$ 16,972.09	\$ 2,141.94	\$ -	\$ 18.16	\$ -	\$ -	
APERION CARE ST ELMO	6004204	145857	\$ 38,849.64	\$ 6,312.68	\$ 47.62	\$ -	\$ -	\$ 10.58	
ILLINI HERITAGE REHAB AND HC	6004212	146017	\$ 36,984.40	\$ 8,983.55	\$ -	\$ -	\$ -	\$ -	
ALLURE OF MENDOTA	6004253	145151	\$ 35,489.70	\$ 8,506.15	\$ 9,065.32	\$ 153.07	\$ -	\$ 6,894.27	
GOLDWATER CARE BLOOMINGTON	6004261	145016	\$ 12,475.60	\$ 4,184.46	\$ 1,713.74	\$ -	\$ -	\$ -	
MOUNT STERLING HEALTH AND REHA	6004287	145820	\$ 20,252.92	\$ 3,639.98	\$ -	\$ 176.80	\$ -	\$ 1,220.96	
ALLURE OF PERU	6004303	145044	\$ 45,955.54	\$ 7,818.78	\$ 2,493.78	\$ -	\$ -	\$ 371.15	
ARC AT STREATOR	6004311	145062	\$ 17,824.64	\$ 4,136.01	\$ 371.14	\$ 1,367.53	\$ -	\$ 3,132.94	
HICKORY VILLAGE NURSING AND RE	6004352	145866	\$ 34,897.18	\$ 4,304.64	\$ 467.13	\$ 1,903.77	\$ -	\$ 551.74	
HILLCREST RETIREMENT VILLAGE	6004410	146130	\$ 77,826.98	\$ 14,549.92	\$ 3,627.41	\$ 3,928.31	\$ -	\$ 20,345.23	
INTEGRITY HC OF COBDEN	6004469	145922	\$ 40,076.50	\$ 5,942.44	\$ -	\$ 639.44	\$ -	\$ -	
HILLTOP SKILLED NURSING AND RE	6004477	145862	\$ 35,899.74	\$ 6,722.03	\$ 592.27	\$ 72.23	\$ -	\$ 115.56	
GREENVILLE NURSING & REHABILIT	6004493	145909	\$ 32,991.14	\$ 5,180.37	\$ -	\$ -	\$ -	\$ -	
HITZ MEMORIAL HOME	6004501	145921	\$ 12,267.16	\$ 2,282.08	\$ -	\$ -	\$ -	\$ 881.22	
ALIYA OF PALOS PARK	6004550	146053	\$ 33,324.78	\$ 12,145.99	\$ 8.08	\$ 567.82	\$ -	\$ 525.39	
ACCOLADE HEALTHCARE OF PONTIAC	6004642	146010	\$ 51,532.69	\$ 12,199.23	\$ 1,125.78	\$ 1,392.54	\$ -	\$ 1,568.86	
ESTATES OF HYDE PARK	6004667	145828	\$ 12,121.46	\$ 2,093.14	\$ 289.65	\$ 104.38	\$ -	\$ 68.83	
ACCOLADE PAXTON SENIOR LIVING	6004675	145449	\$ 27,797.79	\$ 5,993.02	\$ 1,088.99	\$ -	\$ -	\$ -	
WARREN BARR GOLD COAST	6004725	145336	\$ 58,061.10	\$ 17,196.91	\$ 4,484.89	\$ 5,121.64	\$ -	\$ 2,821.66	
AVANTARA LINCOLN PARK	6004733	145510	\$ 98,730.68	\$ 19,026.76	\$ 1,292.88	\$ 2,452.67	\$ -	\$ 1,075.09	
PINE CREST HEALTH CARE	6004741	145220	\$ 78,221.00	\$ 8,125.14	\$ 5,328.43	\$ 3,087.15	\$ -	\$ 594.66	
RIVER VIEW REHAB CENTER	6004758	145308	\$ 56,954.16	\$ 4,260.83	\$ 2,222.31	\$ 1,465.42	\$ -	\$ -	
PARC JOLIET	6004766	145221	\$ 65,477.18	\$ 12,066.44	\$ 1,711.91	\$ 1,431.21	\$ -	\$ 3,686.05	
IROQUOIS RESIDENT HOME	6004790	146049	\$ 19,511.56	\$ 4,881.99	\$ 673.19	\$ -	\$ -	\$ -	
FARMER CITY REHAB AND HEALTH C	6004824	146104	\$ 14,693.13	\$ 3,235.37	\$ 692.04	\$ -	\$ -	\$ 293.24	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 139.40	\$ 803.80	\$ 3,182.56	\$ 5,943.94	\$ -	\$ -	\$ -	\$ 8,767.61	\$ 1,233.87	\$ 26,098.17
\$ -	\$ 24.47	\$ 718.77	\$ 11,775.93	\$ 11,036.55	\$ 14,840.35	\$ -	\$ -	\$ 11,720.54	\$ 4,250.77	\$ 65,157.90
\$ -	\$ 185.40	\$ 3,543.12	\$ 11,311.45	\$ 8,113.94	\$ 64.09	\$ -	\$ -	\$ 12,556.58	\$ 15,122.37	\$ 60,757.26
\$ -	\$ -	\$ -	\$ 3,015.14	\$ 5,420.76	\$ -	\$ -	\$ -	\$ 5,576.38	\$ 799.71	\$ 16,972.09
\$ -	\$ 82.02	\$ 1,412.81	\$ 3,947.40	\$ 10,905.63	\$ -	\$ -	\$ -	\$ 15,966.87	\$ 164.03	\$ 38,849.64
\$ -	\$ 55.55	\$ 6,765.55	\$ 2,854.13	\$ 685.69	\$ -	\$ -	\$ -	\$ 7,459.03	\$ 10,180.90	\$ 36,984.40
\$ -	\$ 1,502.56	\$ 699.74	\$ 1,521.30	\$ 4,142.18	\$ -	\$ -	\$ -	\$ 2,848.92	\$ 156.19	\$ 35,489.70
\$ -	\$ -	\$ 2,510.68	\$ 1,103.94	\$ 1,957.66	\$ -	\$ -	\$ -	\$ 105.14	\$ 899.98	\$ 12,475.60
\$ -	\$ 1,456.00	\$ 5,853.11	\$ 1,154.40	\$ 4,813.11	\$ -	\$ -	\$ -	\$ 1,017.12	\$ 921.44	\$ 20,252.92
\$ -	\$ 1,389.52	\$ 506.12	\$ 846.60	\$ 30,290.41	\$ -	\$ -	\$ -	\$ 1,119.59	\$ 1,119.59	\$ 45,955.54
\$ -	\$ 610.20	\$ 4,264.74	\$ 1,272.23	\$ 1,355.82	\$ -	\$ -	\$ -	\$ 560.05	\$ 753.98	\$ 17,824.64
\$ -	\$ 319.06	\$ 52.88	\$ 9,086.98	\$ 5,788.87	\$ 5,221.27	\$ -	\$ -	\$ 5,862.91	\$ 1,337.93	\$ 34,897.18
\$ -	\$ 8,562.67	\$ -	\$ 9,474.86	\$ 3,435.49	\$ -	\$ -	\$ -	\$ 9,380.08	\$ 4,523.01	\$ 77,826.98
\$ -	\$ -	\$ 10,197.82	\$ 11,014.21	\$ 8,121.82	\$ -	\$ -	\$ -	\$ 3,204.23	\$ 956.54	\$ 40,076.50
\$ -	\$ 267.24	\$ 1,663.65	\$ 7,463.56	\$ 8,997.21	\$ -	\$ -	\$ -	\$ 5,070.41	\$ 4,935.58	\$ 35,899.74
\$ -	\$ -	\$ 254.69	\$ 12,605.97	\$ 10,036.80	\$ -	\$ -	\$ -	\$ 306.62	\$ 4,606.69	\$ 32,991.14
\$ -	\$ 294.54	\$ -	\$ 1,049.07	\$ 459.87	\$ -	\$ -	\$ -	\$ 6,949.73	\$ 350.65	\$ 12,267.16
\$ -	\$ 1,438.75	\$ -	\$ 695.22	\$ 1,272.57	\$ 216.51	\$ -	\$ -	\$ 15,886.72	\$ 567.73	\$ 33,324.78
\$ -	\$ -	\$ 963.02	\$ 6,897.56	\$ 18,101.04	\$ -	\$ -	\$ -	\$ 1,762.74	\$ 7,521.92	\$ 51,532.69
\$ -	\$ 705.22	\$ 30.99	\$ 1,705.31	\$ 754.47	\$ 3,359.41	\$ -	\$ -	\$ 2,598.08	\$ 411.98	\$ 12,121.46
\$ -	\$ 510.69	\$ 6,713.68	\$ 2,637.07	\$ 3,201.14	\$ -	\$ -	\$ -	\$ 2,510.73	\$ 5,142.47	\$ 27,797.79
\$ -	\$ 2,761.82	\$ 1,620.27	\$ 5,422.37	\$ 6,054.52	\$ 7,492.20	\$ -	\$ -	\$ 4,945.19	\$ 139.63	\$ 58,061.10
\$ -	\$ 1,439.80	\$ 53.58	\$ 13,191.52	\$ 11,535.66	\$ 25,591.40	\$ -	\$ -	\$ 17,925.73	\$ 5,145.59	\$ 98,730.68
\$ -	\$ 6,629.63	\$ -	\$ 11,869.75	\$ 19,965.43	\$ 7,379.34	\$ -	\$ -	\$ 13,602.71	\$ 1,638.76	\$ 78,221.00
\$ -	\$ 2,969.52	\$ 33.85	\$ 7,289.60	\$ 16,652.79	\$ -	\$ -	\$ -	\$ 20,741.93	\$ 1,317.91	\$ 56,954.16
\$ -	\$ 1,261.31	\$ 2,265.92	\$ 11,174.48	\$ 15,848.52	\$ -	\$ -	\$ -	\$ 13,063.67	\$ 2,967.67	\$ 65,477.18
\$ -	\$ -	\$ 9,337.09	\$ 2,397.21	\$ 1,220.50	\$ -	\$ -	\$ -	\$ -	\$ 1,001.58	\$ 19,511.56
\$ -	\$ -	\$ 215.04	\$ 658.81	\$ 9,309.30	\$ -	\$ -	\$ -	\$ -	\$ 289.33	\$ 14,693.13

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
RYZE WEST	6004832	145661	\$ 83,164.57	\$ 14,013.39	\$ 315.03	\$ 81.96	\$ -	\$ -	
JACKSONVILLE SKLD NUR & REHAB	6004840	145273	\$ 46,342.25	\$ 9,745.04	\$ 131.90	\$ 513.61	\$ -	\$ 229.83	
WHITE OAK REHABILITATION HCC	6004881	145517	\$ 34,173.59	\$ 4,477.06	\$ -	\$ 12.27	\$ -	\$ 119.63	
JOLIET TERRACE	6004964	14E247	\$ 45,746.84	\$ 3,772.36	\$ 2,148.75	\$ 581.35	\$ -	\$ 1,181.97	
PARKSHORE ESTATES NRSRG REHAB	6005003	145938	\$ 101,083.30	\$ 10,013.98	\$ 2,728.53	\$ 2,291.07	\$ -	\$ 795.00	
KEWANEE CARE HOME	6005011	145968	\$ 24,860.09	\$ 3,955.98	\$ 1,149.91	\$ 38.98	\$ -	\$ 1,716.74	
ROYAL OAKS CARE CENTER	6005029	145418	\$ 74,632.72	\$ 8,345.63	\$ 4,506.79	\$ 1,401.17	\$ -	\$ -	
ROSEVILLE REHAB HEALTH CARE	6005136	146020	\$ 19,400.59	\$ 6,234.34	\$ -	\$ -	\$ -	\$ -	
LAKEFRONT NURSING & REHAB CENT	6005169	145235	\$ 61,605.63	\$ 2,381.33	\$ 4,136.35	\$ 1,150.94	\$ -	\$ 787.00	
APERION CARE LAKESHORE	6005177	145244	\$ 129,230.66	\$ 18,627.39	\$ 762.24	\$ 1,854.25	\$ -	\$ 1,392.17	
LAKELAND REHAB AND HCC	6005185	145256	\$ 44,326.24	\$ 8,105.64	\$ 7,450.65	\$ 113.57	\$ -	\$ 549.36	
ALDEN LAKELAND REHAB AND HCC	6005193	145450	\$ 81,045.27	\$ 12,207.76	\$ 2,131.33	\$ 46.19	\$ -	\$ 27.17	
LAKEVIEW REHAB NURSING CENTER	6005227	145654	\$ 100,754.23	\$ 10,208.37	\$ 7,265.12	\$ 5,688.19	\$ -	\$ 817.85	
LAKEWOOD NURSING AND REHAB CTR	6005235	145761	\$ 28,991.63	\$ 2,981.06	\$ 1,655.65	\$ 1,611.22	\$ -	\$ 3,024.00	
LEE MANOR NURSING HM	6005284	145382	\$ 137,637.58	\$ 33,360.34	\$ 2,956.12	\$ 5,262.27	\$ -	\$ 4,571.51	
BELLA TERRA LOMBARD	6005318	145511	\$ 79,064.47	\$ 16,693.96	\$ 856.65	\$ 2,013.13	\$ -	\$ 1,839.65	
AHVA CARE OF WINFIELD	6005334	146168	\$ 64,584.71	\$ 6,719.86	\$ 4,618.44	\$ 1,066.56	\$ -	\$ 5,751.77	
WARREN BARR LIEBERMAN	6005375	145931	\$ 57,942.94	\$ 23,680.02	\$ 3,304.05	\$ 2,115.80	\$ -	\$ 337.83	
BENTON REHAB AND HEALTH CARE C	6005391	146121	\$ 27,184.85	\$ 3,868.92	\$ 1,041.07	\$ -	\$ -	\$ 87.73	
MCLEANSBORO REHAB & HEALTH CC	6005417	145964	\$ 16,517.21	\$ 3,598.09	\$ 5.31	\$ -	\$ -	\$ 244.34	
ENFIELD REHAB HEALTH CARE	6005425	146156	\$ 11,828.29	\$ 1,576.12	\$ 179.78	\$ -	\$ -	\$ -	
JONESBORO REHAB HEALTH CARE	6005433	145905	\$ 25,708.14	\$ 4,210.51	\$ 84.36	\$ -	\$ -	\$ 197.93	
PINCKNEYVILLE NURSING & REHABI	6005441	146175	\$ 16,616.53	\$ 4,694.84	\$ -	\$ -	\$ -	\$ -	
QUINCY HEALTHCARE AND SENIOR L	6005466	145457	\$ 35,323.04	\$ 7,508.30	\$ 352.39	\$ 706.78	\$ -	\$ 182.20	
BRIA OF BELLEVILLE	6005474	145668	\$ 78,890.26	\$ 8,416.06	\$ 1,433.88	\$ -	\$ -	\$ -	
LINCOLN VILLAGE HEALTHCARE	6005490	145719	\$ 48,287.68	\$ 10,415.58	\$ 458.66	\$ -	\$ -	\$ 1,567.50	
WARREN BARR LINCOLN PARK	6005516	145875	\$ 61,281.14	\$ 15,263.96	\$ 1,793.52	\$ 1,775.97	\$ -	\$ 555.90	
LITTLE SISTERS OF THE POOR	6005563	146185	\$ 65,311.57	\$ 10,329.40	\$ 3,228.84	\$ 1,319.57	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 1,409.94	\$ 192.09	\$ 7,060.06	\$ 8,730.94	\$ 33,071.46	\$ -	\$ -	\$ 15,611.11	\$ 2,678.59	\$ 83,164.57
\$ -	\$ 681.49	\$ 1,111.16	\$ 3,773.35	\$ 11,762.57	\$ -	\$ -	\$ 8,067.74	\$ 10,325.56	\$ 46,342.25	
\$ -	\$ -	\$ -	\$ 5,912.20	\$ 14,756.75	\$ -	\$ -	\$ 8,775.17	\$ 120.51	\$ 34,173.59	
\$ -	\$ 3,610.16	\$ -	\$ 9,680.61	\$ 13,753.28	\$ 53.00	\$ -	\$ 9,680.61	\$ 1,284.75	\$ 45,746.84	
\$ -	\$ 4,561.11	\$ 300.05	\$ 22,407.34	\$ 7,529.40	\$ 31,195.85	\$ -	\$ 15,211.64	\$ 4,049.33	\$ 101,083.30	
\$ -	\$ 35.73	\$ 1,216.50	\$ 3,896.05	\$ 2,569.65	\$ -	\$ -	\$ 6,539.18	\$ 3,741.37	\$ 24,860.09	
\$ -	\$ 117.08	\$ 12,902.33	\$ 19,393.80	\$ 12,539.56	\$ -	\$ -	\$ 6,266.90	\$ 9,159.46	\$ 74,632.72	
\$ -	\$ 4,420.72	\$ 871.94	\$ 4,510.09	\$ 2,369.49	\$ -	\$ -	\$ 994.01	\$ -	\$ 19,400.59	
\$ -	\$ 2,841.32	\$ 646.59	\$ 6,892.69	\$ 16,469.67	\$ 11,666.40	\$ -	\$ 10,267.91	\$ 4,365.43	\$ 61,605.63	
\$ -	\$ 2,685.60	\$ 1,372.42	\$ 24,614.71	\$ 17,480.09	\$ 18,078.43	\$ -	\$ 29,320.43	\$ 13,042.93	\$ 129,230.66	
\$ -	\$ 9,825.04	\$ 847.81	\$ 10,794.34	\$ 3,227.47	\$ -	\$ -	\$ 2,448.34	\$ 964.02	\$ 44,326.24	
\$ -	\$ 736.25	\$ 884.32	\$ 13,496.65	\$ 17,474.81	\$ 12,941.97	\$ -	\$ 15,857.67	\$ 5,241.15	\$ 81,045.27	
\$ -	\$ 5,859.60	\$ 2,360.49	\$ 10,061.47	\$ 14,265.78	\$ 25,478.11	\$ -	\$ 15,051.80	\$ 3,697.45	\$ 100,754.23	
\$ -	\$ 3,259.47	\$ 32.58	\$ 3,086.20	\$ 9,317.84	\$ -	\$ -	\$ 3,203.19	\$ 820.42	\$ 28,991.63	
\$ -	\$ 7,242.08	\$ 5,969.34	\$ 22,561.13	\$ 18,957.77	\$ 2,825.58	\$ -	\$ 23,613.58	\$ 10,317.86	\$ 137,637.58	
\$ -	\$ 2,392.19	\$ 404.77	\$ 12,410.71	\$ 29,466.60	\$ 419.76	\$ -	\$ 10,001.38	\$ 2,565.67	\$ 79,064.47	
\$ -	\$ 9,737.61	\$ 353.85	\$ 9,984.64	\$ 11,546.93	\$ -	\$ -	\$ 10,900.99	\$ 3,904.06	\$ 64,584.71	
\$ -	\$ 414.96	\$ 1,844.37	\$ 8,069.73	\$ 6,986.94	\$ 7,027.94	\$ -	\$ 1,022.26	\$ 3,139.04	\$ 57,942.94	
\$ -	\$ -	\$ 2,941.91	\$ 11,776.40	\$ 3,868.93	\$ -	\$ -	\$ 3,599.89	\$ -	\$ 27,184.85	
\$ -	\$ -	\$ 1,691.80	\$ 1,154.05	\$ 6,389.94	\$ -	\$ -	\$ 2,187.94	\$ 1,245.74	\$ 16,517.21	
\$ -	\$ -	\$ 1,002.31	\$ 1,728.81	\$ 4,765.30	\$ -	\$ -	\$ 1,795.30	\$ 780.67	\$ 11,828.29	
\$ -	\$ -	\$ 807.95	\$ 3,743.09	\$ 12,561.96	\$ -	\$ -	\$ 3,264.10	\$ 838.24	\$ 25,708.14	
\$ -	\$ -	\$ 62.54	\$ 2,257.64	\$ 5,586.59	\$ -	\$ -	\$ 3,343.08	\$ 671.84	\$ 16,616.53	
\$ -	\$ 696.77	\$ 1,401.55	\$ 1,830.02	\$ 16,548.29	\$ -	\$ -	\$ 2,682.97	\$ 3,413.77	\$ 35,323.04	
\$ -	\$ 1,038.47	\$ 978.12	\$ 4,719.63	\$ 38,933.87	\$ -	\$ -	\$ 15,424.90	\$ 7,945.33	\$ 78,890.26	
\$ -	\$ -	\$ 7,368.78	\$ 5,342.62	\$ 12,749.20	\$ -	\$ -	\$ 7,391.46	\$ 2,993.88	\$ 48,287.68	
\$ -	\$ 4,473.57	\$ 1,018.18	\$ 5,971.58	\$ 8,616.52	\$ 14,389.15	\$ -	\$ 6,109.10	\$ 1,313.69	\$ 61,281.14	
\$ -	\$ 1,614.42	\$ 734.71	\$ 1,614.42	\$ 35,908.80	\$ 1,517.75	\$ -	\$ 7,434.07	\$ 1,609.59	\$ 65,311.57	

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
GOLDWATER PONTIAC NURSING HOME	6005573	145930	\$ 43,337.45	\$ 14,499.86	\$ 23.57	\$ -	\$ -	\$ 1,054.85	
COUNTRYVIEW CARE CTR OF MACOMB	6005631	146080	\$ 19,523.11	\$ 1,386.64	\$ 345.64	\$ -	\$ -	\$ -	
MACOMB POST ACUTE CARE CENTER	6005649	145021	\$ 30,772.87	\$ 10,595.29	\$ 185.45	\$ -	\$ -	\$ 91.34	
ALDEN LONG GROVE REHAB	6005714	145872	\$ 95,090.60	\$ 21,572.98	\$ 4,321.76	\$ 2,838.08	\$ -	\$ 9,914.39	
LOFT REHABILITATION AND NURSIN	6005722	145431	\$ 42,892.49	\$ 9,756.21	\$ 716.35	\$ -	\$ -	\$ 4,186.40	
MARIGOLD REHABILITATION HCC	6005797	145446	\$ 63,355.94	\$ 13,973.00	\$ 2,387.11	\$ -	\$ -	\$ 116.49	
APERION CARE ELGIN	6005847	145740	\$ 56,677.13	\$ 11,138.48	\$ 1,636.48	\$ 978.68	\$ -	\$ 1,544.23	
CITADEL OF GLENVIEW, THE	6005854	145741	\$ 41,325.87	\$ 12,410.19	\$ 1,908.61	\$ 1,271.93	\$ -	\$ 911.95	
MATTOON REHAB AND HCC	6005888	145480	\$ 24,138.97	\$ 4,360.42	\$ 744.46	\$ 441.00	\$ -	\$ -	
MAYFIELD CARE AND REHAB	6005896	145885	\$ 97,112.76	\$ 14,496.54	\$ -	\$ 134.69	\$ -	\$ -	
ELEVATE CARE COUNTRY CLUB HILL	6005904	145967	\$ 125,525.08	\$ 23,400.57	\$ 1,705.48	\$ 3,214.77	\$ -	\$ 669.63	
AVANTARA AURORA	6005912	145944	\$ 33,201.45	\$ 9,423.88	\$ 2,004.59	\$ 974.48	\$ -	\$ 245.86	
ARC AT EL PASO	6005920	145319	\$ 23,464.87	\$ 5,495.56	\$ 1,703.89	\$ 260.97	\$ -	\$ 862.35	
LOFT REHAB OF DECATUR	6005938	145965	\$ 49,551.78	\$ 13,248.59	\$ 130.37	\$ -	\$ -	\$ -	
TAYLORVILLE SKILLED NURSING &	6005953	146048	\$ 43,617.09	\$ 11,318.01	\$ 209.42	\$ 66.01	\$ -	\$ 106.99	
HALLMARK HEALTHCARE OF CARLINV	6005979	145769	\$ 32,463.23	\$ 7,312.07	\$ -	\$ 475.25	\$ -	\$ -	
MEADOWBROOK SKILLED NURSING AN	6005987	146119	\$ 32,664.72	\$ 4,211.78	\$ 52.65	\$ 169.64	\$ -	\$ -	
PRAIRIE VLG HEALTHCARE CTR INC	6006027	145294	\$ 23,736.01	\$ 2,536.07	\$ -	\$ -	\$ -	\$ -	
MERCER MANOR REHABILITATION	6006076	146138	\$ 19,928.33	\$ 4,894.67	\$ 117.92	\$ -	\$ -	\$ -	
KENSINGTON PLACE NRSRG REHAB	6006126	145829	\$ 45,002.61	\$ 6,834.05	\$ 379.45	\$ 453.19	\$ -	\$ 202.46	
UPTOWN CARE AND REHABILITATION	6006134	145881	\$ 124,577.53	\$ 17,982.06	\$ 92.21	\$ 20.49	\$ -	\$ -	
ARISTA HEALTHCARE	6006175	145358	\$ 48,685.36	\$ 10,736.36	\$ 733.79	\$ 3,509.36	\$ -	\$ 2,573.14	
ELEVATE CARE NILES	6006191	145662	\$ 106,365.22	\$ 28,129.80	\$ 3,029.74	\$ 1,541.22	\$ -	\$ 136.31	
ALLURE OF THE QUAD CITIES	6006233	145027	\$ 34,442.64	\$ 13,556.68	\$ 897.46	\$ 6,491.65	\$ -	\$ 832.65	
MOMENCE MEADOWS NURSING AND RE	6006258	145713	\$ 34,597.17	\$ 6,478.98	\$ 3,690.83	\$ 2,682.99	\$ -	\$ 1,100.49	
LOFT REHAB OF ROCK SPRINGS, TH	6006282	146003	\$ 97,806.20	\$ 12,146.75	\$ 770.79	\$ -	\$ -	\$ -	
APERION CARE TOLUCA	6006308	145413	\$ 47,221.88	\$ 3,923.56	\$ 675.42	\$ -	\$ -	\$ 867.81	
PEARL OF HINSDALE, THE	6006332	145246	\$ 48,621.23	\$ 10,419.74	\$ 1,049.59	\$ 1,264.56	\$ -	\$ 1,945.62	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 173.84	\$ 6,582.53	\$ 4,953.10	\$ 11,544.47	\$ -	\$ -	\$ -	\$ 2,321.86	\$ 2,183.37	\$ 43,337.45
\$ -	\$ 379.82	\$ 136.74	\$ 1,335.40	\$ 3,774.08	\$ -	\$ -	\$ -	\$ 11,682.48	\$ 482.31	\$ 19,523.11
\$ -	\$ 66.43	\$ 265.71	\$ 2,848.11	\$ 7,171.48	\$ -	\$ -	\$ -	\$ 6,227.65	\$ 3,321.41	\$ 30,772.87
\$ -	\$ 5,163.04	\$ -	\$ 12,762.41	\$ 25,168.82	\$ -	\$ -	\$ -	\$ 9,242.16	\$ 4,106.96	\$ 95,090.60
\$ -	\$ 233.31	\$ 10,705.87	\$ 2,940.99	\$ 9,815.36	\$ -	\$ -	\$ -	\$ 2,145.77	\$ 2,392.23	\$ 42,892.49
\$ -	\$ 1,236.47	\$ 2,522.00	\$ 16,590.94	\$ 5,783.35	\$ -	\$ -	\$ -	\$ 10,320.98	\$ 10,425.60	\$ 63,355.94
\$ -	\$ 904.48	\$ 1,780.87	\$ 9,500.00	\$ 13,611.26	\$ 56.15	\$ -	\$ -	\$ 10,298.19	\$ 5,228.31	\$ 56,677.13
\$ -	\$ 3,388.06	\$ 1,767.44	\$ 5,583.24	\$ 5,019.98	\$ 4,931.04	\$ -	\$ -	\$ 2,214.94	\$ 1,918.49	\$ 41,325.87
\$ -	\$ 1,111.73	\$ 130.46	\$ 3,702.45	\$ 4,550.43	\$ -	\$ -	\$ -	\$ 8,210.34	\$ 887.68	\$ 24,138.97
\$ -	\$ 1,431.43	\$ 427.84	\$ 17,811.00	\$ 15,220.17	\$ 19,400.90	\$ -	\$ -	\$ 19,643.87	\$ 8,546.32	\$ 97,112.76
\$ -	\$ 1,734.25	\$ 2,019.37	\$ 15,375.44	\$ 17,585.75	\$ 27,860.46	\$ -	\$ -	\$ 25,331.02	\$ 6,628.34	\$ 125,525.08
\$ -	\$ 1,336.99	\$ 1,534.40	\$ 2,104.40	\$ 11,521.87	\$ -	\$ -	\$ -	\$ 3,193.99	\$ 860.99	\$ 33,201.45
\$ -	\$ 1,284.06	\$ 2,165.32	\$ 2,078.33	\$ 4,487.60	\$ -	\$ -	\$ -	\$ 4,404.39	\$ 722.40	\$ 23,464.87
\$ -	\$ 561.85	\$ 6,888.14	\$ 13,723.51	\$ 4,293.06	\$ -	\$ -	\$ -	\$ 7,558.64	\$ 3,147.62	\$ 49,551.78
\$ -	\$ 348.28	\$ 2,360.57	\$ 3,890.28	\$ 3,421.35	\$ -	\$ -	\$ -	\$ 13,111.76	\$ 8,784.42	\$ 43,617.09
\$ -	\$ 65.23	\$ 1,817.15	\$ 2,196.11	\$ 7,498.44	\$ -	\$ -	\$ -	\$ 4,973.08	\$ 8,125.90	\$ 32,463.23
\$ -	\$ -	\$ 1,231.36	\$ 16,575.12	\$ 2,228.74	\$ -	\$ -	\$ -	\$ 4,916.67	\$ 3,278.76	\$ 32,664.72
\$ -	\$ -	\$ -	\$ 68.58	\$ 2,786.02	\$ -	\$ -	\$ -	\$ 17,607.69	\$ 737.65	\$ 23,736.01
\$ -	\$ 6.21	\$ -	\$ 6,260.06	\$ 2,105.99	\$ -	\$ -	\$ -	\$ 2,662.49	\$ 3,880.99	\$ 19,928.33
\$ -	\$ 1,149.07	\$ 219.89	\$ 4,086.76	\$ 3,032.89	\$ 8,253.96	\$ -	\$ -	\$ 19,636.02	\$ 754.87	\$ 45,002.61
\$ -	\$ 26.64	\$ 471.27	\$ 21,961.25	\$ 29,612.24	\$ 23,381.21	\$ -	\$ -	\$ 22,071.90	\$ 8,958.26	\$ 124,577.53
\$ -	\$ 1,167.84	\$ 165.44	\$ 9,381.66	\$ 13,679.32	\$ -	\$ -	\$ -	\$ 5,210.52	\$ 1,527.93	\$ 48,685.36
\$ -	\$ 34.53	\$ 327.15	\$ 11,142.87	\$ 11,897.99	\$ 16,651.56	\$ -	\$ -	\$ 21,632.32	\$ 11,841.73	\$ 106,365.22
\$ -	\$ 37.39	\$ 201.93	\$ 2,799.59	\$ 7,578.58	\$ -	\$ -	\$ -	\$ 1,919.57	\$ 127.14	\$ 34,442.64
\$ -	\$ 822.55	\$ 167.77	\$ 6,545.34	\$ 7,291.52	\$ 92.65	\$ -	\$ -	\$ 5,017.93	\$ 706.12	\$ 34,597.17
\$ -	\$ -	\$ 5,432.74	\$ 18,340.14	\$ 22,207.63	\$ -	\$ -	\$ -	\$ 36,338.84	\$ 2,569.31	\$ 97,806.20
\$ -	\$ 1,289.43	\$ 345.90	\$ 6,285.47	\$ 16,873.14	\$ -	\$ -	\$ -	\$ 8,430.43	\$ 8,530.72	\$ 47,221.88
\$ -	\$ 1,125.46	\$ -	\$ 6,389.48	\$ 14,006.97	\$ 404.32	\$ -	\$ -	\$ 8,587.41	\$ 3,428.08	\$ 48,621.23

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
ALLURE OF STOCKTON	6006365	146147	\$ 26,179.26	\$ 2,160.82	\$ -	\$ -	\$ -	\$ 38.50	
APERION CARE MORTON VILLA	6006399	145248	\$ 46,352.85	\$ 6,055.23	\$ 153.99	\$ -	\$ -	\$ 336.55	
NATURE TRAIL HEALTH AND REHAB	6006498	146021	\$ 37,368.94	\$ 9,476.77	\$ 254.77	\$ -	\$ -	\$ 64.90	
NOKOMIS REHAB HEALTH CARE CTR	6006555	145478	\$ 17,181.05	\$ 3,375.61	\$ 984.98	\$ -	\$ -	\$ 501.68	
NORRIDGE GARDENS	6006571	145329	\$ 96,344.59	\$ 21,098.69	\$ 2,468.31	\$ 2,499.16	\$ -	\$ 7,329.81	
WHITE HALL NURSING AND REHAB	6006597	145519	\$ 64,240.63	\$ 12,637.78	\$ 693.96	\$ -	\$ -	\$ 636.33	
NORTH AURORA CARE CENTER	6006605	14E306	\$ 44,214.92	\$ 3,979.68	\$ 370.38	\$ 364.18	\$ -	\$ 375.03	
ELEVATE CARE WAUKEGAN	6006647	145669	\$ 121,151.46	\$ 13,207.72	\$ 1,785.78	\$ 1,015.72	\$ -	\$ 1,249.17	
ASTORIA PLACE LIVING & REHAB	6006662	145634	\$ 81,601.71	\$ 20,212.50	\$ 2,581.91	\$ 2,597.98	\$ -	\$ 1,174.90	
PEARL OF MONTCLARE, THE	6006688	145844	\$ 43,885.31	\$ 15,526.44	\$ 1,702.36	\$ 1,912.41	\$ -	\$ 6,066.96	
NORWOOD CROSSING	6006696	145974	\$ 47,660.04	\$ 9,289.66	\$ 6,770.56	\$ 2,070.86	\$ -	\$ 4,083.35	
ALTA REHAB AT OAK BROOK	6006720	145458	\$ 9,838.92	\$ 2,100.39	\$ 782.63	\$ 668.92	\$ -	\$ 883.81	
HOPE CREEK NURSING AND REHABIL	6006761	145269	\$ 102,345.90	\$ 41,476.69	\$ 985.05	\$ 16,664.93	\$ -	\$ -	
OAK LAWN RESPIRATORY AND REHAB	6006779	145942	\$ 47,906.71	\$ 7,927.93	\$ 1,272.68	\$ 2,090.37	\$ -	\$ 585.90	
OAK PARK OASIS	6006795	145714	\$ 71,007.16	\$ 7,920.92	\$ 403.95	\$ 875.95	\$ -	\$ -	
APERION CARE HILLSIDE	6006829	145996	\$ 14,119.13	\$ 3,209.11	\$ 679.02	\$ 735.28	\$ -	\$ 263.21	
ALIYA OF EVANSTON	6006845	146058	\$ 24,924.69	\$ 2,679.76	\$ 1,161.18	\$ 582.89	\$ -	\$ 1,443.42	
ODD FELLOWS REBEKAH HOME	6006860	145772	\$ 44,264.67	\$ 7,698.11	\$ 2,733.12	\$ 1,961.53	\$ -	\$ 9,016.33	
ODIN HEALTH AND REHAB CENTER	6006878	145649	\$ 54,929.57	\$ 9,320.78	\$ 584.30	\$ 10.21	\$ -	\$ 694.02	
ALDEN ESTATES OF SKOKIE	6006886	145869	\$ 2,817.91	\$ 1,251.10	\$ -	\$ 859.98	\$ -	\$ -	
APERION CARE FOX RIVER	6006902	145447	\$ 37,445.96	\$ 6,511.88	\$ 4,449.97	\$ 1,068.20	\$ -	\$ 1,625.41	
PAVILION OF OTTAWA	6006985	145426	\$ 68,316.98	\$ 12,993.26	\$ 754.71	\$ 727.94	\$ -	\$ 650.33	
CITADEL OF BOURBONNAIS, THE	6007009	145536	\$ 36,075.09	\$ 6,180.29	\$ 1,731.23	\$ 3,362.22	\$ -	\$ 1,433.38	
EASTSIDE HEALTH AND REHAB CENT	6007025	145851	\$ 27,602.26	\$ 3,969.41	\$ 660.72	\$ 54.16	\$ -	\$ 330.36	
ALDEN ESTATES OF NAPERVILLE	6007033	145582	\$ 75,905.72	\$ 19,144.52	\$ 881.35	\$ 1,443.36	\$ -	\$ 6,246.06	
PA PETERSON AT THE CITADEL	6007041	145751	\$ 36,835.38	\$ 7,690.32	\$ 1,813.23	\$ 362.85	\$ -	\$ 3,280.69	
PAVILION OF LOGAN SQUARE	6007074	145792	\$ 80,761.97	\$ 14,915.42	\$ -	\$ 54.95	\$ -	\$ 6.73	
PRAIRIE ROSE HEALTH CARE CTR	6007082	145411	\$ 35,857.27	\$ 9,029.18	\$ 2,154.86	\$ 442.17	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 44.00	\$ -	\$ 14,700.09	\$ 3,175.74	\$ -	\$ -	\$ -	\$ 2,252.49	\$ 3,807.62	\$ 26,179.26
\$ -	\$ 392.12	\$ 827.09	\$ 10,273.47	\$ 5,231.23	\$ -	\$ -	\$ -	\$ 12,371.25	\$ 10,711.92	\$ 46,352.85
\$ -	\$ -	\$ 72.11	\$ 11,107.74	\$ 3,656.80	\$ -	\$ -	\$ -	\$ 8,180.59	\$ 4,555.26	\$ 37,368.94
\$ -	\$ -	\$ 2,240.10	\$ 3,121.83	\$ 4,791.04	\$ -	\$ -	\$ -	\$ 1,367.30	\$ 798.51	\$ 17,181.05
\$ -	\$ 5,249.18	\$ 2,303.31	\$ 11,234.84	\$ 13,390.58	\$ 11,469.59	\$ -	\$ -	\$ 15,196.21	\$ 4,104.91	\$ 96,344.59
\$ -	\$ 19.21	\$ 518.67	\$ 2,530.92	\$ 5,582.91	\$ -	\$ -	\$ -	\$ 3,601.87	\$ 38,018.98	\$ 64,240.63
\$ -	\$ 4,977.68	\$ 235.56	\$ 1,713.98	\$ 15,167.06	\$ -	\$ -	\$ -	\$ 16,479.67	\$ 551.70	\$ 44,214.92
\$ -	\$ 149.83	\$ -	\$ 35,510.27	\$ 39,631.46	\$ 209.48	\$ -	\$ -	\$ 26,869.66	\$ 1,522.37	\$ 121,151.46
\$ -	\$ 1,981.97	\$ 887.42	\$ 9,388.46	\$ 13,779.14	\$ 8,195.70	\$ -	\$ -	\$ 14,445.15	\$ 6,356.58	\$ 81,601.71
\$ -	\$ 1,541.16	\$ 933.00	\$ 151.43	\$ 2,386.24	\$ 8,646.15	\$ -	\$ -	\$ 4,242.47	\$ 776.69	\$ 43,885.31
\$ -	\$ 2,187.59	\$ 3,298.89	\$ 1,884.08	\$ 3,147.14	\$ 8,593.94	\$ -	\$ -	\$ 6,333.97	\$ -	\$ 47,660.04
\$ -	\$ 1,032.64	\$ 228.27	\$ 403.02	\$ 2,548.57	\$ -	\$ -	\$ -	\$ 781.80	\$ 408.87	\$ 9,838.92
\$ -	\$ 1,353.31	\$ 3,532.99	\$ 10,595.97	\$ 18,730.83	\$ -	\$ -	\$ -	\$ 2,272.49	\$ 6,733.64	\$ 102,345.90
\$ -	\$ 787.64	\$ 723.26	\$ 10,376.71	\$ 5,674.46	\$ 10,653.57	\$ -	\$ -	\$ 6,698.18	\$ 1,116.01	\$ 47,906.71
\$ -	\$ 5,894.58	\$ 1,725.56	\$ 19,736.41	\$ 6,414.88	\$ 12,577.29	\$ -	\$ -	\$ 10,467.54	\$ 4,990.08	\$ 71,007.16
\$ -	\$ 362.40	\$ 399.59	\$ 2,531.05	\$ 1,783.37	\$ 1,506.80	\$ -	\$ -	\$ 1,430.51	\$ 1,218.79	\$ 14,119.13
\$ -	\$ 697.93	\$ 1,305.37	\$ 3,020.29	\$ 5,199.99	\$ 2,779.47	\$ -	\$ -	\$ 4,819.58	\$ 1,234.81	\$ 24,924.69
\$ -	\$ 2,488.42	\$ 4,284.19	\$ 2,681.81	\$ 8,461.81	\$ -	\$ -	\$ -	\$ 3,108.06	\$ 1,831.29	\$ 44,264.67
\$ -	\$ 676.16	\$ 1,319.15	\$ 8,578.28	\$ 17,539.29	\$ -	\$ -	\$ -	\$ 7,937.84	\$ 8,269.54	\$ 54,929.57
\$ -	\$ -	\$ 11.78	\$ -	\$ -	\$ 695.05	\$ -	\$ -	\$ -	\$ -	\$ 2,817.91
\$ -	\$ 1,751.23	\$ 79.60	\$ 5,628.58	\$ 12,045.46	\$ -	\$ -	\$ -	\$ 2,277.62	\$ 2,008.01	\$ 37,445.96
\$ -	\$ 3,998.34	\$ 9,811.18	\$ 7,148.30	\$ 8,360.65	\$ -	\$ -	\$ -	\$ 10,140.36	\$ 13,731.91	\$ 68,316.98
\$ -	\$ 2,508.77	\$ 514.07	\$ 4,476.27	\$ 12,754.37	\$ -	\$ -	\$ -	\$ 685.90	\$ 2,428.59	\$ 36,075.09
\$ -	\$ 698.63	\$ 945.95	\$ 404.03	\$ 15,211.37	\$ -	\$ -	\$ -	\$ 3,099.01	\$ 2,228.62	\$ 27,602.26
\$ -	\$ 666.03	\$ 166.05	\$ 9,899.18	\$ 25,676.61	\$ -	\$ -	\$ -	\$ 10,570.42	\$ 1,212.14	\$ 75,905.72
\$ -	\$ 324.65	\$ 1,221.21	\$ 5,098.56	\$ 11,056.26	\$ -	\$ -	\$ -	\$ 3,278.59	\$ 2,709.02	\$ 36,835.38
\$ -	\$ 161.48	\$ 113.26	\$ 17,367.73	\$ 11,646.13	\$ 9,671.73	\$ -	\$ -	\$ 22,052.08	\$ 4,772.46	\$ 80,761.97
\$ -	\$ 1,874.81	\$ 1,081.85	\$ 1,591.82	\$ 18,199.83	\$ -	\$ -	\$ -	\$ 1,482.75	\$ -	\$ 35,857.27

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
PARIS HEALTH AND REHAB CENTER	6007090	145469	\$ 30,768.13	\$ 9,382.91	\$ 1,560.66	\$ 865.56	\$ -	\$ 3,458.46	
LITTLE VILLAGE NURSING AND REH	6007140	146018	\$ 49,811.33	\$ 4,480.75	\$ 281.28	\$ 653.93	\$ -	\$ 283.07	
PARK RIDGE HEALTHCARE CENTER L	6007157	145839	\$ 30,613.89	\$ 9,210.41	\$ 31.23	\$ 178.02	\$ -	\$ -	
ALDEN PARK STRATHMOOR	6007165	145259	\$ 57,318.19	\$ 8,854.86	\$ 2,664.61	\$ 5.53	\$ -	\$ 1,387.59	
ARCADIA CARE AUBURN	6007181	145136	\$ 28,510.02	\$ 9,172.53	\$ 536.02	\$ -	\$ -	\$ 54.38	
ARC AT CHILLICOTHE	6007199	145058	\$ 38,768.61	\$ 11,954.23	\$ 3,422.53	\$ -	\$ -	\$ 940.38	
APERION CARE BURBANK	6007207	145913	\$ 20,336.25	\$ 3,660.19	\$ 1,034.41	\$ 173.29	\$ -	\$ 160.91	
SHARON HEALTH CARE WILLOWS	6007272	14E888	\$ 106,709.65	\$ 4,654.00	\$ 972.19	\$ -	\$ -	\$ 245.09	
APERION CARE HIGHWOOD	6007280	145936	\$ 45,075.80	\$ 7,596.58	\$ 400.28	\$ 535.64	\$ -	\$ 211.05	
SHARON HEALTHCARE PINES	6007298	14E322	\$ 96,704.99	\$ 7,221.26	\$ 2,141.13	\$ -	\$ -	\$ -	
SHARON HEALTHCARE ELMS	6007306	146098	\$ 67,938.73	\$ 4,180.73	\$ -	\$ -	\$ -	\$ 59.20	
TIMBERCREEK REHAB AND HLTH C C	6007330	145275	\$ 53,563.38	\$ 11,899.06	\$ 1,420.62	\$ -	\$ -	\$ 330.76	
AHVA CARE OF STICKNEY	6007355	146078	\$ 22,585.07	\$ 4,292.97	\$ 2,559.95	\$ -	\$ -	\$ 2,786.45	
PETERSON PARK HEALTH CARE CTR	6007371	145838	\$ 64,645.76	\$ 13,281.55	\$ 417.45	\$ 404.37	\$ -	\$ 605.55	
APERION CARE DEKALB	6007413	145261	\$ 32,184.52	\$ 7,102.04	\$ 65.02	\$ 251.96	\$ -	\$ 149.55	
GROVE OF ST CHARLES	6007439	145433	\$ 25,630.53	\$ 5,516.20	\$ 1,745.95	\$ 2,023.31	\$ -	\$ 300.30	
ALLURE OF PINECREST	6007447	145024	\$ 37,084.98	\$ 6,250.12	\$ 1,920.91	\$ -	\$ -	\$ -	
PLEASANT MEADOWS SENIOR LIVING	6007488	146037	\$ 58,812.53	\$ 19,725.91	\$ 1,798.72	\$ 168.97	\$ -	\$ 5,257.15	
COLLINSVILLE REHAB HEALTH CC	6007496	145438	\$ 52,707.96	\$ 7,212.60	\$ -	\$ -	\$ -	\$ -	
PLEASANT VIEW REHAB AND HCC	6007504	146084	\$ 18,328.74	\$ 3,439.57	\$ 1,622.61	\$ -	\$ -	\$ 285.65	
APERION CARE PLUM GROVE	6007520	145658	\$ 48,732.86	\$ 6,568.61	\$ 3,496.77	\$ 1,120.48	\$ -	\$ 3,039.38	
POLO REHABILITATION AND HCC	6007546	145727	\$ 22,696.73	\$ 2,341.64	\$ 254.62	\$ -	\$ -	\$ -	
PRAIRIE CITY REHAB AND HC	6007561	146038	\$ 12,476.27	\$ 2,983.36	\$ 20.22	\$ -	\$ -	\$ 437.08	
ALLURE OF PROPHETSTOWN, LLC	6007637	145920	\$ 37,140.59	\$ 10,944.40	\$ 221.36	\$ 119.75	\$ -	\$ 2,649.01	
ELEVATE CARE SOUTH HOLLAND	6007868	145671	\$ 76,117.63	\$ 17,524.15	\$ 3,679.62	\$ 2,746.23	\$ -	\$ 1,016.12	
RESTHAVE HOME OF WHITESIDE CO	6007884	146177	\$ 13,063.94	\$ 2,884.53	\$ -	\$ -	\$ -	\$ -	
LANDMARK OF RICHTON PARK	6007918	145424	\$ 92,456.79	\$ 10,276.77	\$ 6,048.03	\$ 568.22	\$ -	\$ 1,216.92	
ELEVATE CARE PALOS HEIGHTS	6007934	145779	\$ 44,531.12	\$ 10,345.55	\$ 2,398.02	\$ 2,956.23	\$ -	\$ 1,511.91	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 1.89	\$ 4,036.13	\$ 1,250.04	\$ 2,367.51	\$ -	\$ -	\$ -	\$ 3,115.64	\$ 4,729.33	\$ 30,768.13
\$ -	\$ 1,544.34	\$ 1,168.11	\$ 3,755.15	\$ 10,856.98	\$ 6,806.22	\$ -	\$ -	\$ 16,570.33	\$ 3,411.17	\$ 49,811.33
\$ -	\$ 1,283.65	\$ 762.07	\$ -	\$ 15,128.92	\$ 1,249.29	\$ -	\$ -	\$ 2,108.18	\$ 662.12	\$ 30,613.89
\$ -	\$ 2,979.72	\$ 3,348.73	\$ 8,532.84	\$ 19,755.17	\$ -	\$ -	\$ -	\$ 6,155.70	\$ 3,633.44	\$ 57,318.19
\$ -	\$ -	\$ 2,530.56	\$ 1,231.29	\$ 7,970.38	\$ -	\$ -	\$ -	\$ 4,950.41	\$ 2,064.45	\$ 28,510.02
\$ -	\$ 21.87	\$ 3,173.77	\$ 3,222.97	\$ 11,940.58	\$ -	\$ -	\$ -	\$ 2,110.38	\$ 1,981.90	\$ 38,768.61
\$ -	\$ 3.54	\$ 578.21	\$ 613.57	\$ 3,456.86	\$ 2,210.27	\$ -	\$ -	\$ 8,010.02	\$ 434.98	\$ 20,336.25
\$ -	\$ -	\$ 247.81	\$ 65,474.55	\$ 9,337.95	\$ -	\$ -	\$ -	\$ 15,176.54	\$ 10,601.52	\$ 106,709.65
\$ -	\$ 98.98	\$ 161.57	\$ 4,744.41	\$ 17,939.67	\$ 84.91	\$ -	\$ -	\$ 8,582.56	\$ 4,720.15	\$ 45,075.80
\$ -	\$ 1,955.45	\$ 2,178.85	\$ 54,056.38	\$ 2,912.87	\$ -	\$ -	\$ -	\$ 19,235.39	\$ 7,003.66	\$ 96,704.99
\$ -	\$ 11.10	\$ 506.87	\$ 45,403.48	\$ 4,354.62	\$ -	\$ -	\$ -	\$ 8,946.02	\$ 4,476.71	\$ 67,938.73
\$ -	\$ 669.64	\$ 8,621.33	\$ 9,253.01	\$ 12,414.17	\$ -	\$ -	\$ -	\$ 2,957.82	\$ 5,996.97	\$ 53,563.38
\$ -	\$ 506.78	\$ 985.85	\$ 2,446.19	\$ 1,697.40	\$ 3,984.52	\$ -	\$ -	\$ 2,386.06	\$ 938.90	\$ 22,585.07
\$ -	\$ 527.09	\$ 367.15	\$ 12,413.33	\$ 9,498.61	\$ 16,598.61	\$ -	\$ -	\$ 6,694.05	\$ 3,838.00	\$ 64,645.76
\$ -	\$ 2,760.16	\$ 50.39	\$ 1,143.68	\$ 6,064.80	\$ -	\$ -	\$ -	\$ 14,480.81	\$ 116.11	\$ 32,184.52
\$ -	\$ 1,746.95	\$ 529.77	\$ 2,329.59	\$ 6,097.85	\$ 113.74	\$ -	\$ -	\$ 3,577.70	\$ 1,649.17	\$ 25,630.53
\$ -	\$ 5,863.07	\$ 3,787.34	\$ 3,575.18	\$ 13,067.90	\$ -	\$ -	\$ -	\$ 1,272.96	\$ 1,347.50	\$ 37,084.98
\$ -	\$ 4,150.67	\$ 8,985.40	\$ 2,703.52	\$ 8,876.39	\$ -	\$ -	\$ -	\$ 2,371.03	\$ 4,774.77	\$ 58,812.53
\$ -	\$ 8,566.14	\$ 9,702.46	\$ 2,667.32	\$ 3,575.85	\$ -	\$ -	\$ -	\$ 13,000.18	\$ 7,983.41	\$ 52,707.96
\$ -	\$ 262.24	\$ 3,392.74	\$ 266.92	\$ 4,561.11	\$ -	\$ -	\$ -	\$ 1,252.67	\$ 3,245.23	\$ 18,328.74
\$ -	\$ 1,047.41	\$ 1,017.64	\$ 4,760.70	\$ 13,321.29	\$ 5,475.21	\$ -	\$ -	\$ 7,418.46	\$ 1,466.91	\$ 48,732.86
\$ -	\$ 47.57	\$ 83.94	\$ 15,292.33	\$ 2,125.14	\$ -	\$ -	\$ -	\$ 2,468.22	\$ 83.27	\$ 22,696.73
\$ -	\$ 939.49	\$ 959.71	\$ 1,199.25	\$ 396.64	\$ -	\$ -	\$ -	\$ 4,801.68	\$ 738.84	\$ 12,476.27
\$ -	\$ 918.08	\$ 4,336.40	\$ 6,415.69	\$ 8,317.17	\$ -	\$ -	\$ -	\$ 3,218.73	\$ -	\$ 37,140.59
\$ -	\$ 5,523.03	\$ 318.33	\$ 7,701.21	\$ 10,876.32	\$ 9,992.08	\$ -	\$ -	\$ 13,556.86	\$ 3,183.68	\$ 76,117.63
\$ -	\$ -	\$ -	\$ 813.02	\$ 813.02	\$ -	\$ -	\$ -	\$ 7,241.41	\$ 1,311.96	\$ 13,063.94
\$ -	\$ 5,167.65	\$ 1,119.37	\$ 13,564.17	\$ 16,651.59	\$ 15,037.15	\$ -	\$ -	\$ 16,661.34	\$ 6,145.58	\$ 92,456.79
\$ -	\$ 2,335.44	\$ 2,050.08	\$ 3,784.77	\$ 5,286.66	\$ 8,127.74	\$ -	\$ -	\$ 3,827.32	\$ 1,907.40	\$ 44,531.12

Illinois Department of Healthcare and Family Services

April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
RIDGEVIEW HEALTH AND REHAB CEN	6007942	146096	\$ 13,225.82	\$ 2,044.47	\$ 94.92	\$ 19.34	\$ -	\$ 29.88	
PEARL OF EVANSTON, THE	6007967	145803	\$ 59,470.34	\$ 11,047.77	\$ 146.66	\$ 1,649.35	\$ -	\$ 259.66	
GALLATIN MANOR	6007975	146054	\$ 27,222.70	\$ 4,681.04	\$ 120.36	\$ 41.86	\$ -	\$ 175.31	
BRIA OF CAHOKIA	6007983	145613	\$ 100,069.57	\$ 8,365.74	\$ 1,165.08	\$ -	\$ -	\$ 765.47	
BRIA OF CHICAGO HEIGHTS	6007991	145898	\$ 68,746.30	\$ 5,050.70	\$ 1,758.90	\$ 1,918.80	\$ -	\$ -	
RIVER BLUFF NURSING HOME	6008007	145771	\$ 64,443.78	\$ 11,294.73	\$ 182.05	\$ 23.99	\$ -	\$ 107.25	
APERION CARE MARSEILLES	6008015	145295	\$ 45,680.48	\$ 8,911.32	\$ 4,702.91	\$ 710.68	\$ -	\$ 34.25	
ROCK RIVER HEALTH CARE	6008049	145818	\$ 45,574.09	\$ 5,353.47	\$ 1,808.34	\$ 744.61	\$ -	\$ 1,502.76	
ACCOLADE HEALTHCARE OF EAST PE	6008056	145524	\$ 35,258.92	\$ 16,027.71	\$ 311.70	\$ -	\$ -	\$ 2,284.87	
APERION CARE CHICAGO HEIGHTS	6008064	145180	\$ 72,329.85	\$ 7,583.02	\$ 384.33	\$ 149.83	\$ -	\$ 350.68	
ROBINGS MANOR REHAB AND HC	6008072	146011	\$ 28,113.14	\$ 7,375.33	\$ 1,468.64	\$ -	\$ -	\$ -	
ROCHELLE GARDENS CARE CENTER	6008098	146152	\$ 26,893.50	\$ 2,851.41	\$ 109.41	\$ 92.31	\$ -	\$ -	
ROCHELLE REHAB HEALTH CARE	6008106	145975	\$ 20,410.93	\$ 4,653.34	\$ -	\$ -	\$ -	\$ 558.02	
ROCK FALLS REHAB HLTH CARE CTR	6008114	146157	\$ 19,905.38	\$ 3,320.36	\$ -	\$ 142.48	\$ -	\$ -	
FARGO HEALTH CARE CENTER	6008155	146169	\$ 53,228.80	\$ 7,522.56	\$ 812.72	\$ 1,300.00	\$ -	\$ 1,725.03	
ALLURE OF ZION	6008163	145443	\$ 56,664.46	\$ 15,669.13	\$ 109.12	\$ 126.81	\$ -	\$ 1,197.36	
BATAVIA REHAB AND HLTH CARE CT	6008171	14E095	\$ 27,117.77	\$ 2,842.34	\$ 1,013.12	\$ 939.95	\$ -	\$ 84.43	
ASPEN REHAB AND HEALTH CARE	6008205	14E361	\$ 25,468.97	\$ 3,883.17	\$ -	\$ 1,636.13	\$ -	\$ -	
SANDWICH REHAB HEALTH CARE	6008213	146133	\$ 15,033.61	\$ 2,196.75	\$ 231.64	\$ -	\$ -	\$ 1,036.01	
REGENCY CARE	6008239	146139	\$ 28,849.68	\$ 7,953.45	\$ 161.53	\$ -	\$ -	\$ 484.58	
WARREN PARK HEALTH LIVING CTR	6008262	145806	\$ 50,268.84	\$ 4,184.23	\$ 1,598.60	\$ 665.76	\$ -	\$ 544.48	
BRIA OF ELMWOOD PARK	6008270	145419	\$ 72,872.92	\$ 13,195.99	\$ 665.29	\$ 2,383.33	\$ -	\$ 1,396.96	
ALDEN TERRACE OF MCHENRY REHAB	6008304	145453	\$ 58,648.83	\$ 11,906.90	\$ 2,143.67	\$ 534.83	\$ -	\$ 616.00	
APERION CARE WILMINGTON	6008312	145316	\$ 60,184.91	\$ 5,199.52	\$ 575.83	\$ 408.07	\$ -	\$ 855.82	
SALINE CARE NURSING & REHABILI	6008346	146134	\$ 49,032.82	\$ 6,805.22	\$ 154.40	\$ 20.14	\$ -	\$ -	
PAVILION ON MAIN STREET	6008379	145712	\$ 43,375.12	\$ 8,210.97	\$ 1,302.46	\$ 51.08	\$ -	\$ 72.97	
STONEBRIDGE NURSING & REHABILI	6008494	146144	\$ 26,921.68	\$ 5,749.25	\$ 873.14	\$ 58.21	\$ -	\$ 508.21	
PRAIRIE CROSSING LVG AND REHAB	6008502	145414	\$ 36,525.59	\$ 5,980.48	\$ -	\$ -	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan **Total Payment**

\$ 25,155,429.33

Managed Care Plans (Non-MMAI)

IlliniCare Health Plan	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
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\$ -	\$ 578.31	\$ 54.49	\$ 5,645.84	\$ 795.19	\$ -	\$ -	\$ -	\$ 1,379.02	\$ 2,584.36	\$ 13,225.82
\$ -	\$ 678.01	\$ 678.01	\$ 8,636.24	\$ 13,779.04	\$ 13,096.22	\$ -	\$ -	\$ 7,097.49	\$ 2,401.89	\$ 59,470.34
\$ -	\$ -	\$ 81.11	\$ 13,776.19	\$ 3,812.33	\$ -	\$ -	\$ -	\$ 3,691.97	\$ 842.53	\$ 27,222.70
\$ -	\$ 215.37	\$ 2,869.88	\$ 12,917.06	\$ 32,578.07	\$ -	\$ -	\$ -	\$ 19,853.03	\$ 21,339.87	\$ 100,069.57
\$ -	\$ 795.24	\$ -	\$ 19,552.56	\$ 13,480.63	\$ 4,878.01	\$ -	\$ -	\$ 16,128.57	\$ 5,182.89	\$ 68,746.30
\$ -	\$ 128.42	\$ 386.67	\$ 36,883.02	\$ 7,472.70	\$ -	\$ -	\$ -	\$ 3,143.31	\$ 4,821.64	\$ 64,443.78
\$ -	\$ 1,444.91	\$ 6,830.67	\$ 9,303.06	\$ 5,479.95	\$ -	\$ -	\$ -	\$ 3,525.57	\$ 4,737.16	\$ 45,680.48
\$ -	\$ 3,595.41	\$ 2,146.80	\$ 9,459.47	\$ 8,020.53	\$ -	\$ -	\$ -	\$ 10,569.61	\$ 2,373.09	\$ 45,574.09
\$ -	\$ 677.74	\$ 4,589.75	\$ 1,763.46	\$ 1,855.37	\$ -	\$ -	\$ -	\$ 2,383.05	\$ 5,365.27	\$ 35,258.92
\$ -	\$ 209.54	\$ -	\$ 20,242.95	\$ 15,606.79	\$ 8,416.68	\$ -	\$ -	\$ 15,372.85	\$ 4,013.18	\$ 72,329.85
\$ -	\$ 136.68	\$ 4,095.03	\$ 9,744.46	\$ 2,026.08	\$ -	\$ -	\$ -	\$ 991.60	\$ 2,275.32	\$ 28,113.14
\$ -	\$ 104.28	\$ 512.84	\$ 6,456.70	\$ 3,519.81	\$ -	\$ -	\$ -	\$ 13,091.18	\$ 155.56	\$ 26,893.50
\$ -	\$ 467.68	\$ -	\$ 2,119.47	\$ 6,140.13	\$ -	\$ -	\$ -	\$ 5,652.97	\$ 819.32	\$ 20,410.93
\$ -	\$ 474.93	\$ 874.30	\$ 4,291.81	\$ 3,220.15	\$ -	\$ -	\$ -	\$ 7,581.35	\$ -	\$ 19,905.38
\$ -	\$ 2,539.53	\$ 1,168.40	\$ 9,889.59	\$ 7,924.48	\$ 7,156.22	\$ -	\$ -	\$ 7,712.85	\$ 5,477.42	\$ 53,228.80
\$ -	\$ 1,928.75	\$ -	\$ 13,232.57	\$ 17,765.13	\$ -	\$ -	\$ -	\$ 6,635.59	\$ -	\$ 56,664.46
\$ -	\$ 2,054.38	\$ 804.87	\$ 351.78	\$ 5,743.81	\$ -	\$ -	\$ -	\$ 12,756.83	\$ 526.26	\$ 27,117.77
\$ -	\$ 241.70	\$ 162.02	\$ 2,167.35	\$ 1,705.19	\$ -	\$ -	\$ -	\$ 15,075.80	\$ 597.61	\$ 25,468.97
\$ -	\$ 4,133.86	\$ 231.64	\$ 3,696.04	\$ 728.01	\$ -	\$ -	\$ -	\$ 2,624.39	\$ 155.27	\$ 15,033.61
\$ -	\$ 113.86	\$ 2,107.81	\$ 3,949.93	\$ 10,109.68	\$ -	\$ -	\$ -	\$ 2,969.54	\$ 999.30	\$ 28,849.68
\$ -	\$ 4,001.02	\$ 731.56	\$ 10,012.22	\$ 13,786.16	\$ 5,159.65	\$ -	\$ -	\$ 8,551.68	\$ 1,033.48	\$ 50,268.84
\$ -	\$ 1,511.19	\$ 1,877.03	\$ 11,948.25	\$ 17,679.81	\$ 9,349.84	\$ -	\$ -	\$ 9,092.58	\$ 3,772.65	\$ 72,872.92
\$ -	\$ 2,119.03	\$ 3,522.06	\$ 6,300.57	\$ 18,945.21	\$ -	\$ -	\$ -	\$ 10,315.43	\$ 2,245.13	\$ 58,648.83
\$ -	\$ 1,215.15	\$ 208.57	\$ 10,971.46	\$ 17,000.72	\$ 10.20	\$ -	\$ -	\$ 19,262.12	\$ 4,477.45	\$ 60,184.91
\$ -	\$ 99.02	\$ 122.51	\$ 7,447.98	\$ 7,013.32	\$ -	\$ -	\$ -	\$ 22,844.05	\$ 4,526.18	\$ 49,032.82
\$ -	\$ 591.03	\$ 291.87	\$ 2,039.17	\$ 29,065.23	\$ -	\$ -	\$ -	\$ 1,494.09	\$ 256.25	\$ 43,375.12
\$ -	\$ -	\$ 8.96	\$ 2,467.17	\$ 13,963.45	\$ -	\$ -	\$ -	\$ 926.87	\$ 2,366.42	\$ 26,921.68
\$ -	\$ -	\$ -	\$ 506.52	\$ 21,350.84	\$ -	\$ -	\$ -	\$ 8,687.75	\$ -	\$ 36,525.59

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
ARC AT NORMAL	6008510	145732	\$ 52,721.04	\$ 14,347.73	\$ 790.96	\$ 699.94	\$ -	\$ 2,905.95	
SHAWNEE SENIOR LIVING	6008528	146036	\$ 64,008.81	\$ 11,577.61	\$ 1,660.51	\$ 3,316.42	\$ -	\$ 16,690.06	
SHELBYVILLE REHAB HEALTH CC	6008536	145836	\$ 26,245.88	\$ 2,422.82	\$ 1,804.53	\$ -	\$ -	\$ 1,116.89	
SHELBYVILLE MANOR	6008544	145441	\$ 58,944.65	\$ 6,334.08	\$ 8.01	\$ -	\$ -	\$ -	
GROVE AT THE LAKE, THE	6008593	145665	\$ 64,107.91	\$ 10,602.21	\$ 2,873.91	\$ 1,231.05	\$ -	\$ 3,116.92	
CHALET LIVING & REHAB	6008601	145670	\$ 75,133.69	\$ 8,573.11	\$ 4,188.94	\$ 1,389.81	\$ -	\$ 749.20	
CITADEL OF SKOKIE, THE	6008635	145468	\$ 22,771.47	\$ 4,365.71	\$ 1,058.39	\$ 1,179.79	\$ -	\$ 30.35	
ARCADIA CARE JACKSONVILLE	6008650	145928	\$ 45,800.81	\$ 5,683.70	\$ 749.44	\$ 256.90	\$ -	\$ 302.96	
RUSHVILLE NURSING & REHABILITA	6008684	145488	\$ 30,028.38	\$ 2,792.50	\$ 173.24	\$ -	\$ -	\$ -	
SOUTH ELGIN REHAB HEALTH CARE	6008718	145825	\$ 37,171.32	\$ 5,978.47	\$ 813.57	\$ 1,144.33	\$ -	\$ 497.18	
APERION CARE SPRING VALLEY	6008783	145486	\$ 52,137.31	\$ 10,223.96	\$ 1,902.62	\$ 353.11	\$ -	\$ -	
WARREN BARR SOUTH LOOP	6008825	145632	\$ 90,006.74	\$ 15,534.45	\$ 8,141.28	\$ 2,269.50	\$ -	\$ 3,317.28	
ST ANTHONYS NSG AND REHAB CTR	6008866	145387	\$ 77,076.68	\$ 22,227.77	\$ 643.50	\$ 259.37	\$ -	\$ -	
ST CLARAS REHAB & SENIOR CARE	6008890	145720	\$ 44,993.33	\$ 13,250.64	\$ 1,702.98	\$ 757.11	\$ -	\$ 688.66	
GROVE OF EVANSTON L & R, THE	6008916	145011	\$ 53,476.37	\$ 10,101.26	\$ 1,762.00	\$ 3,327.38	\$ -	\$ 2,552.26	
LACON REHAB AND NURSING	6008999	146123	\$ 24,811.40	\$ 5,817.80	\$ 236.28	\$ -	\$ -	\$ 105.01	
LITTLE SISTERS OF PALATINE	6009005	146189	\$ 41,044.25	\$ 8,198.69	\$ -	\$ 9,912.62	\$ -	\$ -	
MADO HEALTHCARE - UPTOWN	6009013	146191	\$ 79,669.27	\$ 10,843.52	\$ 182.23	\$ 138.17	\$ -	\$ 68.08	
AVANTARA PARK RIDGE	6009096	145667	\$ 34,967.90	\$ 6,641.51	\$ 2,669.28	\$ 1,105.62	\$ -	\$ 3,962.18	
PAUL HOUSE & HEALTHCARE CENTER	6009112	145767	\$ 42,444.86	\$ 9,093.39	\$ 1,388.12	\$ 1,032.53	\$ -	\$ 3,257.32	
CITADEL OF STERLING, THE	6009179	145278	\$ 49,959.14	\$ 7,612.31	\$ 1,336.11	\$ 881.22	\$ -	\$ 5,144.47	
INTEGRITY HC OF CARBONDALE	6009203	145757	\$ 50,535.59	\$ 1,761.42	\$ 333.52	\$ 2,504.89	\$ -	\$ 1,066.58	
SULLIVAN REHAB HEALTH CC	6009211	145370	\$ 42,645.67	\$ 12,201.04	\$ 2,333.15	\$ -	\$ -	\$ -	
EASTVIEW TERRACE	6009237	146039	\$ 25,498.02	\$ 7,708.54	\$ 267.08	\$ -	\$ -	\$ 169.46	
SUNNY ACRES NURSING HOME	6009245	146068	\$ 41,681.63	\$ 11,272.59	\$ 2,140.68	\$ -	\$ -	\$ 578.03	
VANDALIA REHAB HEALTH CC	6009260	145903	\$ 20,184.61	\$ 1,178.97	\$ 542.76	\$ -	\$ -	\$ -	
SUNRISE SKILLED NURSING & REHA	6009294	145783	\$ 57,243.27	\$ 12,936.01	\$ -	\$ 277.99	\$ -	\$ 751.39	
SUNSET REHAB HEALTH CARE	6009328	146016	\$ 67,118.54	\$ 13,453.04	\$ 635.65	\$ -	\$ -	\$ 1,013.79	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 132.19	\$ 5,874.75	\$ 5,653.71	\$ 12,616.30	\$ -	\$ -	\$ -	\$ 5,391.51	\$ 4,308.00	\$ 52,721.04
\$ -	\$ 767.10	\$ 13,483.88	\$ 2,390.86	\$ 5,994.37	\$ -	\$ -	\$ -	\$ 4,405.06	\$ 3,722.94	\$ 64,008.81
\$ -	\$ 85.42	\$ 3,551.40	\$ 11,262.43	\$ 511.00	\$ -	\$ -	\$ -	\$ 2,618.58	\$ 2,872.81	\$ 26,245.88
\$ -	\$ 568.55	\$ 1,425.37	\$ 1,609.55	\$ 10,397.99	\$ -	\$ -	\$ -	\$ 1,509.45	\$ 37,091.65	\$ 58,944.65
\$ -	\$ 3,006.33	\$ -	\$ 10,410.11	\$ 17,266.76	\$ 446.73	\$ -	\$ -	\$ 11,495.65	\$ 3,658.24	\$ 64,107.91
\$ -	\$ 1,464.24	\$ 830.95	\$ 15,489.19	\$ 7,300.44	\$ 16,620.32	\$ -	\$ -	\$ 15,021.86	\$ 3,505.63	\$ 75,133.69
\$ -	\$ 547.31	\$ 302.54	\$ 7,981.47	\$ 1,356.03	\$ 3,553.09	\$ -	\$ -	\$ 1,046.64	\$ 1,350.15	\$ 22,771.47
\$ -	\$ 322.45	\$ 1,211.86	\$ 5,182.29	\$ 15,192.52	\$ -	\$ -	\$ -	\$ 14,448.40	\$ 2,450.29	\$ 45,800.81
\$ -	\$ 1,142.99	\$ 815.34	\$ 2,417.79	\$ 6,072.71	\$ -	\$ -	\$ -	\$ 14,499.19	\$ 2,114.62	\$ 30,028.38
\$ -	\$ 938.89	\$ 104.78	\$ 11,252.27	\$ 7,311.82	\$ -	\$ -	\$ -	\$ 8,690.36	\$ 439.65	\$ 37,171.32
\$ -	\$ 90.60	\$ 757.33	\$ 6,239.84	\$ 14,616.94	\$ -	\$ -	\$ -	\$ 16,233.82	\$ 1,719.09	\$ 52,137.31
\$ -	\$ 5,280.83	\$ 1,588.44	\$ 7,141.70	\$ 10,507.18	\$ 20,632.96	\$ -	\$ -	\$ 9,017.23	\$ 6,575.89	\$ 90,006.74
\$ -	\$ 955.40	\$ 354.58	\$ 5,952.68	\$ 39,159.48	\$ -	\$ -	\$ -	\$ 3,533.30	\$ 3,990.60	\$ 77,076.68
\$ -	\$ -	\$ 2,314.89	\$ 2,170.58	\$ 15,858.30	\$ -	\$ -	\$ -	\$ 5,928.96	\$ 2,321.21	\$ 44,993.33
\$ -	\$ 6,641.54	\$ 115.32	\$ 5,149.88	\$ 5,830.49	\$ 7,904.43	\$ -	\$ -	\$ 6,000.64	\$ 4,091.17	\$ 53,476.37
\$ -	\$ 1.75	\$ -	\$ 7,256.49	\$ 6,864.44	\$ -	\$ -	\$ -	\$ 1,718.74	\$ 2,810.89	\$ 24,811.40
\$ -	\$ -	\$ -	\$ 5,852.31	\$ 14,082.24	\$ 1,315.70	\$ -	\$ -	\$ 1,682.69	\$ -	\$ 41,044.25
\$ -	\$ 1,247.55	\$ 244.30	\$ 15,495.31	\$ 15,977.91	\$ 13,236.49	\$ -	\$ -	\$ 16,232.23	\$ 6,003.48	\$ 79,669.27
\$ -	\$ 2,472.98	\$ 1,243.26	\$ 2,613.63	\$ 2,847.32	\$ 7,228.44	\$ -	\$ -	\$ 1,751.37	\$ 2,432.31	\$ 34,967.90
\$ -	\$ 557.15	\$ 2,131.61	\$ 3,035.66	\$ 9,043.58	\$ 3,470.29	\$ -	\$ -	\$ 6,238.83	\$ 3,196.38	\$ 42,444.86
\$ -	\$ 6,498.16	\$ 6,080.63	\$ 5,564.20	\$ 6,561.89	\$ -	\$ -	\$ -	\$ 3,474.33	\$ 6,805.82	\$ 49,959.14
\$ -	\$ -	\$ 3,606.21	\$ 23,384.78	\$ 3,515.88	\$ -	\$ -	\$ -	\$ 8,883.51	\$ 5,478.80	\$ 50,535.59
\$ -	\$ 791.14	\$ 5,137.66	\$ 9,353.91	\$ 3,913.06	\$ -	\$ -	\$ -	\$ 6,937.86	\$ 1,977.85	\$ 42,645.67
\$ -	\$ 1,963.51	\$ 2,512.41	\$ 4,205.16	\$ 1,729.58	\$ -	\$ -	\$ -	\$ 5,413.47	\$ 1,528.81	\$ 25,498.02
\$ -	\$ -	\$ 3,903.33	\$ 2,512.11	\$ 11,591.30	\$ -	\$ -	\$ -	\$ 8,441.82	\$ 1,241.77	\$ 41,681.63
\$ -	\$ 243.03	\$ 2,075.86	\$ 5,723.69	\$ 4,510.96	\$ -	\$ -	\$ -	\$ 4,523.02	\$ 1,386.32	\$ 20,184.61
\$ -	\$ -	\$ 2,248.67	\$ 5,069.82	\$ 14,917.71	\$ -	\$ -	\$ -	\$ 4,802.84	\$ 16,238.84	\$ 57,243.27
\$ -	\$ 1,297.39	\$ 6,855.28	\$ 25,986.84	\$ 11,999.19	\$ -	\$ -	\$ -	\$ 4,853.79	\$ 1,023.57	\$ 67,118.54

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
TERRACE, THE	6009377	146159	\$ 34,167.02	\$ 7,434.60	\$ 107.82	\$ 1,655.89	\$ -	\$ 838.41	
PEARL AT THE TILLERS	6009401	146034	\$ 16,159.50	\$ 4,554.35	\$ 2,719.21	\$ 2,200.94	\$ -	\$ 1,341.71	
TOULON REHAB HEALTH CARE CTR	6009427	145442	\$ 41,262.21	\$ 6,247.31	\$ 1,538.16	\$ 94.66	\$ -	\$ 873.60	
ALTA REHAB AT WAUCONDA	6009435	145887	\$ 70,175.31	\$ 14,065.61	\$ 3,882.25	\$ 1,545.09	\$ -	\$ 4,358.21	
TRI-STATE VILLAGE NRSRG REHAB	6009443	145879	\$ 43,410.03	\$ 9,043.95	\$ 2,252.51	\$ 546.75	\$ -	\$ 2,480.70	
BRIA OF WOODRIVER LLC	6009534	145655	\$ 33,769.42	\$ 6,860.61	\$ 400.41	\$ -	\$ -	\$ 165.81	
EFFINGHAM REHAB AND HEALTH CC	6009559	145514	\$ 27,062.00	\$ 4,567.44	\$ 1,662.42	\$ -	\$ -	\$ 545.29	
GROVE OF SKOKIE, THE	6009625	145860	\$ 61,237.77	\$ 8,515.85	\$ 1,275.70	\$ 996.27	\$ -	\$ 2,295.37	
ALLURE OF WALNUT	6009690	146063	\$ 16,859.86	\$ 3,002.13	\$ -	\$ -	\$ -	\$ 3,177.50	
WASHINGTON SENIOR LIVING	6009740	145000	\$ 58,328.33	\$ 17,878.64	\$ 1,039.03	\$ 86.59	\$ -	\$ 1,684.24	
PAVILION OF SOUTH SHORE	6009757	145939	\$ 59,449.64	\$ 12,155.26	\$ 1,723.13	\$ 329.47	\$ -	\$ 625.47	
WATSEKA REHAB HEALTH CC	6009765	145389	\$ 27,878.49	\$ 5,888.27	\$ 161.18	\$ 6.61	\$ -	\$ 528.45	
APERION CARE FAIRFIELD	6009815	146000	\$ 49,167.56	\$ 7,226.05	\$ 155.54	\$ 25.92	\$ -	\$ 243.27	
ARCOLA HEALTH CARE CENTER	6009823	146050	\$ 29,945.26	\$ 3,054.16	\$ 1,389.95	\$ -	\$ -	\$ 335.56	
SWANSEA REHAB HEALTH CC	6009831	145981	\$ 38,799.40	\$ 4,318.58	\$ 25.42	\$ -	\$ -	\$ 1,338.79	
ALDEN LINCOLN PARK REHAB	6009849	145126	\$ 33,909.97	\$ 12,310.37	\$ 2,676.53	\$ 399.81	\$ -	\$ 1,271.35	
WENTWORTH REHAB AND HCC	6009856	145429	\$ 106,173.20	\$ 11,042.85	\$ 1,897.12	\$ 853.33	\$ -	\$ 590.05	
WESLEY VILLAGE	6009864	146047	\$ 34,085.60	\$ 4,801.63	\$ -	\$ -	\$ -	\$ -	
WEST CHICAGO TERRACE	6009872	14E392	\$ 57,873.97	\$ 5,296.27	\$ 5,416.95	\$ 2,210.45	\$ -	\$ 2,476.70	
BRIA OF WESTMONT	6009930	145405	\$ 66,546.95	\$ 15,672.45	\$ 1,658.20	\$ 3,969.41	\$ -	\$ 1,186.80	
CITY VIEW MULTICARE CENTER LLC	6009948	145850	\$ 98,131.90	\$ 5,665.59	\$ 2,842.43	\$ 2,216.29	\$ -	\$ 2,757.97	
WESTWOOD VILLAGE NURSING AND R	6009955	146149	\$ 33,948.74	\$ 4,342.40	\$ 38.29	\$ 1,132.06	\$ -	\$ 726.42	
WHEATON VILLAGE NURSING REHAB	6009963	145715	\$ 39,890.14	\$ 3,087.30	\$ 3,493.55	\$ 1,366.06	\$ -	\$ 108.10	
OREGON LIVING AND REHAB CENTER	6009989	145476	\$ 48,069.30	\$ 6,738.62	\$ -	\$ 135.13	\$ -	\$ 99.88	
PRAIRIE OASIS	6010078	145927	\$ 74,629.00	\$ 9,335.44	\$ 4,502.61	\$ 3,632.52	\$ -	\$ 450.84	
BRIA OF PALOS HILLS	6010086	145650	\$ 60,184.16	\$ 9,391.73	\$ 1,523.04	\$ 2,368.97	\$ -	\$ 2,556.53	
WINNING WHEELS	6010094	145556	\$ 62,803.46	\$ 8,082.12	\$ -	\$ -	\$ -	\$ 886.68	
WINSTON MANOR CONVALESCENT N H	6010102	14E169	\$ 29,886.84	\$ 2,383.95	\$ 386.08	\$ -	\$ -	\$ 471.04	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan **Total Payment**

Managed Care Plans (Non-MMAI) **\$ 25,155,429.33**

IlliniCare Health Plan	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
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\$ -	\$ 720.93	\$ -	\$ 10,886.39	\$ 9,029.35	\$ -	\$ -	\$ -	\$ 1,786.24	\$ 1,707.39	\$ 34,167.02
\$ -	\$ -	\$ 951.30	\$ 899.10	\$ 2,760.21	\$ -	\$ -	\$ -	\$ 340.97	\$ 391.71	\$ 16,159.50
\$ -	\$ 1,439.56	\$ 9,580.00	\$ 13,407.65	\$ 3,900.62	\$ -	\$ -	\$ -	\$ 4,015.00	\$ 165.65	\$ 41,262.21
\$ -	\$ 2,983.61	\$ -	\$ 16,676.27	\$ 16,406.32	\$ -	\$ -	\$ -	\$ 8,489.09	\$ 1,768.86	\$ 70,175.31
\$ -	\$ 2,062.73	\$ 286.93	\$ 3,524.49	\$ 7,150.66	\$ 12,152.73	\$ -	\$ -	\$ 2,977.75	\$ 930.83	\$ 43,410.03
\$ -	\$ 515.86	\$ 460.59	\$ 2,484.27	\$ 3,013.58	\$ -	\$ -	\$ -	\$ 12,215.17	\$ 7,653.12	\$ 33,769.42
\$ -	\$ 1,109.89	\$ 1,935.07	\$ 5,882.41	\$ 3,464.79	\$ -	\$ -	\$ -	\$ 7,156.37	\$ 738.32	\$ 27,062.00
\$ -	\$ 4,232.32	\$ 348.18	\$ 9,949.55	\$ 6,725.20	\$ 16,117.36	\$ -	\$ -	\$ 7,551.77	\$ 3,230.20	\$ 61,237.77
\$ -	\$ 234.70	\$ 1,789.93	\$ 4,998.38	\$ 778.90	\$ -	\$ -	\$ -	\$ 1,072.92	\$ 1,805.40	\$ 16,859.86
\$ -	\$ 1,530.62	\$ 13,767.20	\$ 3,865.65	\$ 8,951.89	\$ -	\$ -	\$ -	\$ 3,885.20	\$ 5,639.27	\$ 58,328.33
\$ -	\$ 1,057.13	\$ 218.47	\$ 10,426.86	\$ 10,428.62	\$ 9,801.39	\$ -	\$ -	\$ 10,865.57	\$ 1,818.27	\$ 59,449.64
\$ -	\$ 186.28	\$ 1,661.98	\$ 7,079.94	\$ 5,805.05	\$ 23.78	\$ -	\$ -	\$ 4,102.11	\$ 2,434.84	\$ 27,878.49
\$ -	\$ 11.96	\$ 921.25	\$ 10,990.99	\$ 17,609.32	\$ -	\$ -	\$ -	\$ 6,957.79	\$ 5,025.47	\$ 49,167.56
\$ -	\$ 2,228.01	\$ 3,578.78	\$ 672.83	\$ 1,253.68	\$ -	\$ -	\$ -	\$ 16,166.69	\$ 1,265.60	\$ 29,945.26
\$ -	\$ 2,129.63	\$ 8,433.79	\$ 6,547.06	\$ 1,457.41	\$ -	\$ -	\$ -	\$ 6,047.14	\$ 8,501.58	\$ 38,799.40
\$ -	\$ 81.97	\$ 125.46	\$ 4,657.16	\$ 5,276.11	\$ 518.58	\$ -	\$ -	\$ 4,709.02	\$ 1,883.61	\$ 33,909.97
\$ -	\$ 2,627.21	\$ 1,241.72	\$ 18,782.58	\$ 22,787.81	\$ 21,631.99	\$ -	\$ -	\$ 16,271.14	\$ 8,447.40	\$ 106,173.20
\$ -	\$ -	\$ 203.82	\$ -	\$ 721.22	\$ -	\$ -	\$ -	\$ 27,767.06	\$ 591.87	\$ 34,085.60
\$ -	\$ 5,545.28	\$ -	\$ 7,983.67	\$ 14,948.32	\$ 679.99	\$ -	\$ -	\$ 11,705.43	\$ 1,610.91	\$ 57,873.97
\$ -	\$ 393.75	\$ 411.78	\$ 12,844.10	\$ 17,257.18	\$ -	\$ -	\$ -	\$ 10,878.11	\$ 2,275.17	\$ 66,546.95
\$ -	\$ 5,927.25	\$ 634.41	\$ 24,043.17	\$ 13,429.03	\$ 15,402.94	\$ -	\$ -	\$ 18,738.39	\$ 6,474.43	\$ 98,131.90
\$ -	\$ 377.70	\$ -	\$ 10,283.79	\$ 12,567.71	\$ 1,804.71	\$ -	\$ -	\$ 2,296.24	\$ 379.42	\$ 33,948.74
\$ -	\$ 3,984.14	\$ -	\$ 7,740.21	\$ 12,903.92	\$ -	\$ -	\$ -	\$ 6,842.18	\$ 364.68	\$ 39,890.14
\$ -	\$ -	\$ 487.63	\$ 2,376.44	\$ 31,633.97	\$ -	\$ -	\$ -	\$ 6,597.63	\$ -	\$ 48,069.30
\$ -	\$ 5,748.87	\$ 1,906.72	\$ 8,063.34	\$ 13,703.09	\$ 8,551.51	\$ -	\$ -	\$ 12,330.48	\$ 6,403.58	\$ 74,629.00
\$ -	\$ 56.27	\$ 37.51	\$ 8,719.62	\$ 12,028.83	\$ 16,295.97	\$ -	\$ -	\$ 5,839.13	\$ 1,366.56	\$ 60,184.16
\$ -	\$ -	\$ -	\$ 39,572.52	\$ 10,181.00	\$ -	\$ -	\$ -	\$ 4,081.14	\$ -	\$ 62,803.46
\$ -	\$ 331.10	\$ -	\$ 10,797.75	\$ 2,332.72	\$ 3,318.54	\$ -	\$ -	\$ 9,409.61	\$ 456.05	\$ 29,886.84

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
MOUNT ZION HEALTH AND REHAB CE	6010128	145546	\$ 34,377.65	\$ 9,688.37	\$ 3,130.86	\$ -	\$ -	\$ -	
GROVE OF ELMHURST, THE	6010144	145339	\$ 66,293.45	\$ 12,815.43	\$ 2,663.87	\$ 1,122.24	\$ -	\$ 1,712.37	
CASEYVILLE NRSNG AND REHAB CTR	6010227	145585	\$ 67,701.25	\$ 13,377.14	\$ -	\$ -	\$ -	\$ 20.27	
SEMINARY MANOR	6010250	145598	\$ 40,237.80	\$ 10,530.83	\$ 733.04	\$ 1,148.68	\$ -	\$ 3,563.17	
CHATEAU NURSING AND REHAB	6010367	145614	\$ 67,233.08	\$ 13,242.57	\$ 8,610.54	\$ 4,080.78	\$ -	\$ 2,546.75	
STEARNS NURSING AND REHAB CTR	6010441	145847	\$ 87,112.99	\$ 18,963.38	\$ 255.69	\$ -	\$ -	\$ -	
ALLURE OF LAKE STOREY	6010466	145619	\$ 48,108.62	\$ 3,531.76	\$ 416.21	\$ -	\$ -	\$ 1,149.11	
AVANTARA LIBERTYVILLE	6010482	145593	\$ 52,253.52	\$ 10,694.94	\$ 296.95	\$ 2,164.71	\$ -	\$ 2,485.33	
ST JAMES WELLNESS REHAB VILLAS	6010664	145611	\$ 37,988.20	\$ 10,399.69	\$ 2,218.91	\$ 1,753.72	\$ -	\$ 1,712.85	
AVANTARA PALOS HEIGHTS	6010912	145607	\$ 40,448.32	\$ 7,614.51	\$ 182.28	\$ 1,359.62	\$ -	\$ 1,151.94	
ALLURE OF STERLING	6011373	145615	\$ 30,497.21	\$ 5,053.47	\$ 1,062.03	\$ 6.35	\$ -	\$ 128.59	
ARCADIA CARE MORRIS	6011381	145623	\$ 32,903.72	\$ 8,286.87	\$ 2,688.32	\$ 110.95	\$ -	\$ 345.59	
ACCOLADE HC OF PAXTON ON PELLIS	6011571	145603	\$ 55,061.17	\$ 13,027.36	\$ 2,676.79	\$ -	\$ -	\$ -	
SOUTH HOLLAND MANOR HLTH REHAB	6011589	145608	\$ 72,557.17	\$ 15,768.62	\$ 5,214.63	\$ 2,543.72	\$ -	\$ 1,063.96	
LOFT REHAB AND NRSNG OF CANTON	6011597	145600	\$ 34,331.42	\$ 6,371.24	\$ 1,264.18	\$ 4,220.46	\$ -	\$ 61.53	
HENRY REHAB AND NURSING	6011613	145604	\$ 24,459.87	\$ 6,015.09	\$ 108.58	\$ -	\$ -	\$ -	
MASON CITY AREA NURSING HOME	6011688	145616	\$ 18,335.75	\$ 5,865.21	\$ 1,279.37	\$ -	\$ -	\$ 640.64	
PEKIN MANOR	6011712	145597	\$ 59,681.97	\$ 18,136.19	\$ 347.73	\$ -	\$ -	\$ 2,150.55	
PRAIRIE MANOR NURSING REHAB	6011746	145629	\$ 54,843.42	\$ 12,070.01	\$ 2,017.22	\$ 955.15	\$ -	\$ 3,575.26	
PEARL OF CRYSTAL LAKE, THE	6011803	145612	\$ 13,593.71	\$ 4,656.23	\$ 197.31	\$ 83.08	\$ -	\$ 634.78	
ST PATRICKS RESIDENCE	6011910	145878	\$ 80,562.90	\$ 14,594.30	\$ 1,243.55	\$ 459.37	\$ -	\$ 1,693.64	
BELLA TERRA BLOOMINGDALE	6011993	145638	\$ 43,599.33	\$ 11,199.21	\$ 2,465.30	\$ 886.00	\$ -	\$ 1,094.89	
LOFT REHABILITATION OF EAST PEORIA	6012017	145646	\$ 50,662.20	\$ 12,926.20	\$ 637.47	\$ -	\$ -	\$ 1,005.55	
LOFT REHABILITATION OF PEORIA	6012165	145647	\$ 62,110.25	\$ 14,663.37	\$ -	\$ 7.29	\$ -	\$ 1,803.75	
APERION CARE WESTCHESTER	6012173	145660	\$ 60,822.64	\$ 9,687.46	\$ 105.45	\$ 316.36	\$ -	\$ 370.68	
CENTRALIA MANOR	6012355	145666	\$ 32,235.42	\$ 7,302.64	\$ -	\$ -	\$ -	\$ -	
PITTSFIELD MANOR	6012470	145837	\$ 31,978.33	\$ 3,391.86	\$ 72.77	\$ -	\$ -	\$ 198.71	
BELLA TERRA SCHAUMBURG	6012553	145678	\$ 118,350.63	\$ 25,988.65	\$ 1,328.00	\$ 2,897.45	\$ -	\$ 3,465.75	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ -	\$ 3,809.60	\$ 2,146.81	\$ 9,118.00	\$ -	\$ -	\$ -	\$ 5,271.97	\$ 1,212.04	\$ 34,377.65
\$ -	\$ 102.78	\$ 125.98	\$ 14,625.60	\$ 18,846.03	\$ 512.22	\$ -	\$ -	\$ 9,518.33	\$ 4,248.60	\$ 66,293.45
\$ -	\$ 948.04	\$ 506.67	\$ 4,031.91	\$ 25,521.14	\$ -	\$ -	\$ -	\$ 14,256.45	\$ 9,039.63	\$ 67,701.25
\$ -	\$ 256.94	\$ 5,346.65	\$ 4,126.18	\$ 5,580.92	\$ -	\$ -	\$ -	\$ 4,009.04	\$ 4,942.35	\$ 40,237.80
\$ -	\$ 6,418.00	\$ 226.99	\$ 7,839.79	\$ 16,602.48	\$ -	\$ -	\$ -	\$ 4,357.65	\$ 3,307.53	\$ 67,233.08
\$ -	\$ 3,883.52	\$ 676.83	\$ 6,672.07	\$ 5,667.35	\$ -	\$ -	\$ -	\$ 38,781.06	\$ 12,213.09	\$ 87,112.99
\$ -	\$ 413.20	\$ 11,141.20	\$ 11,379.46	\$ 9,262.21	\$ -	\$ -	\$ -	\$ 4,569.28	\$ 6,246.19	\$ 48,108.62
\$ -	\$ 1,652.58	\$ -	\$ 10,177.49	\$ 17,301.47	\$ -	\$ -	\$ -	\$ 4,380.44	\$ 3,099.61	\$ 52,253.52
\$ -	\$ 1,152.28	\$ 412.64	\$ 5,286.47	\$ 10,434.74	\$ -	\$ -	\$ -	\$ 3,908.40	\$ 708.50	\$ 37,988.20
\$ -	\$ 318.24	\$ 165.84	\$ 5,323.58	\$ 4,980.30	\$ 8,165.91	\$ -	\$ -	\$ 7,900.88	\$ 3,285.22	\$ 40,448.32
\$ -	\$ 1,831.96	\$ 2,435.20	\$ 7,056.74	\$ 4,184.15	\$ -	\$ -	\$ -	\$ 3,297.81	\$ 5,440.91	\$ 30,497.21
\$ -	\$ 109.13	\$ 3,619.59	\$ 1,755.23	\$ 2,999.35	\$ -	\$ -	\$ -	\$ 11,828.24	\$ 1,160.45	\$ 32,903.72
\$ -	\$ 388.84	\$ 5,033.49	\$ 6,316.03	\$ 9,385.96	\$ -	\$ -	\$ -	\$ 6,814.44	\$ 11,418.26	\$ 55,061.17
\$ -	\$ 2,516.82	\$ 112.51	\$ 11,016.26	\$ 10,585.79	\$ 14,538.34	\$ -	\$ -	\$ 6,048.67	\$ 3,147.85	\$ 72,557.17
\$ -	\$ -	\$ 7,657.79	\$ 4,147.74	\$ 2,528.36	\$ -	\$ -	\$ -	\$ 3,305.89	\$ 4,774.23	\$ 34,331.42
\$ -	\$ 90.14	\$ 747.79	\$ 4,206.06	\$ 7,703.25	\$ -	\$ -	\$ -	\$ 3,540.22	\$ 2,048.74	\$ 24,459.87
\$ -	\$ 1,405.59	\$ 3,402.10	\$ 2,206.87	\$ 969.57	\$ -	\$ -	\$ -	\$ 1,348.22	\$ 1,218.18	\$ 18,335.75
\$ -	\$ 1,171.49	\$ 14,243.59	\$ 4,338.24	\$ 13,031.59	\$ -	\$ -	\$ -	\$ 1,715.04	\$ 4,547.55	\$ 59,681.97
\$ -	\$ 1,437.11	\$ 578.35	\$ 5,823.82	\$ 5,920.21	\$ 13,531.65	\$ -	\$ -	\$ 7,089.18	\$ 1,845.46	\$ 54,843.42
\$ -	\$ 823.01	\$ 993.06	\$ 458.98	\$ 1,605.65	\$ -	\$ -	\$ -	\$ 2,118.71	\$ 2,022.90	\$ 13,593.71
\$ -	\$ 278.41	\$ -	\$ 19,126.69	\$ 33,171.35	\$ -	\$ -	\$ -	\$ 9,393.48	\$ 602.11	\$ 80,562.90
\$ -	\$ 603.27	\$ -	\$ 5,793.20	\$ 14,917.88	\$ 66.63	\$ -	\$ -	\$ 4,574.05	\$ 1,998.90	\$ 43,599.33
\$ -	\$ 1,509.36	\$ 8,926.60	\$ 5,587.09	\$ 10,370.15	\$ -	\$ -	\$ -	\$ 6,031.26	\$ 3,668.52	\$ 50,662.20
\$ -	\$ 1,597.12	\$ 10,501.62	\$ 11,121.50	\$ 8,646.82	\$ -	\$ -	\$ -	\$ 2,956.01	\$ 10,812.77	\$ 62,110.25
\$ -	\$ 204.51	\$ 17.58	\$ 6,256.04	\$ 16,765.20	\$ 9,655.11	\$ -	\$ -	\$ 14,216.37	\$ 3,227.88	\$ 60,822.64
\$ -	\$ -	\$ 27.47	\$ 824.22	\$ 23,765.14	\$ -	\$ -	\$ -	\$ 104.40	\$ 211.55	\$ 32,235.42
\$ -	\$ 13.99	\$ -	\$ 49.98	\$ 16,019.69	\$ -	\$ -	\$ -	\$ 1,316.09	\$ 10,915.24	\$ 31,978.33
\$ -	\$ 959.93	\$ 1,092.43	\$ 18,088.42	\$ 29,663.48	\$ 10,043.89	\$ -	\$ -	\$ 11,560.34	\$ 13,262.29	\$ 118,350.63

Illinois Department of Healthcare and Family Services
April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
IMBODEN CREEK SENIOR LIVING AN	6012579	145945	\$ 28,329.27	\$ 4,429.93	\$ -	\$ -	\$ -	\$ -	\$ -
ELEVATE CARE ABINGTON LLC	6012595	145683	\$ 35,598.91	\$ 14,592.59	\$ 891.47	\$ 999.46	\$ -	\$ 1,700.23	
ALIYA OF HOMEWOOD	6012611	145684	\$ 46,940.42	\$ 10,622.52	\$ 191.83	\$ 272.51	\$ -	\$ 941.24	
PRINCETON REHABILITATION AND H	6012645	145688	\$ 80,223.53	\$ 9,277.58	\$ 2,163.56	\$ 883.37	\$ -	\$ 1,608.61	
PEARL OF ELK GROVE, THE	6012686	145689	\$ 38,976.20	\$ 9,005.44	\$ 594.05	\$ 2,001.38	\$ -	\$ 1,333.85	
AVANTARA OF ELGIN	6012827	145699	\$ 32,944.68	\$ 5,719.75	\$ 4,664.28	\$ 3,307.09	\$ -	\$ 2,794.37	
RENWICK NURSING AND REHAB	6012835	145694	\$ 34,505.09	\$ 7,959.51	\$ 540.03	\$ 2,862.90	\$ -	\$ 2,248.89	
AVANTARA CHICAGO RIDGE	6012967	145700	\$ 81,068.57	\$ 19,051.84	\$ 1,443.41	\$ 1,764.17	\$ -	\$ 6,298.70	
BELLA TERRA STREAMWOOD	6012975	145701	\$ 49,136.46	\$ 11,417.97	\$ 2,758.74	\$ 4,277.52	\$ -	\$ 6,019.34	
BELLA TERRA ELMHURST	6013098	145711	\$ 42,752.89	\$ 13,645.55	\$ 1,268.11	\$ 1,848.43	\$ -	\$ 6,139.03	
BRIA OF COLUMBIA LLC	6013106	145717	\$ 55,165.61	\$ 6,751.89	\$ -	\$ -	\$ -	\$ -	
MEADOWBROOK MANOR	6013120	145710	\$ 103,170.63	\$ 24,561.83	\$ 7,740.85	\$ 4,396.87	\$ -	\$ 11,188.01	
MANOR COURT OF MARYVILLE	6013189	145728	\$ 71,550.18	\$ 11,435.13	\$ 1,637.13	\$ -	\$ -	\$ 1,508.97	
JERSEYVILLE MANOR	6013312	145733	\$ 73,449.76	\$ 19,959.31	\$ -	\$ -	\$ -	\$ -	
ALDEN TOWN MANOR REHAB AND HCC	6013353	145736	\$ 109,128.12	\$ 24,049.42	\$ 1,321.64	\$ 808.38	\$ -	\$ 941.51	
BELLA TERRA LAGRANGE	6013361	145737	\$ 45,059.06	\$ 14,921.43	\$ 687.00	\$ 2,885.87	\$ -	\$ 3,487.29	
ALDEN ESTATES OF EVANSTON	6013429	145907	\$ 13,146.86	\$ 2,109.48	\$ 2,397.26	\$ 811.63	\$ -	\$ 46.58	
HEARTLAND SENIOR LIVING	6013437	146030	\$ 18,587.18	\$ 2,164.81	\$ 32.39	\$ -	\$ -	\$ 1,695.14	
HARMONY HEALTHCARE AND REHABIL	6013684	145775	\$ 85,598.28	\$ 24,761.98	\$ 4,041.30	\$ 4,322.14	\$ -	\$ 5,889.52	
AVANTARA LAKE ZURICH	6014138	145816	\$ 77,871.14	\$ 16,270.83	\$ 117.61	\$ 1,680.46	\$ -	\$ 2,802.28	
WARREN BARR BUFFALO GROVE	6014195	145819	\$ 76,082.27	\$ 13,797.66	\$ 2,411.44	\$ 1,524.41	\$ -	\$ 3,328.73	
AVANTARA LONG GROVE	6014344	145868	\$ 91,897.05	\$ 32,563.96	\$ 1,126.17	\$ 3,421.96	\$ -	\$ 4,619.25	
BELLA TERRA WHEELING	6014369	145835	\$ 92,059.76	\$ 25,532.77	\$ 4,401.60	\$ 2,759.67	\$ -	\$ 3,827.31	
PARKWAY MANOR	6014385	145841	\$ 30,000.63	\$ 7,114.62	\$ -	\$ -	\$ -	\$ -	
LEMONT NURSING AND REHAB CTR	6014492	145901	\$ 48,058.75	\$ 11,533.61	\$ 6,136.40	\$ 6,419.95	\$ -	\$ 213.27	
ALDEN ESTATES OF NORTHMOOR	6014500	145888	\$ 68,257.47	\$ 13,230.62	\$ 3,539.07	\$ 2,807.76	\$ -	\$ 3,362.88	
MEADOWBROOK MANOR NAPERVILLE	6014518	145874	\$ 99,998.33	\$ 21,028.74	\$ 7,725.97	\$ 9,765.31	\$ -	\$ 6,592.56	
HARMONY PALOS	6014534	145893	\$ 29,304.86	\$ 7,544.79	\$ 333.29	\$ 116.20	\$ -	\$ 717.66	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ -	\$ 180.28	\$ 2,964.46	\$ 12,421.24	\$ -	\$ -	\$ -	\$ 7,116.05	\$ 1,217.31	\$ 28,329.27
\$ -	\$ 1,206.25	\$ 1,580.76	\$ 1,958.44	\$ 4,297.09	\$ 6,378.62	\$ -	\$ -	\$ 1,802.53	\$ 191.47	\$ 35,598.91
\$ -	\$ 306.57	\$ 202.59	\$ 6,426.45	\$ 4,309.20	\$ 16,696.81	\$ -	\$ -	\$ 5,555.64	\$ 1,415.06	\$ 46,940.42
\$ -	\$ 1,175.29	\$ 139.88	\$ 17,687.07	\$ 12,421.85	\$ 15,810.87	\$ -	\$ -	\$ 13,411.64	\$ 5,643.81	\$ 80,223.53
\$ -	\$ 95.54	\$ 835.34	\$ 4,475.03	\$ 5,390.74	\$ 6,459.55	\$ -	\$ -	\$ 4,992.66	\$ 3,792.62	\$ 38,976.20
\$ -	\$ 1,762.38	\$ 478.62	\$ 3,058.13	\$ 6,284.85	\$ 285.68	\$ -	\$ -	\$ 3,446.83	\$ 1,142.70	\$ 32,944.68
\$ -	\$ 2,528.52	\$ 806.35	\$ 4,514.34	\$ 7,540.33	\$ -	\$ -	\$ -	\$ 2,400.72	\$ 3,103.50	\$ 34,505.09
\$ -	\$ 324.58	\$ 17.18	\$ 12,117.08	\$ 19,758.73	\$ 11,819.33	\$ -	\$ -	\$ 6,584.73	\$ 1,888.82	\$ 81,068.57
\$ -	\$ 4,512.31	\$ 1,135.78	\$ 5,438.25	\$ 5,879.94	\$ 2,589.99	\$ -	\$ -	\$ 3,297.29	\$ 1,809.33	\$ 49,136.46
\$ -	\$ 6,257.24	\$ -	\$ 2,724.28	\$ 6,216.94	\$ 107.47	\$ -	\$ -	\$ 3,385.20	\$ 1,160.64	\$ 42,752.89
\$ -	\$ 999.55	\$ 1,776.42	\$ 7,798.45	\$ 9,305.19	\$ -	\$ -	\$ -	\$ 12,360.74	\$ 16,173.37	\$ 55,165.61
\$ -	\$ 5,241.29	\$ 6,460.54	\$ 12,135.62	\$ 16,974.70	\$ -	\$ -	\$ -	\$ 10,848.98	\$ 3,621.94	\$ 103,170.63
\$ -	\$ 2,406.09	\$ 6,540.27	\$ 8,632.16	\$ 19,629.07	\$ -	\$ -	\$ -	\$ 8,326.23	\$ 11,435.13	\$ 71,550.18
\$ -	\$ -	\$ -	\$ 2,931.79	\$ 47,328.34	\$ -	\$ -	\$ -	\$ 1,230.73	\$ 1,999.59	\$ 73,449.76
\$ -	\$ 970.38	\$ 49.72	\$ 24,227.00	\$ 15,330.91	\$ 14,211.98	\$ -	\$ -	\$ 15,565.77	\$ 11,651.41	\$ 109,128.12
\$ -	\$ 4,930.23	\$ 1,887.46	\$ 1,074.48	\$ 8,101.36	\$ 4,730.55	\$ -	\$ -	\$ 1,433.43	\$ 919.96	\$ 45,059.06
\$ -	\$ 1,462.00	\$ -	\$ 2,248.12	\$ 588.69	\$ 2,847.48	\$ -	\$ -	\$ 635.62	\$ -	\$ 13,146.86
\$ -	\$ -	\$ 2,591.30	\$ 6,532.24	\$ 4,631.95	\$ -	\$ -	\$ -	\$ -	\$ 939.35	\$ 18,587.18
\$ -	\$ 2,304.59	\$ 313.89	\$ 9,676.81	\$ 14,455.33	\$ 10,521.42	\$ -	\$ -	\$ 6,434.69	\$ 2,876.61	\$ 85,598.28
\$ -	\$ 1,336.68	\$ -	\$ 17,829.17	\$ 28,113.22	\$ 38.45	\$ -	\$ -	\$ 6,819.10	\$ 2,863.34	\$ 77,871.14
\$ -	\$ 1,374.99	\$ 158.87	\$ 15,362.50	\$ 24,413.83	\$ 1,979.13	\$ -	\$ -	\$ 8,522.21	\$ 3,208.50	\$ 76,082.27
\$ -	\$ 1,910.53	\$ 53.34	\$ 11,546.16	\$ 26,336.46	\$ 81.00	\$ -	\$ -	\$ 6,061.53	\$ 4,176.69	\$ 91,897.05
\$ -	\$ 6,791.26	\$ 6,812.46	\$ 8,317.56	\$ 8,566.16	\$ 14,731.10	\$ -	\$ -	\$ 8,508.35	\$ 1,811.52	\$ 92,059.76
\$ -	\$ -	\$ -	\$ 631.56	\$ 17,428.15	\$ -	\$ -	\$ -	\$ 282.00	\$ 4,544.30	\$ 30,000.63
\$ -	\$ 2,142.41	\$ 1,005.77	\$ 5,040.96	\$ 8,838.64	\$ 4,112.74	\$ -	\$ -	\$ 2,183.61	\$ 431.39	\$ 48,058.75
\$ -	\$ 2,821.75	\$ 1,668.16	\$ 5,791.71	\$ 9,919.46	\$ 11,333.13	\$ -	\$ -	\$ 11,710.67	\$ 2,072.26	\$ 68,257.47
\$ -	\$ 9,633.93	\$ 884.37	\$ 11,869.36	\$ 16,697.11	\$ 101.97	\$ -	\$ -	\$ 10,433.98	\$ 5,265.03	\$ 99,998.33
\$ -	\$ 66.40	\$ 307.75	\$ 2,024.92	\$ 5,606.53	\$ 4,461.81	\$ -	\$ -	\$ 5,813.27	\$ 2,312.24	\$ 29,304.86

Illinois Department of Healthcare and Family Services

April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

				\$ 25,155,429.33	\$ 4,613,244.64	\$ 741,036.81	\$ 508,945.30	\$ -	\$ 645,569.30
				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	
APERION CARE INTERNATIONAL	6014617	146001	\$ 93,582.46	\$ 19,859.28	\$ 964.91	\$ 1,640.04	\$ -	\$ 1,134.46	
ARCHER HEIGHTS HEALTHCARE	6014641	145995	\$ 108,827.91	\$ 14,718.61	\$ 541.27	\$ 869.06	\$ -	\$ 342.92	
RIVER CROSSING OF ROCKFORD	6014658	145891	\$ 40,702.06	\$ 5,954.98	\$ 1,785.32	\$ 890.99	\$ -	\$ 7,414.94	
CALHOUN NURSING AND REHAB CTR	6014674	145910	\$ 20,557.90	\$ 5,095.43	\$ 710.72	\$ 51.52	\$ -	\$ 137.39	
WARREN BARR ORLAND PARK	6014682	145899	\$ 87,048.36	\$ 24,079.16	\$ 7,412.69	\$ 3,834.57	\$ -	\$ 9,539.25	
ALDEN DES PLAINES REHAB HHC	6014757	145998	\$ 52,983.87	\$ 12,080.28	\$ 4,104.06	\$ 1,240.35	\$ -	\$ 1,250.90	
ALDEN NORTH SHORE REHAB AND HC	6014765	145984	\$ 14,515.69	\$ 4,109.63	\$ 929.37	\$ 499.15	\$ -	\$ -	
ALDEN OF WATERFORD	6014773	146008	\$ 21,169.01	\$ 4,713.45	\$ 1,866.55	\$ 675.72	\$ -	\$ 334.17	
SOUTHPOINT NURSING REHAB CTR	6014781	145914	\$ 123,160.17	\$ 18,014.69	\$ 3,563.76	\$ 1,391.02	\$ -	\$ 3,463.84	
SOUTH SHORE REHABILITATION	6014823	145977	\$ 85,336.92	\$ 21,739.53	\$ 3,492.74	\$ 671.58	\$ -	\$ 2,924.38	
ALIYA ON 87TH STREET	6014831	145983	\$ 89,753.88	\$ 26,494.27	\$ 349.35	\$ 414.05	\$ -	\$ 1,601.21	
VILLA AT WINDSOR PARK	6014856	145970	\$ 147,199.63	\$ 30,672.20	\$ 3,534.28	\$ 460.69	\$ -	\$ 3,404.35	
PEARL OF HILLSIDE, THE	6014906	145946	\$ 57,089.55	\$ 12,699.76	\$ 531.86	\$ 764.55	\$ -	\$ 3,425.19	
ALDEN ESTATES OF ORLAND PARK	6014922	145963	\$ 93,138.14	\$ 19,565.18	\$ 5,472.21	\$ 2,447.67	\$ -	\$ 1,399.05	
WARREN BARR NORTH SHORE	6014963	145923	\$ 40,091.25	\$ 9,315.34	\$ 1,902.28	\$ 3,388.33	\$ -	\$ 4,830.81	
CITADEL OF NORTHBROOK	6015168	145982	\$ 73,544.71	\$ 31,181.11	\$ 4,741.85	\$ 1,765.53	\$ -	\$ 2,545.87	
HAWTHORNE INN OF DANVILLE	6015317	146090	\$ 32,847.04	\$ 10,420.61	\$ -	\$ -	\$ -	\$ -	
APERION CARE FOREST PARK	6015333	145969	\$ 107,266.40	\$ 20,060.30	\$ 1,955.03	\$ 2,388.71	\$ -	\$ 3,186.68	
ALDEN COURTS OF WATERFORD, LLC	6015507	146182	\$ 10,777.05	\$ 2,309.96	\$ 1,064.94	\$ 41.99	\$ -	\$ 393.03	
MANOR COURT OF PRINCETON	6015861	146083	\$ 30,540.25	\$ 4,364.79	\$ 875.62	\$ 809.12	\$ -	\$ 6,140.41	
MANOR COURT OF CLINTON	6015879	146076	\$ 42,614.34	\$ 9,347.78	\$ 1,593.48	\$ -	\$ -	\$ 790.82	
MANOR COURT OF PERU	6015887	146091	\$ 29,731.87	\$ 6,822.85	\$ 1,481.28	\$ 1,079.66	\$ -	\$ 1,724.61	
FRIENDSHIP MANOR HEALTH CARE	6015895	146043	\$ 23,154.74	\$ 2,701.41	\$ 660.43	\$ -	\$ -	\$ -	
MANOR COURT OF FREEPORT	6016133	146102	\$ 47,209.08	\$ 6,114.99	\$ -	\$ -	\$ -	\$ -	
MANOR COURT OF PEORIA	6016190	146108	\$ 16,530.62	\$ 3,717.73	\$ 3,006.99	\$ -	\$ -	\$ 476.43	
MEADOWBROOK MANOR OF LAGRANGE	6016281	146093	\$ 54,394.26	\$ 10,232.84	\$ 589.82	\$ 2,807.21	\$ -	\$ 2,629.15	
SOUTH SUBURBAN REHAB CENTER	6016497	146132	\$ 104,696.92	\$ 19,788.57	\$ 4,849.55	\$ 2,029.54	\$ -	\$ 5,640.03	
CARMI MANOR	6016539	146124	\$ 30,987.29	\$ 3,124.83	\$ 72.22	\$ -	\$ -	\$ -	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 2,011.52	\$ 1,898.99	\$ 9,891.10	\$ 15,195.03	\$ 16,187.69	\$ -	\$ -	\$ 15,238.19	\$ 9,561.25	\$ 93,582.46
\$ -	\$ 485.80	\$ 640.45	\$ 11,697.90	\$ 15,789.38	\$ 40,464.40	\$ -	\$ -	\$ 17,144.25	\$ 6,133.87	\$ 108,827.91
\$ -	\$ 2,227.48	\$ 3,093.45	\$ 4,293.12	\$ 6,804.26	\$ -	\$ -	\$ -	\$ 5,522.83	\$ 2,714.69	\$ 40,702.06
\$ -	\$ -	\$ 883.78	\$ 316.11	\$ 603.90	\$ -	\$ -	\$ -	\$ 811.50	\$ 11,947.55	\$ 20,557.90
\$ -	\$ 9,033.62	\$ 1,117.71	\$ 7,371.57	\$ 9,556.18	\$ 5,559.52	\$ -	\$ -	\$ 6,960.29	\$ 2,583.80	\$ 87,048.36
\$ -	\$ 1,461.72	\$ 646.53	\$ 5,892.56	\$ 7,143.46	\$ 10,428.82	\$ -	\$ -	\$ 6,159.61	\$ 2,575.58	\$ 52,983.87
\$ -	\$ 1,226.48	\$ 758.23	\$ 1,181.32	\$ 715.45	\$ 3,624.76	\$ -	\$ -	\$ 1,003.05	\$ 468.25	\$ 14,515.69
\$ -	\$ 306.48	\$ 282.48	\$ 3,199.54	\$ 7,431.12	\$ -	\$ -	\$ -	\$ 954.51	\$ 1,404.99	\$ 21,169.01
\$ -	\$ 4,639.35	\$ -	\$ 18,212.57	\$ 12,458.45	\$ 35,725.72	\$ -	\$ -	\$ 18,379.10	\$ 7,311.67	\$ 123,160.17
\$ -	\$ 4,279.92	\$ 553.22	\$ 6,335.93	\$ 8,215.79	\$ 17,612.35	\$ -	\$ -	\$ 12,777.83	\$ 6,733.65	\$ 85,336.92
\$ -	\$ 773.11	\$ 143.95	\$ 5,843.76	\$ 11,304.35	\$ 19,164.06	\$ -	\$ -	\$ 17,662.20	\$ 6,003.57	\$ 89,753.88
\$ -	\$ 2,931.85	\$ 1,641.93	\$ 19,230.66	\$ 23,253.98	\$ 29,084.61	\$ -	\$ -	\$ 28,855.45	\$ 4,129.63	\$ 147,199.63
\$ -	\$ 1,392.15	\$ 460.06	\$ 9,002.07	\$ 7,151.64	\$ 12,304.04	\$ -	\$ -	\$ 6,757.49	\$ 2,600.74	\$ 57,089.55
\$ -	\$ 2,067.58	\$ 1,016.27	\$ 8,178.67	\$ 15,661.85	\$ 24,441.65	\$ -	\$ -	\$ 8,968.50	\$ 3,919.51	\$ 93,138.14
\$ -	\$ 1,977.96	\$ 287.81	\$ 3,881.39	\$ 8,123.97	\$ 371.51	\$ -	\$ -	\$ 4,774.62	\$ 1,237.23	\$ 40,091.25
\$ -	\$ 2,573.49	\$ 734.30	\$ 5,839.84	\$ 7,451.15	\$ 7,969.07	\$ -	\$ -	\$ 4,548.49	\$ 4,194.01	\$ 73,544.71
\$ -	\$ -	\$ 5,891.45	\$ 3,591.48	\$ 9,267.09	\$ -	\$ -	\$ -	\$ 1,450.75	\$ 2,225.66	\$ 32,847.04
\$ -	\$ 2,791.16	\$ 577.66	\$ 18,540.69	\$ 14,994.92	\$ 18,984.77	\$ -	\$ -	\$ 17,546.69	\$ 6,239.79	\$ 107,266.40
\$ -	\$ 232.59	\$ 393.03	\$ 1,780.54	\$ 3,504.69	\$ -	\$ -	\$ -	\$ 1,056.28	\$ -	\$ 10,777.05
\$ -	\$ 2,425.13	\$ 5,599.53	\$ 2,591.39	\$ 6,787.71	\$ -	\$ -	\$ -	\$ 498.77	\$ 447.78	\$ 30,540.25
\$ -	\$ -	\$ 18,016.03	\$ 2,154.63	\$ 8,261.00	\$ -	\$ -	\$ -	\$ 146.80	\$ 2,303.80	\$ 42,614.34
\$ -	\$ -	\$ 2,135.69	\$ 3,186.99	\$ 12,150.26	\$ -	\$ -	\$ -	\$ 1,150.53	\$ -	\$ 29,731.87
\$ -	\$ 1,360.66	\$ 588.05	\$ 4,492.71	\$ 4,794.88	\$ -	\$ -	\$ -	\$ 4,566.90	\$ 3,989.70	\$ 23,154.74
\$ -	\$ 141.37	\$ 199.36	\$ 112.37	\$ -	\$ -	\$ -	\$ -	\$ 30,814.22	\$ 9,826.77	\$ 47,209.08
\$ -	\$ 54.67	\$ 4,205.88	\$ -	\$ 4,494.86	\$ -	\$ -	\$ -	\$ -	\$ 574.06	\$ 16,530.62
\$ -	\$ 2,912.93	\$ 408.98	\$ 1,744.42	\$ 15,493.92	\$ 7,884.68	\$ -	\$ -	\$ 6,682.78	\$ 3,007.53	\$ 54,394.26
\$ -	\$ 8,120.57	\$ -	\$ 16,144.15	\$ 12,402.72	\$ 18,067.00	\$ -	\$ -	\$ 14,359.52	\$ 3,295.27	\$ 104,696.92
\$ -	\$ -	\$ 138.88	\$ 11,593.85	\$ 5,430.28	\$ -	\$ -	\$ -	\$ 7,119.08	\$ 3,508.15	\$ 30,987.29

Illinois Department of Healthcare and Family Services

April 1, 2024 CNA Experience and Promotion Incentive Payment

Employee Hour Data Source: Payroll Based Journal Employee Detail Data 2023 Q2 (PBJ Records 7/1/2023 - 9/30/2023)

\$ 25,155,429.33 \$ 4,613,244.64 \$ 741,036.81 \$ 508,945.30 \$ - \$ 645,569.30

				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	
ALDEN ESTATES OF SHOREWOOD	6016695	146153	\$ 16,719.03	\$ 5,639.46	\$ -	\$ 442.72	\$ -	\$ 852.99	
SPRING CREEK	6016786	146172	\$ 41,306.05	\$ 9,450.97	\$ 2,398.73	\$ 1,004.27	\$ -	\$ 335.82	
ALDEN COURTS OF SHOREWOOD, INC	6016869	146183	\$ 13,779.61	\$ 3,662.76	\$ 835.46	\$ 1,220.00	\$ -	\$ 1,178.50	
MANOR COURT OF CARBONDALE	6016885	146171	\$ 49,287.79	\$ 10,428.62	\$ 1,142.73	\$ -	\$ -	\$ 291.16	
ALDEN ESTATES CTS OF HUNTLEY	6016950	146186	\$ 25,412.02	\$ 5,815.54	\$ 4,181.42	\$ 2,515.88	\$ -	\$ 674.72	
MANOR COURT OF ROCHELLE	6016976	146193	\$ 21,184.52	\$ 6,304.88	\$ 520.56	\$ -	\$ -	\$ 1,527.34	

\$ - \$ 768,258.87 \$ 945,305.99 \$ 3,890,658.76 \$ 5,082,634.73 \$ 1,973,018.11 \$ - \$ - \$ 4,122,790.84 \$ 1,863,965.98

Calculated Payment by Payer and Plan										Total Payment
Managed Care Plans (Non-MMAI)										\$ 25,155,429.33
IlliniCare Health Plan	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
\$ -	\$ 1,838.10	\$ 405.63	\$ 3,998.38	\$ 616.56	\$ -	\$ -	\$ -	\$ 2,925.19	\$ -	\$ 16,719.03
\$ -	\$ 1,926.98	\$ 786.78	\$ 2,390.73	\$ 15,476.58	\$ -	\$ -	\$ -	\$ 3,853.95	\$ 3,681.24	\$ 41,306.05
\$ -	\$ 1,850.74	\$ 763.54	\$ 1,009.75	\$ 1,009.75	\$ -	\$ -	\$ -	\$ 235.15	\$ 2,013.96	\$ 13,779.61
\$ -	\$ -	\$ 5,744.97	\$ 2,939.80	\$ 14,783.52	\$ -	\$ -	\$ -	\$ 4,098.18	\$ 9,858.81	\$ 49,287.79
\$ -	\$ 1,948.37	\$ 2,678.55	\$ 275.43	\$ 4,255.36	\$ -	\$ -	\$ -	\$ 2,436.39	\$ 630.36	\$ 25,412.02
\$ -	\$ -	\$ 161.19	\$ 8,511.33	\$ 3,350.63	\$ -	\$ -	\$ -	\$ 808.59	\$ -	\$ 21,184.52