This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0758
EXPIRES 11/30/2024

HOSPICE COST AND DATA REPORT	Provider CCN: 311569	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-II Date/Time Prepared: 6/30/2022 3:15 pm

PART I - COST REPORT STATUS

			1	ECR DATE 2	ECR TIME 3	
Provider use only	1	Electronically prepared cost report	X	6/30/2022	3:15 pm	1
	2	Manually prepared cost report				2
	3	Number of times cost report has been amended				3
	4	Medicare utilization	F			4
Contractor use only:	5	Cost Report Status [1] As Submitted [2] Reserved [3] Reserved [4] Reserved [5] Amended	1			5
	6	Date received				6
	7	Contractor number	06001			7
	8	First cost report for this Provider CCN				8
	9	Last cost report for this provider CCN				9
	10	NPR date				10
	11	Contractor vendor code	4			11
	12	Reserved				12

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ACACIA HOSPICE (311569) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and that, to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR 1		CHECKBOX 2	ELECTRONIC SIGNATURE STATEMENT	
1	Nichole Cadavero		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	NICHOLE CADAVERO			2
3	Signatory Title	DIRECTOR OF FINANCE			3
4	Date	06/30/2022 12:25:00 PM (PT)			4

Encryption Information
ECR: Date: 6/30/2022 Time: 3:15 pm
.kEFWM6BvPeCBd2NA77UL2rdXZ4.V0
MBC0M05hAzYMFUErD.eg7pe:NOjDwn
qkOb00NWlY0aNG4T

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0758. The time required to complete this information collection is estimated to be 188 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.