HOME HEALTH RESEARCH | CMS HCRIS FY2025

Home Health Financial Benchmarks

Patient-service margins, cash and cost per visit from 6,488 Medicare-certified home health agencies in the CMS FY2025 archive.

> Benchmarks cover Medicare-certified home health agencies only. They do not represent private-duty or Medicaid-only home care agencies, including New York LHCSAs that do not file these Medicare cost reports.

4.3%
Median patient-service margin

34%
Had negative patient-service margin

6,488
Eligible reports from unique agencies

The smallest agencies had the least room for error

42% of agencies under $1M posted negative patient-service margins, compared with 26% in each size band above $3M. Across the full cohort, the middle half ran from −3.6% to +14.3%. These figures measure patient-service operations before other income, not overall net income.

Net patient revenue	Agencies	Median margin	Negative margin
Under $1M	1,779	2.0%	42%
$1M to under $3M	2,336	3.3%	36%
$3M to under $10M	1,734	7.7%	26%
$10M and up	639	8.6%	26%

Margin by state

Selected states; small samples can move from year to year. State figures are descriptive, not adjusted for agency size or payer mix.

State	Agencies	Median margin	Negative margin
New Jersey	29	9.3%	24%
Pennsylvania	116	6.9%	28%
Florida	662	5.4%	31%
California	1,963	4.9%	26%
Texas	887	3.2%	37%
Massachusetts	76	2.8%	43%
Illinois	356	2.6%	40%
New York	59	2.6%	46%

Cash and collections

The median was **49 estimated receivable days** among 4,286 reports with positive receivables. This is a year-end balance divided by daily patient revenue, not the elapsed time between billing and collection.

The median was **23 estimated days of cash** among 5,132 reports with a nonnegative cash balance and positive operating expenses; 39% were below 15 days. Cash and receivables can vary around year-end.

No receivables amount was shown in 2,121 reports (33%), including 922 of 1,779 (52%) under $1M. A blank field does not establish a zero balance or the accounting basis.

Cost per visit

Median reported cost per visit was **$166** in the highest patient-service margin quartile versus **$214** in the lowest, a 22% difference. This comparison does not establish what caused the gap. Overall median: $194, based on 6,486 reports with the needed fields.

Discipline	Median	Agencies reporting
Skilled nursing, RN	$239	6,485
Physical therapy	$229	6,442
Occupational therapy	$208	5,663
Home health aide	$94	5,033

How we calculated it

CMS HCRIS HHA20 FY2025 archive (form CMS-1728-20), CMS update September 30, 2026, released October 6, 2026. The archive contains 10,473 reports; its year label is not a uniform start or end date. We kept periods 360–370 days inclusive, patient revenue above $100,000 and margins from −100% to +60% inclusive. The resulting 6,488 reports have unique CMS certification numbers. Cost reports are self-reported and can be amended.

Patient-service margin = (net patient revenue − operating expenses) ÷ net patient revenue, Worksheet F-1. Estimated receivable days = positive reported accounts receivable ÷ (net patient revenue ÷ 365), Worksheets F/F-1. Estimated days of cash = nonnegative reported cash on hand and in banks ÷ (operating expenses ÷ 365), Worksheets F/F-1. Blank values are not imputed. Visit-cost comparisons use Worksheet C Part I total cost divided by Worksheet S-3 Part I total visits, and Worksheet C's reported average cost per visit for each discipline.

No conclusion about accounting practices, causality or change since 2024 is drawn from this analysis.