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Medicare Cost Report Document Checklist for Home Health and Hospice Agencies, 2026–2027

Use this before your fiscal year closes and again before you file. It is a general guide, not legal or tax advice. Follow the current CMS form instructions and the requirements of your Medicare Administrative Contractor (MAC).

1. Key deadlines

- ☐ **5-month rule.** The cost report is due on or before the last day of the fifth month after your fiscal year end. If your period does not end on the last day of a month, it is due 150 days after the period ends (42 CFR 413.24(f)(2)).

- ☐ **Put your date on the calendar.**

Cost report due dates for common fiscal year ends

FISCAL YEAR END	DUE DATE
6/30/2026	11/30/2026
9/30/2026	2/28/2027
12/31/2026	5/31/2027
3/31/2027	8/31/2027
6/30/2027	11/30/2027
9/30/2027	2/29/2028

- ☐ **If the due date falls on a weekend or holiday,** confirm the filing date with your MAC.
- ☐ **Extensions are narrow.** The MAC may extend only when your operations are significantly adversely affected by extraordinary circumstances outside your control, such as a flood or fire. A busy quarter or a late year-end close does not qualify.
- ☐ **Leave time for acceptance.** Medicare payments can be suspended in whole or in part until an acceptable cost report is filed and accepted by the MAC (42 CFR 405.371), so allow time to fix rejections.
- ☐ **Certification.** The cost report includes a certification (Worksheet S). Schedule time for the person who signs for your agency to review the report.
- ☐ **Hospices:** your self-determined aggregate cap determination is a separate filing. It is due to your MAC no later than 5 months after the cap year ends (cap year October 1 to September 30), with any overpayment remitted (42 CFR 418.308(c)). For the cap year ending 9/30/2026, that is 2/28/2027. Late filing can also suspend payments (42 CFR 405.371(e)). Confirm the date with your MAC.

2. Documents to gather (all agencies)

- ☐ Year-end trial balance, tied to your financial statements
- ☐ Balance sheet and statement of revenue and expenses
- ☐ Provider Statistical & Reimbursement (PS&R) report for the cost reporting period, run after claims are final
- ☐ Statistics: visits by discipline (home health) or patient days by level of care (hospice)
- ☐ Payroll reports and salary detail by department, plus contract labor and therapy contracts
- ☐ Related-party transactions: owners, management fees, leases, loans (agreements and amounts)
- ☐ Fixed asset and depreciation schedule, including additions and disposals
- ☐ Vehicle and mileage records and lease agreements
- ☐ Bad debt listing and collection policy (if claiming Medicare bad debt)
- ☐ Prior year cost report, final settlement (NPR), and any MAC correspondence
- ☐ Ownership, CCN, and change-of-ownership documents
- ☐ Interest expense, loan statements, and insurance schedules
- ☐ Grants, donations, and other non-patient revenue that may offset costs

3. Home health items (Form CMS-1728-20)

- ☐ Confirm you are using the current form for freestanding home health agencies (CMS-1728-20). Agencies that are part of a hospital or skilled nursing facility complex use a different form.
- ☐ Visit counts by discipline (skilled nursing, PT, OT, SLP, home health aide, medical social services) tie to the PS&R
- ☐ Costs assigned correctly between home health and any other lines of business
- ☐ Administrative and general costs allocated on the required statistical basis
- ☐ Contracted therapy and staffing costs supported by agreements and invoices
- ☐ Reported Medicare visits and payments reconciled to the PS&R before filing
- ☐ Bad debt and any reimbursable items reconciled to supporting listings

4. Hospice items (Form CMS-1984-14)

- ☐ Confirm you are using CMS-1984-14 (freestanding hospices, cost reporting periods beginning on or after 10/1/2014). Hospital-based, skilled nursing facility-based, and home health agency-based hospices use other forms.
- ☐ Patient days by level of care (routine home care, continuous home care, inpatient respite, general inpatient) tie to the PS&R
- ☐ **Hospice cap:** prepare your self-determined aggregate cap determination for the correct cap year (October 1 to September 30) and estimate any overpayment before you file. It is a separate filing from the cost report.
- ☐ Room and board, physician, and volunteer and bereavement costs classified correctly
- ☐ Contract inpatient and nursing facility arrangements documented
- ☐ Reported Medicare days and payments reconciled to the PS&R

5. Common errors that trigger rejections or audits

- ☐ Statistics (visits or days) do not agree with the PS&R
- ☐ Trial balance does not agree with the financial statements or the cost report
- ☐ Related-party costs not reported, or not adjusted to cost
- ☐ Payroll and department costs do not tie to payroll tax filings
- ☐ Wrong fiscal year or cost reporting period dates; missing certification
- ☐ Unsupported or double-counted costs (for example, owner compensation, vehicles, personal expenses)
- ☐ Non-allowable costs left in the report (for example, fines and personal expenses)
- ☐ Bad debt claimed without a supported collection effort
- ☐ Submitting the report without checking your software's error and edit report

6. Next step

We prepare Medicare cost reports for home health agencies (CMS-1728-20) and hospices (CMS-1984-14) nationwide for a flat fee: **\$1,599.99** for low- or full-utilization reports and **\$500** for no-utilization reports. We also handle bookkeeping, payroll, tax, and Fractional CFO services.

Book a free 20-minute consultation: www.soriagacpa.com/book-online

Call: 630-491-1268

Sources

- 42 CFR 413.24, adequate cost data and cost finding (due date, extensions): <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-413/subpart-B/section-413.24>
- 42 CFR 405.371, suspension of payment for unfiled cost reports: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-405/subpart-C/section-405.371>
- 42 CFR 418.308, limitation on hospice payments (self-determined cap filing): <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-G/section-418.308>
- 42 CFR 418.3, definition of the hospice cap period: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-A/section-418.3>
- CMS Provider Reimbursement Manual, Part 2, Chapter 47 (Form CMS-1728-20 instructions): <https://www.cms.gov/files/document/r7p247i.pdf>
- CMS Provider Reimbursement Manual, Part 2, Chapter 43 (Form CMS-1984-14 instructions): <https://www.cms.gov/files/document/r8p243i.pdf>

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General information only; not legal or tax advice.