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Fairview Network

Digital Health & HealthTech Salary Guide for Go-To-Market Teams

HOME HEALTH, HOMECARE & HOSPICE VENDORS

Current 2026 Industry Insight & Salary Insights for Sales, Customer Success, Marketing, and Sales Leadership in Our Industry

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Introduction

This resource is designed to give companies and candidates accurate, current insight into the market for go-to-market talent at technology and services companies selling into home health, home care, and hospice — the vendors building the software, AI, analytics, pharmacy, and service platforms that post-acute providers run on. It combines compensation benchmarks, live findings from Fairview Network's 2026 candidate screenings in this exact niche, funding activity across the space, and the reimbursement dynamics shaping what providers buy — and therefore who vendors hire.

This guide focuses specifically on the following roles at home health, home care, and hospice vendors:

Sales: Account Executive, Regional and Mid-Market Sales Executive, and Enterprise / Strategic Post-Acute Sales positions

Client Success: Entry-level through Senior CS, Director, and VP of Client Success positions

Marketing: Content Marketing, Marketing Manager, Engagement and Lead Gen, Director of Marketing, Director of Product Marketing, and VP of Marketing

Sales Leadership: VP of Sales, Chief Commercial Officer, and Chief Revenue Officer

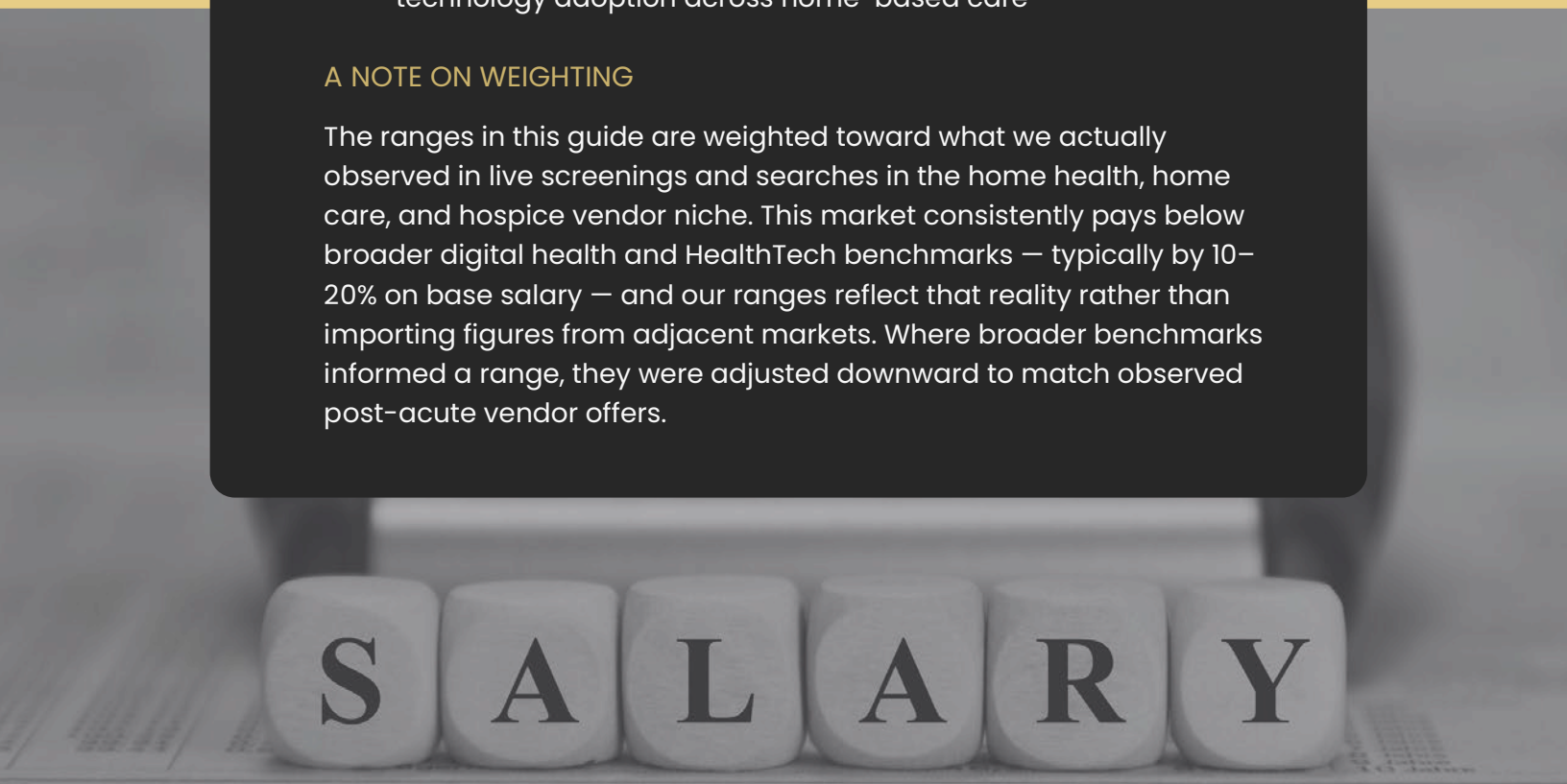
Methodology

The data presented in this guide has been compiled from multiple sources, including:

- Fairview Network's 2026 screening calls with sales professionals currently working at home health, home care, and hospice technology and services vendors — including EMR platforms, post-acute analytics companies, hospice pharmacy technology, AI documentation startups, and post-acute consulting firms
- Direct compensation disclosures, expectations, and competing-offer data shared by candidates during those screenings
- Fairview Network sourcing data and conversations with hiring managers and founders building post-acute GTM teams
- Published GTM compensation benchmarks from healthcare and SaaS sources, adjusted for the post-acute vendor market
- Industry reporting on funding, M&A, reimbursement, and technology adoption across home-based care

A NOTE ON WEIGHTING

The ranges in this guide are weighted toward what we actually observed in live screenings and searches in the home health, home care, and hospice vendor niche. This market consistently pays below broader digital health and HealthTech benchmarks — typically by 10–20% on base salary — and our ranges reflect that reality rather than importing figures from adjacent markets. Where broader benchmarks informed a range, they were adjusted downward to match observed post-acute vendor offers.



EMPLOYERS AND HIRING MANAGERS

Benchmark Against Similar Company Profiles

- Know where you stand compared to other post-acute vendors at your stage. A seed-stage AI documentation startup, a PE-backed EMR platform, and an established analytics company are competing for the same short list of sellers — but with very different compensation structures. Our data will help you structure offers to current market conditions.

Attract Talent

- Develop competitive offers that land your first-choice candidates. Many companies lose top candidates in final negotiations or to counteroffers. In this niche, most of the best sellers are employed and passive — they take the call because of AI curiosity or frustration with their current employer, not desperation. Understand the full earnings picture that matters to them, including OTE credibility, equity, and quota realism.

Identify Potential Gaps

- Base salary is only one component. Incentive structures, uncapped variable, equity schedules, quota ramp for mid-year starts, and clarity on how accounts are divided all showed up in our 2026 screenings as make-or-break details. Candidates in this market are sophisticated about deal economics — vague comp answers cost you offers.

What we heard in 2026: candidates repeatedly told us a realistic, achievable OTE with an honest quota story beat a bigger headline number they didn't believe.

For Candidates and Professionals

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Know Your Worth in Today's Market

The post-acute vendor market pays a premium for exactly one thing: proven relationships and revenue in this niche. If you have sold into home health, home care, or hospice agencies — especially at the enterprise level — you carry more market value than generic healthcare SaaS experience suggests. Use this guide to evaluate whether your current compensation aligns with market rates.

Prepare for Negotiations with Data-Driven Insights

- Understand how your niche experience and book of relationships translate to compensation potential
- Enter negotiations knowing the observed base clusters and OTE structures in this exact market
- Evaluate startup offers on total package: base, variable structure, accelerators, equity, and quota realism
- Plan your trajectory from individual contributor to sales leadership with realistic expectations

Spot Growth Opportunities

- The AI wave in post-acute care is creating new director-level and leadership roles at funded startups, most of them recruiting directly from the EMR and analytics incumbents. These roles typically trade a modest base against uncapped variable and meaningful equity. Understand the trade before you make it — and what your current employer\'s stability is actually worth.

ABOUT
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Our unique combination of dedication, networking experience, healthcare industry knowledge, and direct digital health startup experience allows us to find and source the best candidates for companies in our space.

Our founder, Rich Curry, brings over 20 years of healthcare experience as a clinician and over 12 years working directly within telehealth and digital health. As the 5th employee at a Digital Health startup, he possesses firsthand knowledge of what talent and leadership need to succeed throughout the stages of company growth.

Whether you're a home health, home care, or hospice vendor building your go-to-market team, or a professional looking to join an organization transforming care in the home, Fairview Network focuses exclusively on our industry to be your recruiting partner.

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2026
STATE OF THE INDUSTRY: HOME HEALTH, HOME CARE & HOSPICE VENDORS

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If the digital health gold rush ended in 2024, the post-acute vendor market in 2026 is what replaced it: a disciplined, evidence-obsessed buying environment where every purchase must protect revenue, reduce back-office cost, or defend against audit risk.

Home health providers entered 2026 absorbing an aggregate 1.3% Medicare payment cut — roughly $220 million versus 2025 — while hospice received a 2.6% increase. Provider CEOs describe the year as one of "deciphering mixed messages": rates ended up survivable, but the five-year trend of negative adjustments hasn't changed, and Medicare Advantage penetration continues to compress revenue per patient.

For vendors, this is the single most important context for go-to-market strategy. Your buyers are margin-compressed operators who spent 2025 watching a bull rush of AI products race to their doorstep. In 2026, they are refining, getting selective, and systematically advancing their technology strategies — buying fewer things, from fewer vendors, with more proof required.

36% of hospice leaders named predictive analytics and AI as their top technology investment for 2026 — ahead of EHR (30%) and patient engagement (11%) — per the Hospice News 2026 Outlook Survey

9% | 6% projected annual growth for hospice and home health respectively over the next several years, making post-acute one of the strongest-performing provider settings

22.4% increase in home-based care deal flow in 2025 per PitchBook, with M&A momentum carrying into 2026 as ambient AI and workflow automation reshape operator return profiles

CONSOLIDATION IS RESHAPING THE BUYER MAP

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The provider landscape your sales team sells into is consolidating in real time. The UnitedHealth–Amedisys close required the largest outpatient divestiture ever attached to a merger, redistributing over 160 home health and hospice locations to The Pennant Group and BrightSpring. Enhabit went private at roughly 10x EBITDA. Hospice platforms are trading at 12–15x in competitive auctions, and non-medical home care saw a $3 billion platform sale.

Every one of these transactions changes territory maps, vendor contracts, and decision-maker rosters overnight. For GTM teams, consolidation means:

Less Enterpise Accounts

Fewer, larger enterprise accounts controlling more agency locations — raising the premium on sellers who can navigate multi-stakeholder, procurement-heavy deals over 6–14 month cycles

ROI Scrutiny

PE-backed operators demanding documented ROI and rapid time-to-value, since every vendor line item is scrutinized against an investment thesis

Churn, churn

Churn in champion relationships as leadership teams turn over post-acquisition — which our screening candidates cited repeatedly as both a selling challenge and a reason to consider new roles

The vendor implication: The Account Executive who already knows the top 10 home health and hospice enterprises — and survived a few of their reorgs — is the single most fought-over profile in this market.

How Vendors Are Reading the CMS & MedPAC Signals

Both CMS and MedPAC are signaling continued payment pressure into 2027 — and smart vendors are building their positioning, product roadmaps, and hiring plans around it.

THE SIGNALS

- MedPAC has recommended that Congress cut Medicare fee-for-service home health base rates by 7% for CY 2027, citing high freestanding-agency margins, and recommended freezing hospice rates by eliminating the FY 2027 update. These are advisory — but MedPAC has now repeated versions of these recommendations across multiple years,.

- CMS, by contrast, has proposed a modest net increase of approximately 2.4% (about $420 million) for home health payments in CY 2027, alongside a standard market-basket update for hospice — declining to adopt MedPAC's full cuts, but pairing the increase with PDGM budget-neutrality adjustments and materially tighter program integrity provisions.

- The integrity provisions matter most for vendors: strengthened enrollment and revocation authorities for non-compliant providers, Home Health Quality Reporting Program enhancements, and OASIS data timeliness changes that shorten the public-reporting lag by up to three months.

WHAT THE MARKET IS DOING WITH THIS

- Vendors are reading the tension between MedPAC's "excess margins" narrative and CMS's modest-increase-plus-oversight trajectory as a durable demand signal for one category above all: documentation, coding, compliance, and reimbursement-integrity technology.

- When providers can't count on rate relief, they buy tools that defend the revenue they already earn — clean OASIS data, audit-ready charts, denial prevention, and faster reporting.

- That is precisely where the newest funding in our space has concentrated, where the most aggressive GTM hiring is happening, and where sellers who can speak reimbursement fluently are commanding premiums.

INDUSTRY-REFLECTIVE HIRING PATTERNS

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STARTUPS ARE RAIDING THE INCUMBENT BENCH

The clearest hiring pattern of 2026: newly funded AI vendors are building their first sales teams almost exclusively from the EMR and analytics incumbents. In our own searches this year, nearly every finalist-caliber candidate came from a post-acute EMR, analytics, pharmacy technology, or consulting company. Companies want candidates who've sold their exact type of product to their exact type of customer, and they're willing to run long searches to find that match.

DIRECTOR-LEVEL OVER JUNIOR TEAMS

Rather than hiring two or three junior AEs, funded startups are hiring one director-level individual contributor with an enterprise rolodex and asking them to own the market. Quotas observed in our screenings ranged from $1.6M to $4.5M in ARR for these roles — with the higher figures typically following sales reorgs that concentrated more territory in fewer, trusted hands.

EMPLOYED AND PASSIVE, BUT REACHABLE

Almost every candidate we screened this year was employed and not actively applying. What got them on the phone was the AI wave — a stated desire to be part of the next platform shift in post-acute care rather than defending a legacy product — and, in several cases, real frustration with implementation execution, merger churn, or comp plans that had gone base-heavy with no upside.

PROVIDERS HIRING SIGNALS VENDORS SHOULD WATCH

On the provider side, recruitment and retention of clinicians remains the top strategic priority for CEOs in 2026, with wage competition intensifying. Vendors whose products demonstrably reduce clinician administrative burden — documentation time, scheduling friction, authorization delays — are selling into the industry's most emotional budget line, and their GTM teams are being staffed accordingly.

RECENTLY FUNDED

The profiles below describe funded companies over the past few months serving our space. Taken together, they tell a very clear story about where investors believe this industry is going.

CASCALA HEALTH

AUGUST 2025 (SEED ROUND, $8.6M)

AI-powered clinical intelligence platform for post-acute care and care transitions, delivering real-time, clinically responsible insights directly into clinicians' workflows across skilled nursing, home health, and value-based care programs.

IO HEALTH

NOVEMBER 2025 (SEED ROUND, $2M)

AI-driven compliance, documentation, and quality improvement platform for home health and hospice providers, optimizing clinical, operational, and financial performance.

OLLI HEALTH

NOVEMBER 2025 (SERIES A, $10M)

Home health AI platform delivering a managed service for coding and OASIS/Plan of Care quality review - combining clinical AI with certified coders to improve documentation accuracy, reimbursement, and regulatory compliance

ENZO HEALTH

MAY 2026 (SERIES A, $20M)

Full AI-native EMR for home health and platform that analyzes documentation for reimbursement and compliance, provides referral recommendations for coverage requirements and eligibility, and validates OASIS data to reduce denials, audit risk.

Sensi.AI

NOVEMBER 2025 (SEED ROUND, $2M)

AI-powered care intelligence platform for seniors, providing 24/7 audio-based virtual care assessment, predictive analytics, and automation tools to support aging in place. Trusted by 80% of the largest North American home care networks.

AXISCARE

JUNE 2026
(STRATEGIC INVESTMENT, UNDISCLOSED)

End-to-end home care management software helping single and multi-location home care agencies manage scheduling, caregiver operations, EVV, client engagement, and revenue cycle management.

RECENTLY FUNDED

Adaptive Innovations

JULY 2026 (SERIES A, $50M)

AI-native home health provider building an operating system for home health — reducing coordination overhead and clinical documentation time for home health agencies.

Rosarium Health

NOVEMBER 2025 (SEED ROUND, $2M)

Home modifications marketplace and technology platform supporting in-home care for aging populations. Assists with home modification recommendations, installations, and renovations within the network for 1.2 million Medicaid and Medicare recipients.

MATRIXCARE CHANGES HANDS- AT A STEEP DISCOUNT

July 2026 Sale

ResMed has agreed to sell MatrixCare, including its HealthcareFirst and Citus offerings, to Frazier Healthcare Partners in a $490 million all-cash deal. ResMed paid $750 million for MatrixCare in 2018.

In 2018, ResMed paid about 25x EBITDA on roughly $30 million in profit. MatrixCare's profit has since grown to an estimated $55 million (nearly double) yet the $490 million sale prices the deal at under 9x.

ResMed frames the sale as disciplined portfolio management under its 2030 strategy, refocusing on sleep health, connected home-based care, and breathing health rather than broad post-acute EHR. Nothing here suggests distress on MatrixCare's side.

A major post-acute EMR moves from a non-core asset inside a device company to the centerpiece of a dedicated PE platform. The repricing itself is a signal: healthtech and post-acute software businesses built on 2018-era growth-at-any-multiple assumptions are now being valued on a fundamentally different basis

FAIRVIEW'S TAKE

WHERE THE MONEY AND THE MARKET ARE POINTING

Put the funding list next to what provider CEOs are saying about 2026, and the direction of this industry stops being a debate.

Look at what actually got funded: Clinical intelligence for care transitions, compliance and documentation AI, coding and OASIS review, denial and audit-risk reduction, care coordination operating systems, and care intelligence for aging in place.

Five of the nine companies are, at their core, selling revenue protection and documentation integrity to margin-compressed providers. That is not a coincidence — it is a thesis. Investors are underwriting the same reality MedPAC and CMS are signaling: payment pressure isn't going away, so the durable market is in helping providers keep and defend every dollar they earn.

Now listen to the operators. Eleven home health executives, asked to forecast 2026, converged on the same themes: technology and AI as the offset to negative rate updates; automation that supports rather than replaces clinicians; and a shift from 2025's "bull rush of vendors racing AI products to the frontlines" to a year of refinement, selectivity, and systematic AI strategy. Providers are telling vendors, in plain language, that the era of buying promises is over — they will buy documented ROI, workflow-embedded intelligence, and compliance protection, and they will consolidate spend with the vendors who prove it.

OUR READ ON WHERE THIS GOES:

- The category winner in this cycle is reimbursement-adjacent AI. Documentation, coding, and compliance platforms sit closest to the provider's P&L pain, which is why capital keeps concentrating there and why their GTM hiring is the most aggressive in the space.

- GTM talent is the bottleneck, not capital. These funded companies are all chasing the same small bench of sellers who hold agency relationships — mostly sitting inside EMR and analytics incumbents. Expect continued talent migration from incumbents to funded AI startups, and expect incumbents to respond on retention.

- Selectivity favors specialists. As providers get choosier, the seller who can speak OASIS, PDGM, audit risk, and agency operations fluently will out-earn the generalist by a widening margin — a premium that shows up clearly in the salary section of this guide.

WHAT CANDIDATES TOLD US IN 2026

Fairview Network ran screening calls throughout 2026 with sales professionals across the home health, home care, and hospice vendor landscape — EMR platforms, post-acute analytics, hospice pharmacy technology, patient experience platforms, consulting firms, and AI startups. Anonymized, their motivations and frustrations form a clear picture of the talent market.

IMPLEMENTATION FRUSTRATION AT INCUMBENTS

Multiple candidates at established EMR and software incumbents described the same pain: deals close, then stall in implementation. Stalled implementations delay commissions and damage the client relationships reps spent years building. For several, this — not compensation — was the genuine driver of openness to new roles. Vendors with clean, fast implementation stories are winning talent as well as customers.

PASSIVE BUT CURIOUS: THE AI PULL

Nearly every candidate we screened was employed and selectively open rather than actively searching. The consistent hook: a stated desire to be part of the AI wave in post-acute care — described by more than one candidate as the next platform shift, analogous to the move to SaaS — rather than spending more years defending legacy products.

OVERNIGHT COMMERCIAL WIND-DOWNS

The starkest story of the year: at a privately held post-acute vendor who has been seen as an early AI adopter in our space, the entire commercial organization (from the CRO through every seat in sales, marketing, and partnerships) was eliminated in a single day, with only a small CS crew retained to support existing customers. Nobody saw it coming, including senior leaders reporting directly to the CEO; costs were running ahead of revenue, and a quiet sale of the technology may follow. The lesson candidates drew from it: a well-known product, a strong team, and a wealthy owner are not the same thing as a durable business.

AI PROMISES VS. AI PRODUCTS

A widening gap between what vendors claim their AI does and what has actually been built is reshaping careers. One area VP's entire provider-facing unit — roughly thirty people — was shut down after being hired to sell a platform that, in his words, was never really built. Sellers at the EMR incumbents echoed it: every EMR is bolting AI on top of everything, and reps describe losing faith in product and implementation teams. Candidates are responding by favoring vendors with a real product, a real customer base, documented ROI, and references over headline AI claims.

CANDIDATE INSIGHTS, CONTINUED

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ACTIVITY-METRIC WHIPLASH AT ENTERPRISE DESKS

At more than one established vendor, new leadership regimes have cut lead-generation teams and pushed prospecting metrics down onto senior enterprise sellers — reps closing the largest health systems and agencies in the country now tracked on daily call and email counts. It was cited, unprompted, as a primary reason top enterprise performers are taking recruiter calls.

REGULATORY CHILL ON BUYING COMMITTEES

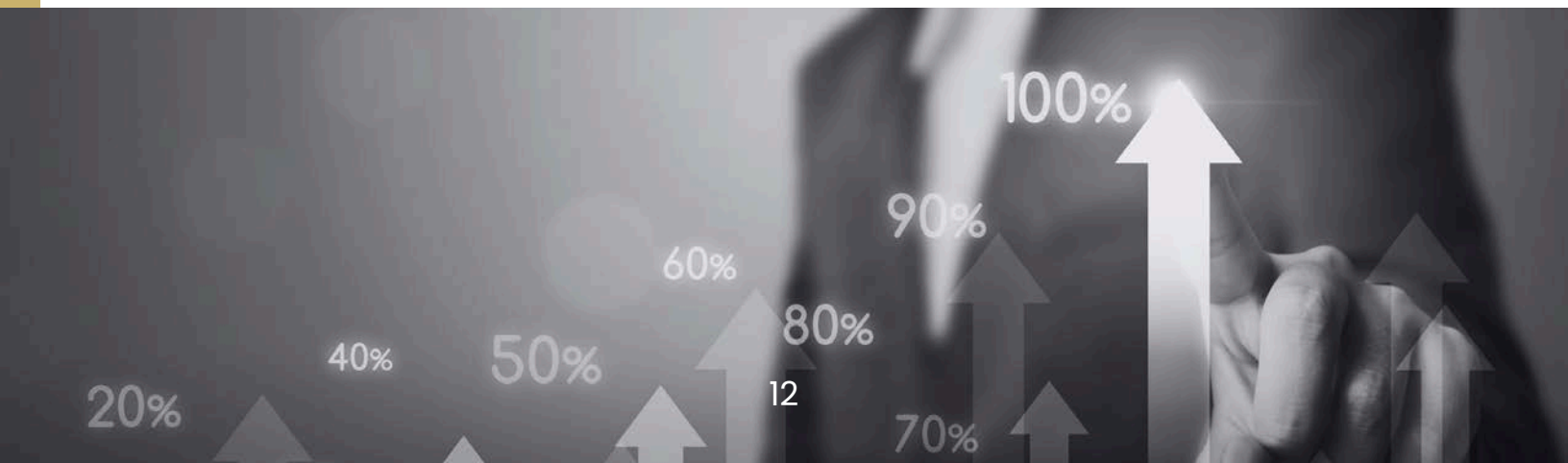
Sellers report that CMS's enrollment moratorium and tightening program integrity have put some agency buyers on the fence: "do I trust AI enough to keep me compliant — or do I spend the money precisely because I can't expand anyway?" Reps who can navigate that hesitation with compliance-first ROI framing are converting it into pipeline.

CONSOLIDATION CHURN

Mergers and PE-driven reorgs surfaced repeatedly on both sides of the market: provider consolidation redrawing account maps mid-deal, vendor leadership turnover eroding team confidence, and comp plans drifting base-heavy with limited upside. One enterprise seller's quota jumped from $1.8M to $4.5M following a sales reorg.

EQUITY LITERACY IS RISING

Candidates evaluating seed-stage offers showed real sophistication about startup economics — asking about equity percentages versus share counts, vesting against expected funding rounds, and whether quoted OTEs were achievable or inflated. Equity calendars now shape candidate availability as much as compensation does.



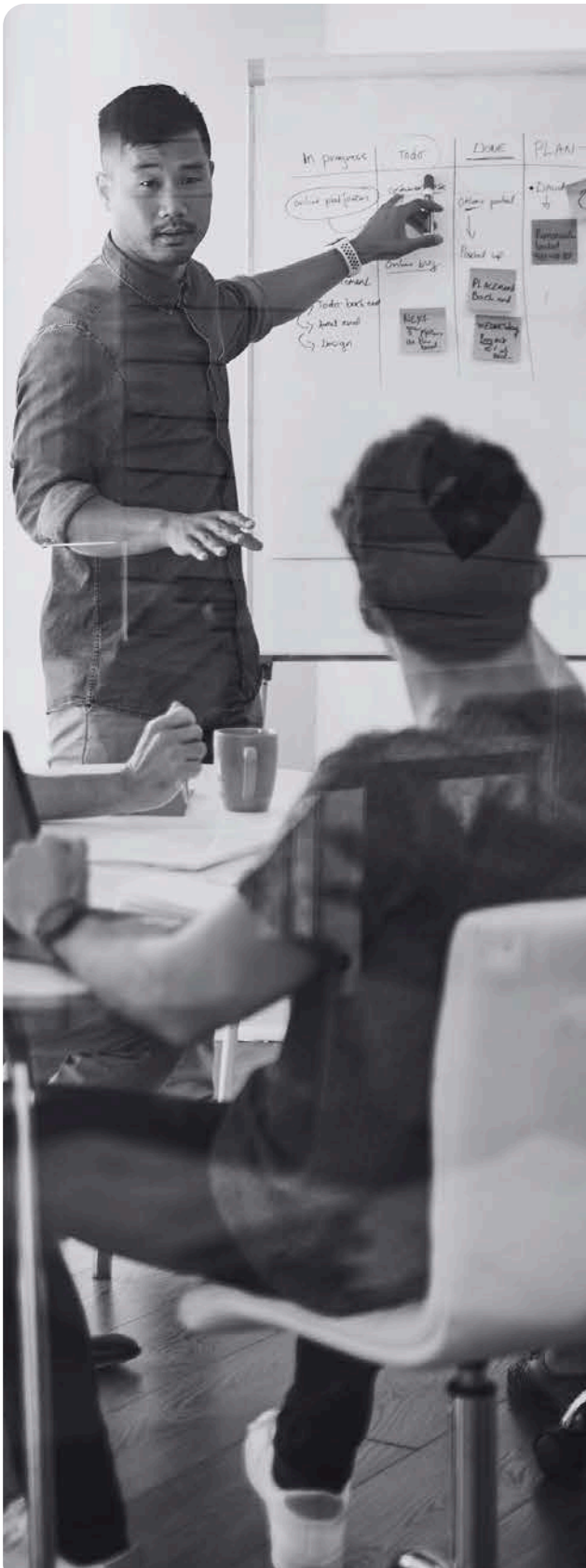
1 EMR ROLODEX VS. LOCAL TALENT

Two competing playbooks are emerging side by side.

Funded AI startups are recruiting almost exclusively from the post-acute EMR and analytics bench — reps who already know the agencies, the conferences, and the decision-makers. In this niche, the rolodex is the product, and incumbents should expect sustained attrition pressure on their best enterprise sellers.

At the same time, a separate wave of startups, echoing a pattern across digital health broadly, is betting on in-person, local talent concentrated in New York and San Francisco.

Founders are leaning on relationships with past colleagues and pulling from metro talent pools, more often for marketing, SDR, and BDR roles built around a founder-led sales playbook than for sales itself.



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2 RELATIONSHIP & CONFERENCE-LED SELLING STILL RULES

Our industry remains one of healthcare's most relationship-driven markets.

Candidates and hiring managers alike emphasized conference presence, the regional and national home care, hospice, and post-acute events, as the core pipeline engine, with pilot fatigue and sales cycle shrinking and extending, depending on what vertical or product vendor is selling

Some niche AI vendors are very focused on their ICP profiles while others sellers described needing to "shift hats" by audience within a single deal.

Either way, conference attendance among candidates we've spoken to and companies we've worked with continues to be the rule rather than the exception. This is nothing new to us in our industry, just restating that it hasn't changed.

AI SDR experimentation does not exist in our industry compared to elsewhere in digital health, but decision-makers in this market are quick to blacklist vendors who spam them; trusted-face selling is holding its value.

3 SMALLER, MORE SENIOR SALES TEAMS

Rather than building BDR-to-AE ladders, post-acute vendors, especially funded startups, are concentrating on either hiring a senior sales leader to sell the founder or Junior Level BDR or AE to help build out the prospecting engine. Territory an existing vendor is in fewer, more senior hands.

The prevailing first sales hire is a director-level individual contributor with enterprise experience, carrying quotas we observed from $1.6M to $4.5M ARR. Reorgs at established vendors are pushing the same direction: trusted reps absorbing more market, unproductive seats going unfilled.

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$1.6M–$4.5M ARR — the quota range observed for director-level individual contributor hires in Fairview's 2026 screenings.

4 ROI AND COMPLIANCE SELLING

With buyers margin-compressed and CMS tightening program integrity, the winning sales motion frames everything in financial and compliance terms: chart audit coverage, denial prevention, missed-reimbursement risk, OASIS accuracy, and clinician time saved.

Candidates with financial credentials and revenue-cycle fluency, the ones who can build a CFO business case unassisted, commanded visible premiums in our screenings.

This is the post-acute version of the industry-wide shift to "revenue-first" GTM hiring.

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5 THE 2X-BASE OFFER STANDARD

The standard structure for director-level post-acute sales offers in 2026: base salary near the market cluster, OTE at roughly two times base, uncapped variable, meaningful early-stage equity, and often a monthly stipend. Seed-stage vendors are anchoring bases modestly below what incumbents pay senior reps, betting that upside and mission close the gap. It often works — but our screenings showed a consistent friction point where candidates earning $150K+ base at incumbents hesitate at lower quoted bases, and companies that cannot flex on base are bridging with signing bonuses or commission guarantees.

6 CLIENT SUCCESS SPECIALIZATION

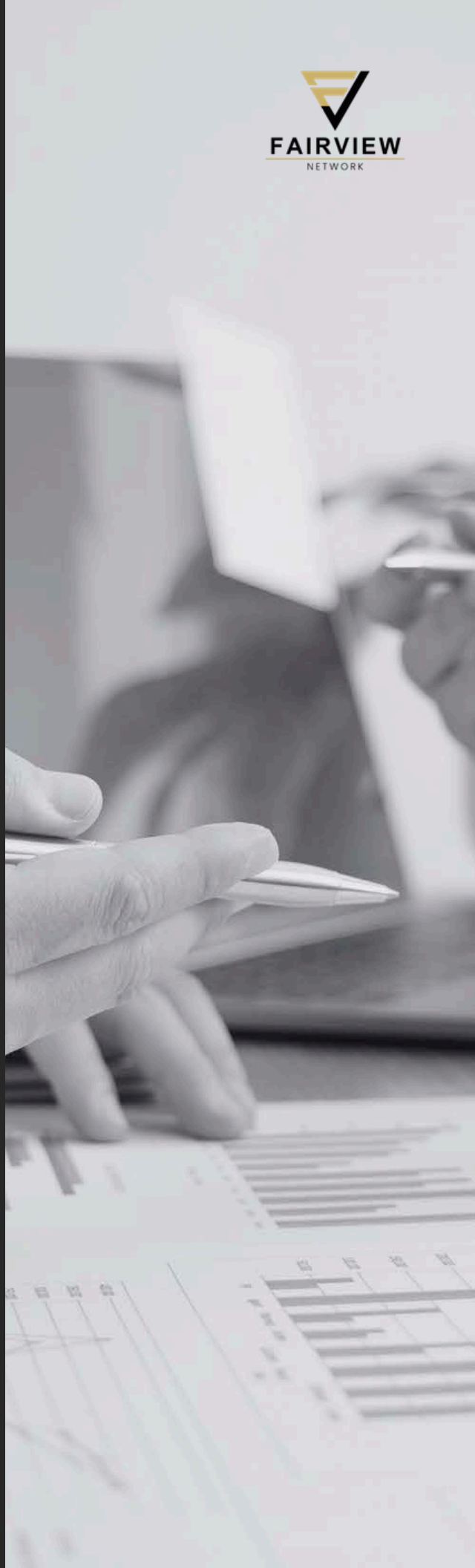
One of the number one themes we have heard from passive candidates is the difficulty with implementation timelines and overextended CS teams .

Post-acute CS is following the broader industry into deep specialization as well, but with a sharper edge, because of the prevalence of pilots for start-ups and the compliance stakes are higher.

The successful teams have CS professionals here are expected to arrive fluent in OASIS and the new HOPE tool, EVV requirements, billing workflows, and survey readiness.

Others are hiring strictly based on technical AI experience without the post-acute background but we do not have enough data to see how that plays out.

With implementation quality now a competitive differentiator, well-funded companies are paying a premium for CS leaders with direct post-acute operational backgrounds — including clinicians who moved into vendor-side roles.



7 FIRST MARKETING HIRES & PRODUCT MARKETING

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FIRST MARKETING HIRES

Funded post-acute AI vendors are making their first marketing hires earlier, usually a scrappy manager or fractional director focused on category education, conference presence, and founder-led thought leadership.

PRODUCT MARKETING AS THE PIVOTAL ROLE

As these companies mature past initial traction, Director of Product Marketing emerges as the pivotal role: owning competitive intelligence against both the incumbent EMRs and the crowded field of AI point solutions, and arming small sales teams with ROI narratives.

POSITIONING AS A SURVIVAL FUNCTION

In a market where buyers are refining and consolidating vendor spend, positioning is a survival function and compensation for the people who own it is trending up accordingly.

WHAT OUR 2026 SCREENINGS SHOWED

Because this guide is weighted toward live market data, we're sharing an anonymized summary of what Fairview Network's 2026 screening calls in this niche actually surfaced — titles, vendor categories, and the compensation ranges disclosed or discussed.

TITLES SCREENED

Senior Account Executive · Strategic / Enterprise Account Executive · Sales Director · Regional Sales Director · Senior Director of Sales · Director of Business Development · Area Vice President · Area VP of Sales · VP of Sales · VP of Business Development · VP-level Commercial Leader · Client Success · Head of Clinet Success · Implementation Specialist · Director of Marketing · Business Development Representative · Sales Development Representative · Sales Executive (consulting) · Hospice Care Consultant · Business Development Manager

VENDOR NICHES REPRESENTED

- Home health & hospice EMR platforms (multiple market leaders)
- Post-acute analytics, referral intelligence, and workflow platforms
- Hospice pharmacy technology and pharmacy benefit services
- Post-acute DME and services companies
- Voice AI / documentation technology
- Patient & client experience platforms
- Post-acute consulting and advisory firms
- Provider-side hospice business development

SALES COMPENSATION OBSERVED

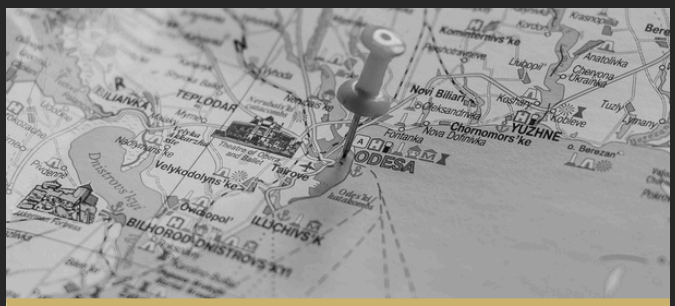
- Disclosed current bases: $100,000 to $170,000 for individual contributors, with $150,000 the most common single figure among director-level and enterprise sellers; mid-tier EMR and document-workflow reps disclosed bases of $100,000–$115,000 with OTEs near $175,000
- Disclosed or estimated current OTE / total comp: roughly $250,000 to $350,000 at the top of the individual-contributor market; ~2x base was the recurring structure
- Leadership: one VP-level commercial leader (sales, business development, and partnerships mandate) disclosed a $250,000 base
- Base expectations: floors of $135,000–$150,000; asks up to $160,000–$175,000 for the most senior profiles; broad comfort with $130,000–$135,000 base where OTE and equity were credible
- Quotas carried: $1.6M to $4.5M ARR for enterprise IC roles; one leadership candidate had managed territories of $25M to $118M in provider net revenue

SALARY GUIDE SECTION

The ranges listed in this section reflect the U.S. market for go-to-market roles at home health, home care, and hospice vendors. They are weighted toward compensation directly observed and disclosed in Fairview Network's 2026 screenings and searches in this niche, supplemented by adjusted market benchmarks. Post-acute vendor compensation consistently runs 10–20% below broader digital health and HealthTech figures — these ranges reflect that.

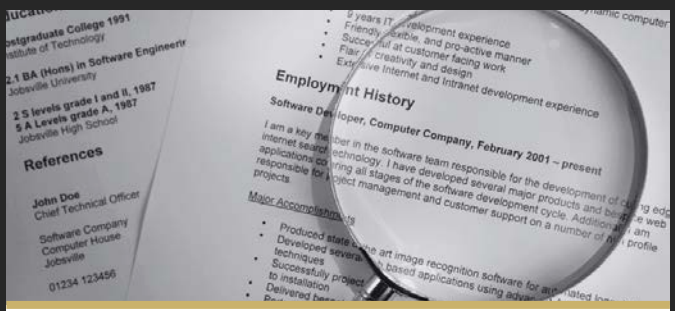
COMPANY SIZE AND FUNDING STAGE

Established EMR and analytics incumbents pay higher, steadier bases; seed and Series A startups anchor base lower and load OTE, equity, and stipends.



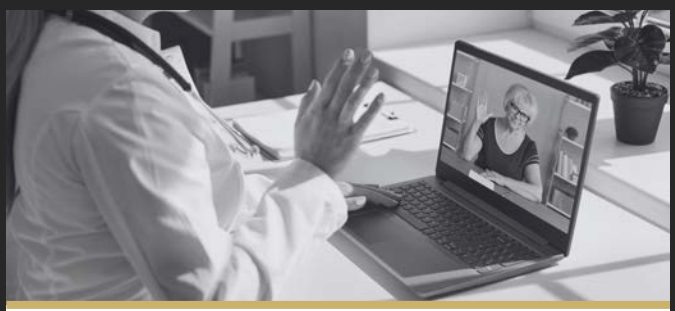
GEOGRAPHIC LOCATION

This market is heavily remote, with talent hubs in healthcare cities. Location premiums are smaller here than in coastal tech markets, but major-metro candidates still price 10–20% above smaller markets.



EXPERIENCE AND SPECIALIZED SKILLS

Documented quota attainment, named enterprise wins, and tenure through consolidation events all move offers within (and above) these bands.



INDUSTRY SPECIALIZATION

Direct home health / hospice vendor experience — and especially enterprise agency relationships — carries the single largest premium in this market.

SALES

Individual contributor roles selling technology and services into home health, home care, and hospice providers.

		BASE SALARY RANGE	OTEs
ACCOUNT EXECUTIVE	ENTRY LEVEL	$85,000-$100,000	$180,000-$200,000
	SENIOR LEVEL	$100,000-$125,000	$200,000-$250,000
SALES EXECUTIVE	REGIONAL & MID-MARKET	$120,000-$150,000	$240,000-$300,000
ENTERPRISE SALES EXECUTIVE	SALES EXECUTIVE	$150,000-$210,000	$300,000-$500,000 (many having uncapped OTEs)

What we saw behind these numbers in 2026:

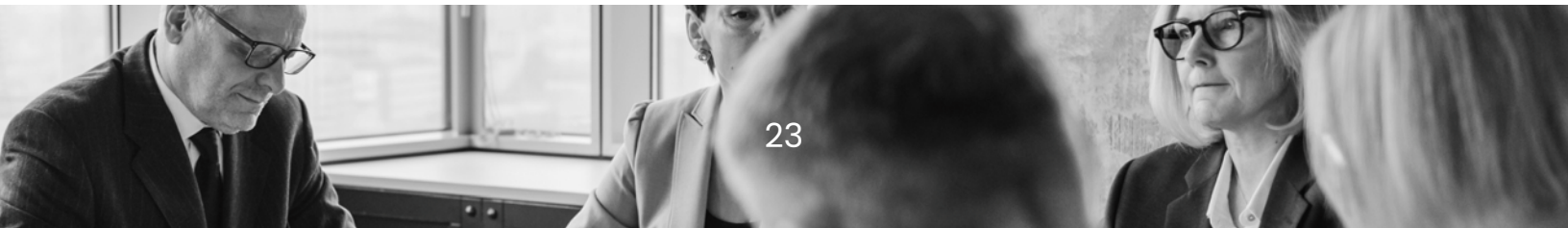
- Current bases disclosed by director-level enterprise sellers in our screenings clustered at $120,000–$170,000, with $150,000 the single most common figure at incumbents — often paired with limited variable upside after comp plans drifted base-heavy.
- Established EMR incumbents showed structures like $100,000 base with OTE up to $300,000 at quota for regional director sellers.
- Seed-stage AI vendors are anchoring offers around a $130,000–$135,000 base with $250,000+ OTE (roughly 2x base, uncapped) plus equity — a step up for some incumbents' reps and a base cut for others, which is exactly where negotiations get decided.
- Candidate base expectations in this niche ranged from $135,000 floors to $150,000–$175,000 asks for the most senior profiles, with competing offers observed in the $160,000–$175,000 base range.
- Top-of-market: enterprise sellers at large platform vendors reported OTEs of $300,000–$350,000, and one high performer earned ~$270,000 total on a $120,000 base — proof that variable structure, not base, drives top earnings here.

SALES LEADERSHIP

Post-acute vendor sales leadership pays below the broader digital health market on base, but the mandate is identical: immediate impact. First sales leadership hires at funded startups must build fast, align with the CEO on realistic numbers, and carry deep domain expertise in the company's exact niche.

	BASE SALARY RANGE	BONUS
VP OF SALES	$180,00-$275,000	OTEs of 100% plus bonus structures
CHIEF COMMERCIAL OFFICER	$225,000-$325,000	Need more info on accelerants and bonus for all
CHIEF REVENUE OFFICER	$225,000-$375,000	

- In our 2026 screenings, one VP-level commercial leader at a post-acute voice AI vendor — with a mandate spanning sales, business development, and partnerships — disclosed a $250,000 base, above the top of this band. Broad commercial mandates at growth-stage vendors can price VP roles closer to CCO territory.
- VP of Sales candidates in our screenings targeted $150,000+ base with OTE at roughly two times base — and several were sitting at exactly $150,000 base at PE-backed vendors.
- At the executive level, equity share and vesting schedule matter more than headline cash in this market, particularly given short average revenue-leader tenures industry-wide. Front-loaded equity and clear board alignment close candidates.
- Companies making a first sales-leadership hire should prioritize candidates who have personally sold into their ICP — home health, home care, or hospice operators — and can begin product training and pipeline alignment from day one.



CLIENT SUCCESS

What we see in the market and what is publicly reported that home health, home care, and hospice vendors are actually offering has wide variation, including the actual base salary, bumps for seniority levels, years of experience, and expertise.

Client success at post-acute vendors carries an unusually operational job description: implementation oversight, OASIS/HOPE and billing fluency, survey and audit readiness, and renewal ownership. The specialization premium is real — companies are paying at the top of these bands (and above) for CS leaders with direct agency operations or clinical backgrounds.

• With implementation quality now a competitive differentiator — and a source of rep attrition at vendors who struggle with it — CS leadership hires increasingly own time-to-value as a revenue metric, not a support metric.

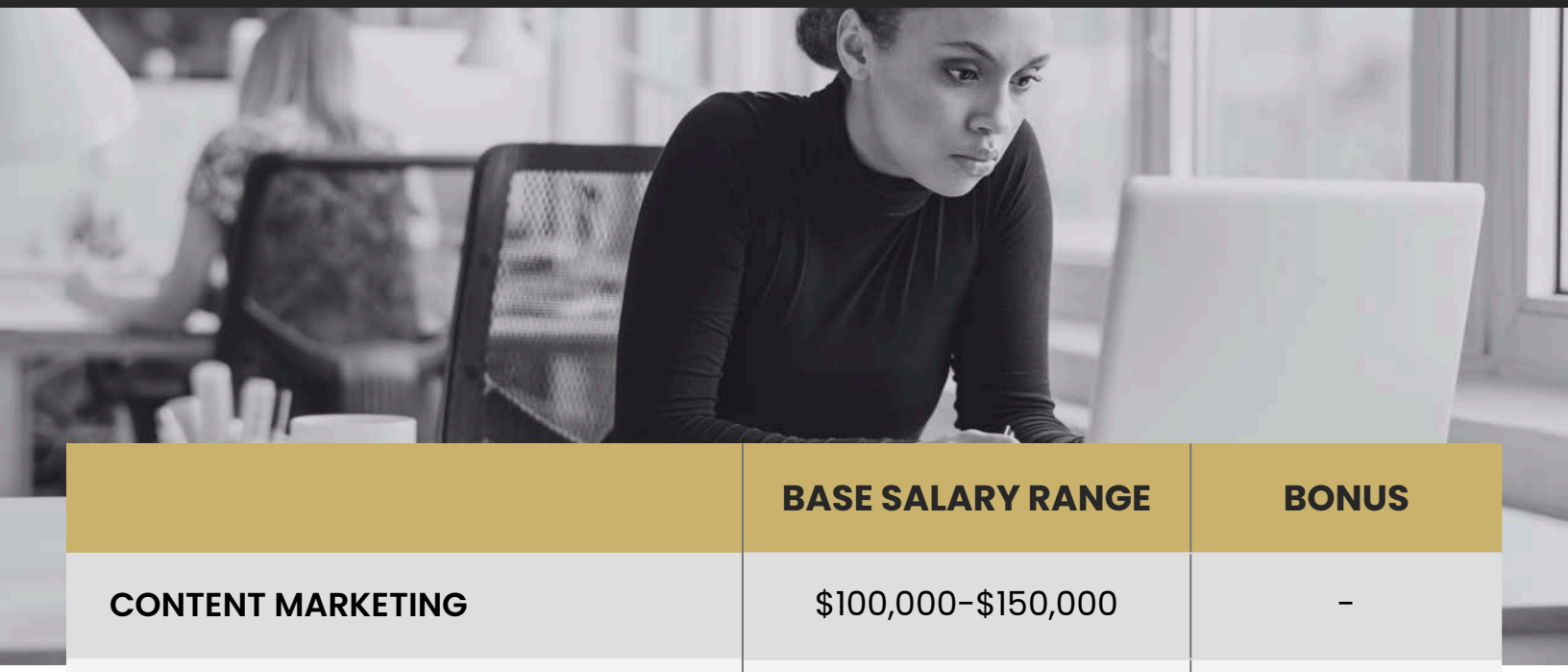
• Renewal and expansion responsibility pushes senior CS compensation toward hybrid structures, with individual and team performance bonuses of $20,000–$25,000 common at the senior level.

• Clinicians who have moved into vendor-side CS roles (nurses and therapists with agency experience) are among the most sought-after profiles, translating product value to clinical leaders and providing regulatory guardrails.

	BASE SALARY RANGE	BONUS
ENTRY LEVEL	$100,000-$110,000	10-20%
SENIOR	$120,000-$160,000	10-20%
DIRECTOR	$170,000-$220,000	10-25%
VP	$180,000-$240,000	20-40%

MARKETING

Marketing teams at post-acute vendors are small and senior-skewed. First marketing hires are arriving earlier at funded startups — often fractional at the director level before converting to full-time — with mandates centered on category education, conference presence, and thought leadership in a market where buyers are consolidating vendor spend.



	BASE SALARY RANGE	BONUS
CONTENT MARKETING	$100,000-$150,000	-
MARKETING MANAGER	$120,000-$150,000	-
ENGAGEMENT & LEAD GEN	$110,000-$175,000	Not enough data
DIRECTOR OF MARKETING	$150,000-$185,000	10-25%
DIRECTOR OF PRODUCT MARKETING	$150,000-$200,000	10-25%
VP OF MARKETING	$175,000-$240,000	10-30%
CHIEF MARKETING OFFICER	$225,000-$300,000	15-35%

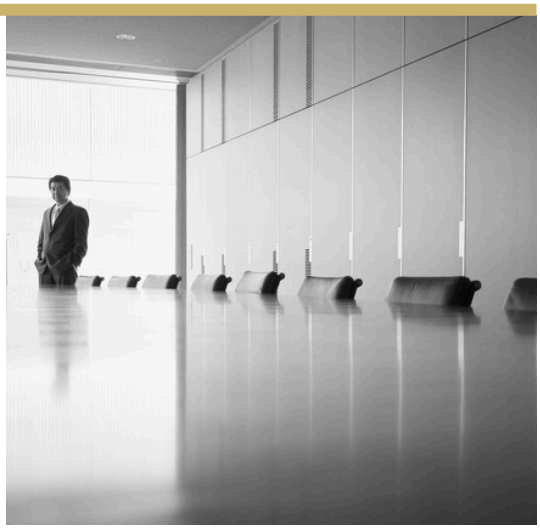
- Product marketing is the fastest-appreciating role in this function: owning competitive positioning against incumbent EMRs and crowded AI point solutions, and arming small sales teams with the ROI and compliance narratives this buyer demands.
- Budget scrutiny is intense; marketers who can tie programs to pipeline and demonstrate contribution to enterprise deal cycles fare best in both hiring and retention.

THE REALITY CHECK

The era of “hire fast, figure it out later” is done. Today’s post-acute vendor market requires strategic, evidence-based searches that match niche expertise to business-critical roles.

FOR COMPANIES:

The era of "hire fast, figure it out later" is done in this niche too. Your first post-acute sales hire determines whether you convert funding into ARR before your next raise. The talent you want is employed, passive, and being called weekly by your competitors. Winning them takes credible OTE math, honest quota design, equity that reflects early-stage risk — and a recruiting partner who already knows where they sit.



FOR CANDIDATES:

Your agency relationships and post-acute fluency are worth more right now than at any point in this market’s history. But not every funded logo is a good bet: evaluate implementation reality, founder alignment, quota realism, and equity terms as carefully as the headline OTE. Position yourself with companies that have the leadership, funding, and market traction to withstand this industry’s payment volatility.

WHAT THE DATA REALLY SHOWS

Behind every range in this guide is one theme: in the home health, home care, and hospice vendor market, niche relationships and reimbursement fluency command the premium. The money flowing into this space is chasing revenue-protection AI; the providers buying it are demanding proof; and the sellers who can deliver both the relationships and the ROI story are the scarcest resource in the market.

FAIRVIEW NETWORK

READY TO MAKE YOUR NEXT
STRATEGIC HIRE OR CAREER MOVE?

FAIRVIEW NETWORK

At Fairview Network, we've spent over 20 years in healthcare and 12 years specifically in Digital Health and Home Health. We understand what it takes to build successful go-to-market teams and advance careers in our industry because we've lived it.

Whether you're ready to build your team or advance your career, let's discuss how our specialized approach can help you navigate this complex market successfully.

WHAT FAIRVIEW OFFERS

DIRECT PLACEMENT
CONTINGENT & RETAINED SEARCH

Both retained and contingent search options come with full-cycle recruitment and a deep dive into the needs for each role. Retained search dedicates exclusive resources to your search, ensuring focused, high-quality candidate selection, while contingent recruiting provides flexibility with no upfront costs and is ideal for companies open to competing recruiters

FRACTIONAL SERVICES

Fairview provides on-demand HealthTech executives and leadership support. Clients can access top-tier talent for part-time or interim leadership roles, providing instant access to industry experts without the expense and commitment of a full-time hire.

RECRUITING AS A SERVICE (RAAS)
SUBSCRIPTION MODEL

This affordable subscription model offers full recruiter support and is tailored to how many roles you need to fill (including unlimited hires if needed). RaaS allows companies to start searches flexibly and save up to 50% compared to traditional agency fees, and up to 90% versus in-house recruitment costs.

CONSULTING NETWORK

Fairview has cultivated a consultant network with specializations in Digital Health and HealthTech, offering expertise in areas such as Enterprise Sales & ROI Analysis, RevOps, Strategic Exit Planning, Executive Coaching, Clinical Workflow Optimization, and Marketing.

CONTACT

FAIRVIEW NETWORK

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