

2017 HME Financial Benchmark Survey

This survey is for HME providers. If you're not an HME provider, please DO NOT fill out this survey!

1. What is your primary business type?

- HME rental/sales (including oxygen)
- Rehabilitation Technology Supplier (complex rehab)
- Pharmacy with HME
- Hospital owned or affiliated HME
- Sleep specialty business
- Retail
- Supplies (diabetic, ostomy, wound care, enteral, etc.)
- Other (please specify)

2. What were the following for your latest fiscal year? (Enter full dollar amounts with no commas or abbreviations, i.e. 100000)

Net collectible revenues - rentals

Net collectible revenues - sales

Cost of sales

Operating expenses

Operating profit before interest & depreciation (EBITDA)

3. How many physical locations do you serve patients from?

- One
- Two
- Three
- Four
- Five or more

4. Did your total collectible HME revenues for the latest fiscal year:

- Decline from the prior year
- Stay approximately the same as the prior year
- Grow 1% to 10% over the prior year
- Grow 11% to 20% over the prior year
- Grow more than 20% over the prior year

5. Please provide your percentage of revenues by payer type for the latest fiscal year (must total 100%):

Medicare	<input type="text"/>
Medicaid	<input type="text"/>
Managed care	<input type="text"/>
Other insurance	<input type="text"/>
SNF/hospice	<input type="text"/>
Retail/patient paid	<input type="text"/>

6. Which of the following payer types increased (as a percentage of your total revenues) in the latest fiscal year? (Select all that apply.)

- Medicare
- Medicaid
- Managed care
- Other insurance
- SNF/hospice
- Retail/patient paid

7. Please provide your percentage of net revenues by product line for the latest fiscal year (must total 100%):

Oxygen

Sleep

Vents

Bed and wheelchair rentals

Supplies (diabetic, ostomy, wound care, enteral, etc.)

Power mobility

Complex rehab

Retail/patient paid

Orthotics and prosthetics

Other

8. Which of the following product lines increased as a percentage of total revenues in the latest fiscal year? (Select all that apply.)

Oxygen

Sleep

Vents

Bed and wheelchair rentals

Supplies (diabetic, ostomy, wound care, enteral, etc.)

Power mobility

Complex rehab

Retail/patient paid

Orthotics and prosthetics

Other (please specify)

9. Which product line grew the fastest in the latest fiscal year compared to the prior year? (Select only one.)

- Oxygen
- Sleep
- Vents
- Bed and wheelchair rentals
- Supplies (diabetic, ostomy, wound care, enteral, etc)
- Power mobility
- Complex rehab
- Retail/patient paid
- Orthotics and prosthetics
- Other (please specify)

10. Which product lines did you discontinue in the latest fiscal year, if any? (Select all that apply.)

- Oxygen
- Sleep
- Vents
- Beds and wheelchair rentals
- Supplies (diabetic, ostomy, wound care, enteral, etc)
- Power mobility
- Complex rehab
- Retail/patient paid
- Orthotics and prosthetics
- None
- Other (please specify)

11. How many full time equivalent employees (FTEs) do you have in the following categories?

Intake/CSR

Billing/collections

Respiratory therapist

Delivery tech

Marketing/sales

Rehab Technology
Supplier

Other

12. How are your sales employees compensated? (Select all that apply.)

- Salary only
- Salary plus commission based on new patients
- Salary plus commission based on collections
- Commission only
- Other (please specify)

13. If you pay commission based on set-ups, how much do you pay per: (Enter full dollar amounts with no commas or abbreviations, i.e. 1000)

Oxygen set-up

CPAP/BiPAP set-up

Vent set-up

Power mobility set-up

Complex rehab set-up

14. What are your average monthly oxygen set-ups per respiratory sales rep? (If not applicable, please leave blank.)

15. What are your average monthly sleep set-ups per respiratory sales rep? (If not applicable, please leave blank.)

16. On average, what percentage of your sales employees' total compensation is commission or incentive based?

17. What was your total employee expense (including benefits) for the latest fiscal year? (Enter full dollar amount with no commas or abbreviations, i.e. 100000)

18. What was your total occupancy expense (including rents, insurance, property tax, utilities) for the latest fiscal year? (Enter full dollar amount with no commas or abbreviations, i.e. 100000)

19. Did your unit cost of comparable HME equipment (for rental & sales) purchased, by product:

	Increase in 2016	Decrease in 2016	Did not change
Oxygen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beds and wheelchairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies (diabetic, ostomy, wound care, enteral, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complex rehab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please describe your profitability for 2016 compared to 2015:

	Increased in 2016	Decreased in 2016	Did not change
Total Profit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Profit as a percentage of revenue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What percentage of ALLOWABLE revenues did you collect in 2016?

22. What is your current days sales outstanding (DSO)?

- 29 days or less
- 30-45 days
- 46-60 days
- 61-75 days
- 76-90 days
- 91 days or more

23. Compared to one year ago, your DSO has:

- Improved (decreased)
- Worsened (increased)
- Stayed the same

24. How has your DSO been impacted by CMS audits during the last year?

- No impact
- Increased DSO by less than 10 days
- Increased DSO by 11-20 days
- Increased DSO by greater than 20 days

25. What is the biggest single cause of claims denials?

26. What business functions do you routinely outsource? (Select all that apply.)

- Billing service
- Regulatory & compliance
- Patient collections
- Deliveries/pickups
- None
- Other (please specify)

27. What sources of capitalization did your company use in the last year? (Select all that apply.)

- Bank loans
- Bank line of credit
- Factoring A/R
- Equipment leases
- Private investors
- Shareholder loans
- Business cash flow
- Other (please specify)

28. What is the primary strategic focus of your business for the next year?

29. Please indicate which of the following business categories apply to your company: (Select one option only.)

- Oxygen/sleep
- Complex rehab
- Both Oxygen/sleep and Complex rehab
- None of the above

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Oxygen and Sleep

30. What was your oxygen patient census as of January 1, 2017, by payer?

Medicare	<input type="text"/>
Medicaid	<input type="text"/>
Managed care	<input type="text"/>
SNF/hospice	<input type="text"/>
Retail/Patient paid	<input type="text"/>
Other insurance	<input type="text"/>

31. What was your oxygen patient census as of January 1, 2017, by modality?

Stationary concentrator only	<input type="text"/>
Stationary concentrator & gaseous portability	<input type="text"/>
Stationary concentrator & liquid portability	<input type="text"/>
Stationary liquid only	<input type="text"/>
Stationary liquid & liquid portability	<input type="text"/>
Portable concentrator	<input type="text"/>
Home transfilling system	<input type="text"/>

32. If you are still using oxygen tanks for portability, what % of tanks are:

Delivered	<input type="text"/>
Picked up by patient	<input type="text"/>

33. Please provide your percentage of net sleep revenues by product line for the latest fiscal year (must total 100%):

Sales and rental of equipment

Sales of supplies

34. Do you outsource sleep supplies in either of these areas?

	Yes	No
Product fulfillment	<input type="radio"/>	<input type="radio"/>
Compliance/reorder call	<input type="radio"/>	<input type="radio"/>

35. Are you also in the complex rehab business?

- Yes
- No

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Rehab

36. What is your average monthly allowed/collectible revenue per Rehab Technology Supplier?

- Less than \$40,000
- \$40,000 - \$60,000
- \$60,001 - \$80,000
- More than \$80,000

37. How many monthly evaluations do your Rehab Technology Suppliers complete, on average?

- Less than 20
- 20 - 30
- 31 - 40
- More than 40

38. What is your month-end work in process as a percentage of annual revenue (in dollars)?

- Less than 10%
- 10 – 15%
- 16 – 20%
- More than 20%

39. On average, how much time does it take from evaluation to delivery?

- Less than 30 days
- 30 – 60 days
- 61 – 90 days
- More than 90 days

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40.

Thank you for participating. Join us for the HME News Business Summit, September 10-12 at the Ritz-Carlton in Cleveland, Ohio to hear analysis of these results and more on growing your business.

If you would like us to email you the tabulated results to this survey, please enter your email address below.

The results will be emailed to you in late September.