

# 2019 HME Financial Benchmarking Survey

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**HME**News



## 2019 HME News/VGM Benchmarking Survey

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

### **Survey deadline: July 17**

*One random respondent will win a free registration to the 2019 HME News Business Summit, September 22-24 in Cleveland, Ohio.*

#### **\* 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. How did your net collectible revenues break out for your latest fiscal year? (Enter rounded percentages, e.g. 42, 58. Total must equal 100%)**

% Net collectible  
revenues - rentals

% Net collectible  
revenues - sales

**\* 3. What were the following for your latest fiscal year? (Enter rounded percentages, e.g. 56)**

% Cost of sales

% Operating expenses

% Operating profit  
before interest &  
depreciation (EBITDA).  
*(Should equal 100% of  
total revenues from  
Question 2 less cost of  
sales % less operating  
expenses %)*

**\* 4. How many physical locations do you serve patients from?**

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

**\* 5. 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

**\* 6. Please provide your percentage of revenues by payer type for the latest fiscal year (must total 100%):**

Medicare

Medicaid

Managed care

Other insurance

SNF/hospice

Retail/patient paid

**\* 7. 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

**\* 8. 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	

**\* 9. 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)

**\* 10. 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)

**\* 11. 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)

**\* 12. How many full time equivalent employees (FTEs) do you have in the following categories?**

Intake/CSR	<input type="text"/>
Billing/collections	<input type="text"/>
Respiratory therapist	<input type="text"/>
Delivery tech	<input type="text"/>
Marketing/sales	<input type="text"/>
Rehab Technology Supplier	<input type="text"/>
Other	<input type="text"/>

**\* 13. 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)

**14. 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	<input type="text"/>
CPAP/BiPAP set-up	<input type="text"/>
Vent set-up	<input type="text"/>
Power mobility set-up	<input type="text"/>
Complex rehab set-up	<input type="text"/>

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

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

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

**\* 18. 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)**

**\* 19. 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)**

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

	Increase in 2018	Decrease in 2018	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"/>

**\* 21. Please describe your profitability for 2018 compared to 2017:**

	Increased in 2018	Decreased in 2018	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"/>

**\* 22. What percentage of ALLOWABLE revenues did you collect in 2018?**

**\* 23. 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

**\* 24. Compared to one year ago, your DSO has:**

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

**\* 25. 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

**26. What is the biggest single cause of claims denials?**

**\* 27. What business functions do you routinely outsource? (Select all that apply.)**

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

**\* 28. 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)

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



**\* 30. 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

#### 31. What was your oxygen patient census as of January 1, 2019, 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"/>

#### 32. What was your oxygen patient census as of January 1, 2019, 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"/>

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

Delivered

Picked up by patient

**34. 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

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

Yes

No

Product fulfillment

Compliance/reorder call

**\* 36. Are you also in the complex rehab business?**

Yes

No

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### Rehab

**37. 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

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

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

**39. 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%

**40. 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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41.

Thank you for participating. Join us for the HME News Business Summit, September 22-24 at The Ritz-Carlton Cleveland to hear analysis of these results and more on growing your business.

To receive the tabulated results to this survey and enter the drawing for the free 2019 HME News Business Summit registration, please enter your email address below.

The results will be emailed to you in late September. Prize winners will be announced in late July.