



## 2022 HME News/VGM & Associates Financial Benchmarking Survey

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

**Please click [\(here\)](#) if you would like to review a pdf of the survey before completing it.**

**Survey deadline: July 15**

**Please Note: This survey is anonymous and individual responses are strictly confidential. WE DO NOT ASK FOR ANY IDENTIFYING INFORMATION! You may choose to enter your email address at the end and that is ONLY used to send you the survey results. Individual responses are never shared. Responses are only reported in the aggregate.**

**\* 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?**

☐ 1

☐ 2-4

☐ 5-10

☐ 11-20

☐ More than 20

**\* 5. What is your primary service area? (Choose one.)**

☐ 1. Rural

☐ 2. Towns and cities, but not CBAs and/or major metropolitan areas

☐ 3. A mixture of 1 and 2

☐ 4. CBAs and/or major metropolitan areas

☐ 5. A mixture of all

**\* 6. 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

**\* 7. Please provide your percentage of revenues by payer type for the latest fiscal year (must total 100%):**

Medicare, traditional	<input type="text"/>
Medicare Advantage	<input type="text"/>
Medicaid (including managed care Medicaid)	<input type="text"/>
Commercial insurance	<input type="text"/>
Other insurance	<input type="text"/>
SNF/hospice	<input type="text"/>
Retail/patient paid	<input type="text"/>

**\* 8. Which of the following payer types increased (as a percentage of your total revenues) in the latest fiscal year? (Select all that apply.)**

- ☐ Medicare, traditional
- ☐ Medicare Advantage
- ☐ Medicaid (including managed care Medicaid)
- ☐ Commercial insurance
- ☐ Other insurance
- ☐ SNF/hospice
- ☐ Retail/patient paid

**\* 9. Please provide your percentage of net revenues by product line for the latest fiscal year (must total 100%):**

Oxygen	<input type="text"/>
Sleep	<input type="text"/>
Vents	<input type="text"/>
Bed and wheelchair rentals	<input type="text"/>
Supplies (diabetic, ostomy, wound care, enteral, etc.)	<input type="text"/>
Power mobility	<input type="text"/>
Complex rehab	<input type="text"/>
Retail/patient paid	<input type="text"/>
Orthotics and prosthetics	<input type="text"/>
Other	<input type="text"/>

**\* 10. 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)

**\* 11. 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)

**\* 12. 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)

**\* 13. How many full time equivalent employees (FTEs) do you have in the following categories?**

Intake/CSR	<div></div>
Billing/collections	<div></div>
Respiratory therapist	<div></div>
Delivery tech	<div></div>
Marketing/sales	<div></div>
Rehab Technology Supplier	<div></div>
Other	<div></div>

**\* 14. 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)

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

Oxygen set-up

CPAP/BiPAP set-up

Vent set-up

Power mobility set-up

Complex rehab set-up

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

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

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

\* 19. What is your average compensation in dollars per year for the following positions?  
(Leave BLANK if you don't have that position. Enter full dollar amounts with no commas or abbreviations, e.g. 30000)

Clinical respiratory specialist/RT	<input type="text"/>
Hospital liaison	<input type="text"/>
RN	<input type="text"/>
LPN	<input type="text"/>
Delivery driver	<input type="text"/>
Warehouse coordinator	<input type="text"/>
Equipment repair tech	<input type="text"/>
Equipment cleaning tech	<input type="text"/>
Billing staff	<input type="text"/>
Collections staff	<input type="text"/>
Billing and reimbursement manager	<input type="text"/>
Customer service rep	<input type="text"/>
Retail sales staff	<input type="text"/>
Sales rep	<input type="text"/>
Sales manager	<input type="text"/>
Controller	<input type="text"/>
IT specialist	<input type="text"/>
Clerical support	<input type="text"/>
Branch manager	<input type="text"/>
Purchasing manager	<input type="text"/>
Operations manager	<input type="text"/>
President/CEO	<input type="text"/>

\* 20. What is your revenue per full-time employee? (Enter full dollar amount with no commas or abbreviations, e.g. 100000)

**\* 21. What was your total employee expense (including benefits) for the latest fiscal year? (Enter full dollar amount with no commas or abbreviations, e.g. 100000)**

**\* 22. What employee benefit packages do you offer? (Check all that apply.)**

- ☐ Medical
- ☐ Dental
- ☐ Vision
- ☐ Prescription Plan
- ☐ Flexible Spending Account
- ☐ Health Savings Account
- ☐ Employee Life
- ☐ Short Term Disability
- ☐ Long Term Disability
- ☐ 401(k)/Roth or equivalent retirement plan
- ☐ Profit Sharing

**\* 23. 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, e.g. 100000)**

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

	Increase in 2021	Decrease in 2021	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"/>

**\* 25. Please describe your profitability for 2021 compared to 2020:**

	Increased in 2021	Decreased in 2021	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"/>



\* 26. **What percentage of ALLOWABLE revenues did you collect in 2021?**

\* 27. **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

\* 28. **Compared to one year ago, your DSO has:**

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

\* 29. **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

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

\* 31. **What business functions do you routinely outsource? (Select all that apply.)**

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

**\* 32. What sources of capital 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)

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

**34. If you are an oxygen provider, what was your oxygen patient census as of January 1, 2021, by payer?**

Medicare	<div></div>
Medicaid	<div></div>
Managed care	<div></div>
SNF/hospice	<div></div>
Retail/Patient paid	<div></div>
Other insurance	<div></div>

**35. If you are an oxygen provider, what was your oxygen patient census as of January 1, 2021, by modality?**

Stationary concentrator only

Stationary concentrator & gaseous portability

Stationary concentrator & liquid portability

Stationary liquid only

Stationary liquid & liquid portability

Portable concentrator

Home transfilling system

**36. If you are an oxygen provider and you are still using oxygen tanks for portability, what % of tanks are:**

Delivered

Picked up by patient

**37. If you are a sleep provider, 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

**38. If you are a sleep provider, 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"/>

39.

Thank you for participating.

**To receive the tabulated results to this survey in late September, please enter your email address below.**