



June 2010

Dear NARA Member:

NARA seeks to be an organization that can be a best practices data source for its members. The consolidation of benchmarking information is designed to serve as a useful tool for NARA members to compare aspects of their business performance to the average of similar businesses in NARA. We ask that you take time to complete the enclosed profile and benchmarking survey questions, as your response will help create a representative, meaningful and current comparative management tool for member organizations in NARA. Those members who complete and return the survey will receive a consolidated report of the benchmarking information,

The survey is designed with four key concepts in mind:

1. Terms are clearly defined to promote the presentation of accurate and representative data.
2. In consideration of the value of time, information requested is designed to be easily accessible. If not, an alternative is offered.
3. Information is categorized by type of business, so information shared is more relative and meaningful.
4. Information requested is intended to be presented in a non-threatening, less sensitive manner, i.e., percentage relationship. Do not put your company name or any other unique identifier on the survey.

Please place the completed survey in a blank envelope and seal it; then place the sealed envelope into another envelope and address it to:

NARA Central
c/o Williams & Jensen
701 8th Street NW, Suite 500
Washington, DC 20001

George's office will create a master list of who responded from the business name and address on the envelope and send to Christie Sheets. The sealed envelopes will be forwarded to me for consolidation. The consolidated report will be sent to Christie, she will send out and post on SharePoint the consolidated report based on the master list of responders. Only those who have provided information will receive the report and access to the report on SharePoint. If you have any questions please contact NARA Central at 866-839-7710 or via email at nara.admin@naranet.org

Thank you for your cooperation.

NARA Board of Directors

NARA MEMBER SURVEY & VALUE PROFILE

I. General Profiling Questions.

A. Type of provider/certification/business. Place a checkmark (✓) by all that apply.

- ORF
- CORF
- Contracted Therapy Services/Under Arrangement (UA)
(this area is defined as contractual services to such entities as physician office, school system or other entities that are not in one of the provider types listed below). Under this area, patients belong to the served entity under arrangement.
- SNF Based Services(contract services to SNF's).*
- Hospital (HOSP) Based Services (contract services to hospital).*
- Physical/Occupational Therapist in Private Practice (POTPP).
- Home Health Agency (HHA) (contract services to home health agency).*
- Physician Owned Physical/Occupational Therapy Practice (POP)

B. Type of company. Place a checkmark (✓) by the one that applies.

- (1) Shareholder Status
 - Public (stock is publicly traded).
 - Private
- (2) Tax Status
 - For Profit
 - Not for Profit

C. Size of company by gross revenue (gross revenue defined as total charges). Please fill in total column as well. Place a checkmark (✓) in all that apply.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP	Total of All Provider Types
< \$5 million									
\$ 5-\$25 million									
\$25-50 million									
>\$50 million									

D. Electronic billing status. Place a checkmark (✓) in all that apply.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
In-house								
Outsourced								
Both								
Paper								

E. Accounts Receivables (AR) Days Outstanding:

(1) To obtain a more accurate comparative tool when comparing AR days outstanding, it is important to know when the calculation period begins. Place a checkmark (✓) in all that apply.

Aging By	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Date of service								
Date billed								
Other; explain								

(2) What is your Accounts Receivables (AR) Days Outstanding using the following formula?

Total Accounts Receivable Ex. \$50,000 = 60.8 Days
Revenue/365 Days \$300,000/365 days

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
AR Days Outstanding								

F. Billing software

(1) Please identify your billing software company for each applicable provider type.

	Name of Billing Software
ORF	
CORF	
UA	
SNF	
HOSP	
POTPP	
HHA	
POP	

G. Scheduling.

(1) Do you use scheduling software or a paper system? Place a checkmark (✓) in all that apply.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Software								
Paper								

(2) If software, please identify your scheduling software company for each applicable provider type.

	Name of Scheduling Software
ORF	
CORF	
UA	
SNF	
HOSP	
POTPP	
HHA	
POP	

H. Documentation

(1) Does your company utilize an electronic or manual documentation system? Place a checkmark (✓) in all that apply.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Electronic								
Manual								

(2) If electronic documentation, please identify your documentation software company for each applicable provider type.

	Name of Documentation Software
ORF	
CORF	
UA	
SNF	
HOSP	
POTPP	
HHA	
POP	

I. Bad Debt/Write-Off

(1) Is Bad Debt a line item on your income statement? Place a Y for yes or N for no in the appropriate box. Bad debt does not include contractual adjustments made to gross revenue. Bad debt represents AR not collected from all payer sources or denied for payment based on coverage restrictions, payer decision etc.

ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP

(2) If Bad Debt is a line item, what percent of net revenue do you itemize?

ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP

J. Allocation

1. Do you allocate home office or overhead costs to your profit centers? Place a Y for yes or N for no in the appropriate box. Home office is defined as (insert Medicare Cost Report definition)

ORF	CORF	UA	SNF	HOSP	PTIP	HHA	POP

2. What percentage of your total costs are allocated to Overhead/Home Office

ORF	CORF	UA	SNF	HOSP	PTIP	HHA	POP

K. No Shows and Cancellations

1. Does your company charge for the following? Place a checkmark (✓) in all that apply.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
No-shows								
Cancellations with less than a 24-hour notice								

L. Revenue Class Breakdown

1. Please identify the percentage of each revenue source below relative to total revenue.

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Medicare A								
Medicare B								
Managed care								
Work comp								
Private pay								
Medicaid								
Other								

M. Paid Time Off Benefit

1. Please identify from your benefits package, for an employee with five (5) years of service, the **number of days** of paid time off per year. Indicate the 1) number of days by category if your company separates holiday, vacation, sick and personal days, or 2) the total number of days if your company has PTO (paid time off) or 3) PDO (paid days off),

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Days								
Holiday								
Vacation								
Sick								
Personal								
PTO								
PDO								

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II. Benchmarking Questions

Preamble. Income Statement: This section is designed to reflect a percentage relationship only between certain line items and net revenue for comparison purposes. So that we can respond to this question from the same perspective, net revenue shall be defined as gross revenue less contractual adjustments for the fiscal year.

A. Financial.

Please express the following line items on your income statement as a **percentage of net revenue**. Use your most recent completed fiscal year end data. Please indicate the percentage in each applicable column.

(Example: If Clinical Wages = \$40,000 and Net Revenue = \$100,000, enter 40% in the appropriate column.

Line Item	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP	Total
WAGE EXPENSE									
Clinical Wages (Direct Care Therapists/ Assistants/ Aides) including Payroll taxes and paid time off									
Non-clinical support wages, including home office wages including payroll taxes and paid time off									
Contract Labor									
NON-WAGE EXPENSE									
Clinical supplies (billable & non-billable)									
Office Supplies									
Medical insurance package: including health, dental, life & disability (employer responsibility portion only)									
Other Benefits (i.e. 401k Plan)									
Malpractice/Professional Liability insurance									
Workers comp insurance									
Continuing Education									
Sales/Marketing									
Rent									

Line Item	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP	Total
Recruitment									
Utilities									
Telephone (including cell)									
Technology/Software									
Travel Expense (not included in other lines items)									
Business Taxes									
Professional Fees (i.e. legal, accounting, consultants etc)									
Management Fees (if paid to parent or affiliated organization)									
Bad debt allocation or accrual (if a line item on income statement – from I (2) above)									
Debt Service (Interest + Principle payments on loans or line of credit)									
All Other Expenses (including Depreciation and Amortization expense)									
INCOME									
Net Income									
EBITDA (Earnings before Interest, Income Taxes, Depreciation and Amortization)									

B. Average Annual Medical Insurance Premium per Covered Employee: Please identify the total insurance premium cost (which includes employer and employee portion) for your average or middle **medical** plan for the most recent fiscal year *divided by* the number of covered employees. This is for medical insurance only and *does not* include life, short-term or long-term disability, dental or vision insurance.

ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP

C. Statistical Data

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP	Total
Average units/visit									
Average units/labor hour									
Average number of visits/referral									
Collections as a % of gross revenue (charges)									
Cancellation/no-show %*									
*% of cancellations & no-shows ÷ booked or scheduled patients. (Not a reschedule)									

D. Productivity and Efficiency Standards: Please indicate percentage of productivity and efficiency as defined below:

Productivity = Billable hours (or minutes) *divided by* Clinical Labor Hours (not including paid time off)

Efficiency = Billable hours (or minutes) *divided by* Clinical Labor Hours (including paid time off)

	ORF	CORF	UA	SNF	HOSP	POTPP	HHA	POP
Productivity								
Efficiency								

E. Staff Turnover

1. How many full and part time (>20 hours per week) licensed staff (therapists and assistants) did you have at the end of your most current fiscal year? _____

2. How many full and part time (>20 hours per week) non-licensed staff did you have at the end of your most current fiscal year? _____

3. Please identify your LICENSED staff (therapists + assistants) turnover as a percentage.

Formula: Total number of terminations (exits) *divided by* (total number of employees at beginning of year + total number of employees at end of year divided by 2)

Example: If you had 50 licensed staff at the beginning of the year and 50 licensed staff at the end of the year and had 5 terminations (exits), your turnover percentage would be 5 *divided by* (50 + 50/2) = 5/50 = 10%

ORF	CORF	UA	SNF	HOSP	PTIP	HHA	POP

4. Please identify your NON-LICENSED staff (all others except Therapists and Assistants) turnover as a percentage using same formula as above

ORF	CORF	UA	SNF	HOSP	PTIP	HHA	POP

Thank you for taking the time to provide this benchmarking data. Please send your information _____ to be included in the consolidated report.