

Marketing Practices Survey

When complete, please fax back to OCS.

Fax to: 206.720.6018

Thank you for electing to participate in the Marketing Practices Survey of our Agency Benchmarking Characteristics (ABC) project. The goal of this phase of the project is to learn more about how home health agencies are marketing the value of the services that they provide. We are looking forward to seeing the diversity of responses, as well as identifying trends. As a next step, we are excited to link the information in this survey to outcome, visit, financial, and other characteristics data in order to investigate the relationship between marketing practices and each of these other areas of agency operations.

At the conclusion of this survey, we will provide all participants with a report and a complimentary group conference call to present the results of this survey and discuss what they mean to the industry.

Thank you for participating!

Survey notes: 1) Items marked * are required in order to be included in the analysis. 2) The term "marketing" in this context refers to all community outreach, sales, advertisements, and marketing.

1. * Agency Name _____
2. * Medicare Provider Number: _____
3. * Contact Name: _____ Phone: _____
4. * Email Address: _____
5. Have you seen an increase in competition over the last three years? Yes No
6. Have your Medicare referrals increased or decreased over the last three years?
 Increased Decreased
7. What is your conversion rate for Medicare referrals? _____ %
(admissions divided by referrals = conversion rate)
8. Do you use CRM (customer relationship management) software? Yes No
4a. If so, what software do you use? _____
9. Do you market specialty programs to your referral sources? Yes No
5a. If so, what programs? (mark all that apply)

<input type="checkbox"/> Telehealth	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Therapy	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Heart Care	<input type="checkbox"/> Other:
- 5b. Were any of the programs designed specifically for marketing? Yes No
10. Do you have a full-time director of marketing? Yes No
11. Do you have a written marketing plan? Yes No
12. Do you have a formal marketing budget? (if no, skip to question 12) Yes No

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Marketing Budget Questions

13. What is your marketing budget as a percent of annual revenues? _____ %

14. How do you build your marketing budget? (mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Percent of projected revenues | <input type="checkbox"/> Percent increase over last year's budget |
| <input type="checkbox"/> Dollar amount per planned project | <input type="checkbox"/> Other: |

15. What costs are covered by your marketing budget? (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Brochures |
| <input type="checkbox"/> Yellow Pages advertising | <input type="checkbox"/> Print advertising |
| <input type="checkbox"/> Radio advertising | <input type="checkbox"/> TV advertising |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Advertising specialties / giveaways |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Outside sales/marketing salaries |
| <input type="checkbox"/> Inside sales/marketing salaries | <input type="checkbox"/> Other: _____ |

Sales Questions

- | | | |
|---|------------------------------|-----------------------------|
| 16. Do you have a full-time sales manager? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Has your intake department received sales training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you have outside sales / marketing staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you set sales goals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

About Your Agency

20. What services do you provide? (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medicare Certified Home Health | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Private Duty | <input type="checkbox"/> Infusion Therapy |
| <input type="checkbox"/> HME/DME | <input type="checkbox"/> Other: _____ |

21. Finally, and most importantly -

What is the single most successful component of your marketing program?