

2008 ANNUAL POSITRON EMISSION TOMOGRAPHY SERVICES SURVEY INSTRUCTIONS

January 1, 2008 through December 31, 2008

- IMPORTANT NOTICE ABOUT SURVEY ACCURACY AND COMPLIANCE -

The information and data collected through this survey are used for state regulatory and planning purposes and are made available to public officials, advocacy groups, health care purchasers, and consumers. This survey is required under Department of Community Health Rule 111-2-2-.04 and other regulations. The failure to properly submit and/or fully complete all required surveys may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.05, .09 and other regulations or statutes.

The chief executive officer or principal administrator of the facility (who shall attest to the accuracy and completeness of the information provided) and your organization are responsible for ensuring the accuracy of the information and data reported in this survey. The sole responsibility for accuracy resides with the organization and the officials filing the survey. Accuracy at time of submission is particularly important. See Rule 111-2-2-.04(g) prohibiting survey revisions unless approved by the Department at its sole discretion.

Providing false or inaccurate information may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.04(1)(d), 111-2-2-.05(1)(a)1, and 111-2-2-.05(1)(a)7, other regulations and statutes, and may constitute a crime under O.C.G.A. §§ 16-10-20 and 16-14-1.

2008 PET SERVICES SURVEY FORM

The 2008 Positron Emission Tomography Services Survey (PETSS) can be completed using an online interface. Microsoft Access databases will no longer be used to collect survey information. Providers of cardiac catheterizations may access the online survey by pointing their web browser to <http://www.georgiahealthdata.info/>. Notification letters were mailed to facility administrators regarding the 2008 PETSS which included a unique facility identification number (UID) and a facility password. Both the UID and password will be needed to access and complete your survey. Instructions for accessing and completing the web-based survey are provided at the Health Planning Surveys web interface (<http://www.georgiahealthdata.info/>).

The deadline for filing the completed webform for your facility is August 7, 2009.

Survey Completion Status – Typically, a survey will be considered complete when a signed, completed version is received by the Division of Health Planning. All requested data elements must be provided; edit check, error messages, and validation rules must be addressed or in balance; and the survey must be signed in the appropriate location and manner. Once received and determined to be complete by the Division, the survey is considered a public record. Generally, the survey will be deemed complete on the day it is received by DCH. The completion status of all surveys for each facility will be published on the DCH website on or after the survey due date.

Copy of Completed Survey – The webform allows for printing (or saving) at completed copy of the survey. It is extremely important that you retain a copy of your completed survey. You must have your browser's pop-up blocker turned off for our website for the save and print feature to function properly.

Revising or Amending the Survey – Pursuant to Rule 111-2-2-.04(1)(d) surveys that are received and determined to be complete by the Division of Health Planning may not be revised after the survey due date without approval by DCH. Requests to revise must be submitted in writing to the Division of Health Planning with a detailed explanation of the revisions and any necessary documentation. The Division of Health Planning will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Division may also determine that additional data, information, or documentation is needed to support the proposed revisions.

Data Validation Requirements – The webform checks various totals as the survey is completed. Once the survey is complete and signed all edit and balance requirements will be checked before the survey is accepted.

Please Note: The 2008 PETSS should be filed by providers of PET services including hospitals, freestanding centers and mobile PET provider vendors. The 2008 PETSS should be filed by the owner of the PET unit (holder of the CON). Hospitals or freestanding centers offering PET services via a contract with a mobile vendor should not file the 2008 PETSS, but should be sure their mobile vendor files the survey reflecting PET services delivered under the contract at their site. Beginning with the 2009 PETSS facilities providing PET services via a mobile vendor will be responsible for filing the PETSS rather than the mobile vendor.

PART A: GENERAL INFORMATION

Facility (Provider) Name and Address – Please provide your Facility’s current name and address as requested.

Medicaid and Medicare Numbers – Please enter the appropriate numbers for your facility. Do not enter dashes or alpha characters for either provider number.

Report Period - The required report period is 1/1/2008 to 12/31/2008. If the facility was in operation a full year, 12 months of data must be reported even if the ownership or management of the facility changed. It is the responsibility of the current owner or operating entity to obtain data from the prior owner/operator if necessary. Please note if the facility was not in operation for the entire report period.

PART B: SURVEY CONTACT INFORMATION

Please provide contact information for the individual authorized to respond to questions regarding your facility’s survey.

PART C: OWNERSHIP AND ORGANIZATIONAL STRUCTURE

Please provide the following information as applicable to your facility. If certain fields do not apply the form will allow you to enter only “Not Applicable” in the Full Legal Name column.

1.a & 1.b - Owner - Provide the full legal name of the facility’s owner and the owner’s parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change of ownership that has occurred since 12/31/2007.

1.c & 1.d - Operator - If the operating entity is other than the owner, provide the full legal name of the facility’s operator and operator’s parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change in operating entity that has occurred since 12/31/2007.

1.e & 1.f - Manager - If a management contract is in effect, provide the full legal name of the facility manager and the manager’s parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change in management contractor that has occurred since 12/31/2007.

2. Changes - If changes occurred during or after the report period, explain and include the effective dates of any change.

PART D: PET IMAGING SERVICES TECHNOLOGY AND VOLUME BY DIAGNOSTIC TYPE

Equipment: Using the drop-down please indicate whether your PET scanner has a CT component. Also, please document the manufacturer and model of PET equipment in the text box. **If you operate more than one PET unit at this location, please complete one full survey for each PET Unit.**

Diagnostic Areas: Please identify the number of patients and scans provided by each diagnostic area. Please note that Oncology and Neurology have both fields for subcategories and totals. Within each diagnostic area or subgroup, the number of patients should reflect an **unduplicated count**. However, the total for all services (automatically calculated by the database) reflects the sum of patients for all diagnostic areas, which may result in some duplication of individual patients (e.g., a patient is scanned for both cardiovascular and oncology diagnoses). This data is extremely important in determining utilization of PET technology and future benefits of these scans; please make every effort to identify services and report fully and accurately.

PART E: PET SERVICES FINANCIAL SUMMARY AND PATIENT DEMOGRAPHIC INFORMATION

1. Patients and Visits by Primary Payment Source: Report total patients (unduplicated) receiving PET services by their primary payer source [Medicaid, Medicare, Third-Party (insurance or other), or self-pay]. This table should reflect data for the entire report period. Please note that total patient counts here (because patients are unduplicated) should balance to patient counts reported elsewhere in the PETSS.

2. Total Charges and Adjusted Gross Revenue: Report the total charges for PET scan services provided by your facility during the report period. Also, report the Adjusted Gross Revenue (AGR) for PET services. AGR is the gross revenue attributed to PET scan services less any Medicare and Medicaid contractual adjustments and less any bad debt.

3a. Indigent and Charity Care: Report the total amount of charges attributed during the report period to patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines (income at or below 125% of federal poverty guidelines). Charity Care should be authorized in accordance with the written policy of the facility. If the charity care is provided on a sliding fee scale basis, only that portion of the patient's account that meets the facility's policy, and that are provided without expectation of payment, may be considered as charity care.

3b. Indigent and Charity Care: Report the number of patients represented in the charges in 3a above. Report the number of patients who qualified as indigent or charity care cases during the report year.

4. Average Charge: Please report the average charge per PET scan or study as of 12/31/2008.

5. Utilization by Race/Ethnicity of Patient - Report the number of patients by race/ethnicity according to the indicated categories. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of patients reported elsewhere in the survey. The United States Census Bureau uses the following racial and ethnicity definitions:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Multi-Racial: A person having racial origins from two or more of the above definitions.

6. Utilization by Age and Gender Groupings: Report the number of patients by the indicated age and gender groupings. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of patients reported elsewhere in the survey.

7. State Cancer Registry: Please indicate whether your facility participates fully in reporting to the State Cancer Registry (Department of Human Resources, Division of Public Health).

8. Days and Hours of Operation: Please indicate the days and hours of operation of the PET service.

PART F: MOBILE PET SERVICES

Part F should be completed by mobile PET providers only. The owner of the mobile PET unit (holder of the CON) should file the 2008 survey. Hospitals or freestanding centers receiving mobile PET services through a contract with a mobile vendor should not file the 2008 PETSS, but should be sure their vendor files the survey. Please report each location served by the mobile service during 2008. Please include the name of the service site and the city along with the number of days of service provided at each location for all months.

PART G: PATIENT ORIGIN TABLE

This section should be completed by providers of hospital-based, freestanding and mobile PET services. Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each patient served at your facility or by your mobile PET service during the reporting period. Mobile providers must provide patient origin for each site visit location. The sites reported in Part F will be available for mobile vendors to select in Part G.

SIGNATURE PAGE

The Signature Page is where the facility's chief executive or administrator electronically authorizes the survey for release to the Department of Community Health. The facility's chief executive officer or administrator must sign to certify that the responses are complete and accurate for the report period specified. An electronic manually entered version of the signature is being accepted as an original signature pursuant to the Georgia Electronic Records and Signature Act.

The Signature Page also will identify any out of balance edit checks and any validation rule criteria that are not correct. All edit and balance requirements and all required fields must be completed before the survey can be submitted.

Be sure to click the "Submit" button when the survey is complete and ready to be submitted to DCH. This will lock the survey as complete and no additional changes can be made unless DCH unlocks the survey.