

## 2008 ANNUAL RADIATION THERAPY SERVICES SURVEY (RTSS) INSTRUCTIONS

January 1, 2008 through December 31, 2008

### - IMPORTANT NOTICE ABOUT SURVEY ACCURACY -

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 RADIATION THERAPY SERVICES SURVEY FORM

The 2008 Radiation Therapy Services Survey (RTSS) 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 RTSS 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.

## PART A: GENERAL INFORMATION

**Facility 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.

**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 from the drop-down menu and the effective date of any change of ownership that has occurred since 12/31/2007.

**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 from the drop-down menu and the effective date of any change in operating entity that has occurred since 12/31/2007.

**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 from the drop-down menu and the effective date of any change in management contractor that has occurred since 12/31/2007.

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

## PART D: NUMBER OF MACHINES AND VOLUME OF SERVICES BY TECHNOLOGY OR TYPE

Conventional radiation therapy [or non-special MegaVoltage Radiation Therapy pursuant to Rule 111-2-2-.42(2)(m)] consists of treatments using penetrating rays, x-rays, and other sources of radiation or subatomic particles where optimal utilization would generally be no greater than 9,000 weighted equivalent patient treatment visits per year per machine where treatment visits are weighted as follows:

Simple Treatment Visits = 1.0

Intermediate Treatment Visits = 1.1

Complex Treatment Visits = 1.3

Intensity Modulated Radiation Therapy (IMRT) Treatment Visits = 1.8

SRS Treatment Visits = 7.0

Conventional radiation therapy relies on exposure to radioactive particles of the tumor and surrounding area but not affecting the entire body and may be administered in daily doses over the course of a few to several weeks.

**Linear Accelerator and Cobalt Therapy Units** - Please identify the number of available linear accelerator (and cobalt therapy) units/machines operated by your facility. For each type of therapy, please report the utilization (number of total visits and number of patients) for the units/machines. In reporting workloads, patients should only be counted once per therapy (service) per report period whereas procedures, treatments and visits should reflect the total performed or delivered even if they were provided multiple times to one patient. Units should indicate the number of available machines.

**Other Radiation Therapy** – Report visits and patients receiving non-conventional linear accelerator radiation therapy such as Radium Therapy, Cesium Therapy, Superficial Radiation Therapy, or other types of radiation therapy.

**Linear Accelerator Utilization by Type of Treatment** – Report the number of visits and patients receiving each of the following types of treatments as defined by Rule 111-2-.42(2):

*Simple Treatment - Treatment visits involving a single treatment site, single treatment field, or parallel opposed fields with the use of no more than simple blocks.*

*Intermediate Treatment - Treatment visits involving two separate treatment sites, three or more fields to a single treatment site, or the use of special blocking.*

*Complex Treatment - Treatment visits involving three or more treatment sites, tangential fields with wedges, rotational or arc techniques or other special arrangements, or custom blocking.*

*Intensity Modulated Radiation Therapy (IMRT) - Treatment delivery utilizing a radiotherapy treatment plan optimized using an inverse or forward planning technique to modulate the particle or energy fluence to create a highly conformal dose distribution. This beam modulated treatment delivery can be accomplished either by the use of the computer controlled multi-leaf collimator or high resolution milled or cast compensators.*

*Stereotactic Treatment (SRS treatment) – Treatment visits involving SRS or SBRT treatment techniques as defined below.*

*Stereotactic Radiosurgery (SRS) is performed in a limited number of treatment visits (up to a maximum of five), using a rigidly attached stereotactic guiding device, other immobilization technology and/or a stereotactic image-guidance system to treat lesions in the body (extracranial) or brain (intracranial). Technologies that are used to perform SRS include linear accelerators, particle beam accelerators and multi source Cobalt-60 units*

*Stereotactic Body Radiation Therapy (SBRT) is a term used to describe extracranial stereotactic radiosurgery (SRS) or radiotherapy (SRT). SBRT is a radiotherapy treatment method to deliver a high dose of radiation to the target, utilizing either a single dose or a small number of fractions with a high degree of precision within the body.*

**Combined Conventional Radiation Therapy and Stereotactic Radiosurgery Technology** - Provide the number of machines with which both conventional radiation therapy as defined above and stereotactic radiosurgery could be performed. Provide the number of visits and patients treated under each modality for the report year and report any treatments performed on other machines that were capable of providing both conventional radiation therapy and stereotactic radiosurgery.

**Stereotactic Radiosurgery Only** – Provide number of SRS-only machines and the number of visits and patients treated on each. For purposes of the survey, stereotactic radiosurgery consists of procedures utilizing accurately targeted doses of radiation in multiple treatments over a short period of time (usually 1 week). Stereotactic radiosurgery is generally not consistent with the conventional radiation treatments as defined by Rule 111-2-2-.42(2)(m) and consist specifically of Gamma Knife, Cyber Knife™, or other similar technologies. See Rule 111-2-2-.42(2)(q).

Please provide your facility's number of available units/machines and utilization for the branded technologies listed and for other stereotactic radiosurgery technologies if not listed. Patients who received only stereotactic radiosurgery treatments should NOT be reported elsewhere in the RTSS.

**Machine Inventory** – Provide specific information for each machine in operation during the report year that was used in radiation therapy services (including conventional radiation therapy, stereotactic radiosurgery, and similar products). Specify brand or manufacturer name, the model number or version designated by the manufacturer, and indicate the date on which the machine was purchased. Provide details for each machine in your facility's inventory. For linear accelerators indicate if the unit(s) operate at or above 1.0 million electron volts or below 1.0 million electron volts.

## PART E: FINANCIAL AND UTILIZATION INFORMATION FOR RADIATION THERAPY SERVICES

**Patients and Visits by Primary Payment Source** - Report total patients (unduplicated) and number of treatment visits for radiation therapy patients by their primary payer source [Medicaid, Medicare, Third-Party (insurance or other), or self-pay]. Please report Peachcare for Kids patients as Third-Party. This table should reflect data for the entire report period. Please note that totals reported here should balance to totals reported elsewhere in the RTSS (because patients should be reported unduplicated).

**Total Charges** - Report the total charges for radiation therapy services provided by your facility during the report period.

**Reimbursement** - Report the actual reimbursement (presumably, something less than total charges) that your facility received for radiation therapy services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

**Adjusted Gross Revenue (AGR)** – The radiation therapy AGR is calculated by subtracting Medicaid (including PeachCare for Kids) and Medicare contractual adjustments only and bad debt from the radiation therapy service total gross revenues. AGR is used as the basis for determining an agency's level of uncompensated indigent and charity care services. Generally, these figures are presented as a percentage of the facility's AGR.

**Uncompensated Indigent and Charity Care Charges** - Report the total amount of charges attributed during the report period to radiation therapy patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal 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.

**Indigent and Charity Care Patients** - Report the total number of radiation therapy patients that were classified as indigent or charity care and for which charges were written off to indigent or charity care accounts.

**Average Treatment Charge** - Please report the average charge per treatment visit for radiation therapy as of 12/31/2008.

**Utilization by Race/Ethnicity of Patient** - Report the number of unduplicated radiation therapy patients and total treatment visits 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 and treatment visits reported elsewhere in the RTSS. 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.

**Utilization by Gender** - Report the number of radiation therapy patients and treatment visits by patient's gender.

**Utilization by Age Grouping** - Report the number of radiation therapy patients and treatment visits by the indicated age 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 and treatment visits reported elsewhere in the RTSS.

**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).

**Utilization by Principle Diagnosis** – Report the number of patients, total visits, and total gross patient charges by the principle diagnosis code groupings listed below.

- Malignant Neoplasms of Female Breast – ICD 10=C50; ICD 9=174
- Colon and Rectum - ICD 10=C18-C21; ICD 9=153-154
- Prostate Cancer - ICD 10=C61; ICD 9=185
- Lung and Bronchus – ICD 10=C33-C34; ICD 9=162
- All Other Diagnoses

## **PART F: PATIENT ORIGIN FOR RADIATION THERAPY SERVICES PATIENTS**

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each radiation therapy patient treated at your facility during the reporting period. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all other. Please select patient origin location from this menu and provide total number of patients and treatment visits for each location for the report period. The total number of patients and treatment visits must balance to those previously reported for race, gender, age grouping and payment source.

## **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.