GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2011 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp714

Facility Name: Saint Joseph's Hospital of Atlanta

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342-1764

Mailing Address: 5665 Peachtree Dunwoody Road, NE

Mailing City: Atlanta

Mailing Zip: 30342-1764

Medicaid Provider Number: 00001812

Medicare Provider Number: 110082

2. Report Period

Report Data for the full twelve month period- January 1, 2011 through December 31, 2011.
Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year. ☐
If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Latonja R. Stephenson

Contact Title: Financial Analyst

Phone: 678-843-5820

Fax: 678-843-5272

E-mail: Latonja.Stephenson@emoryhealthcare.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Saint Joseph's Hospital of Atlanta	Not for Profit	01/01/2011

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Saint Joseph's Health Systems	Not for Profit	01/01/2011

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☑

If checked, please explain in the box below and include effective dates.

Effective January 1, 2012, Saint Josephs entered into an agreement with Emory Healthcare to form a joint operating company named Emory/Saint Josephs, Inc., which is jointly owned by a subsidiary of Emory Healthcare, Inc. and a subsidiary of Saint Josephs Health System, Inc., the parent of Saint Josephs. As part of the agreement, certain assets and liabilities of Saint Josephs and its affiliates were contributed to the JOC, including Saint Josephs Hospital of Atlanta. In addition, all of Saint Josephs equity interests were transferred to the JOC, resulting in a change of ownership of Saint Josephs.

3a. Type of PET Authorization (Select one only.)

Fixed-Based PET CON

3b. Certificate of Need Project Number

Please enter the Certificate of Need project number.

DET2009-119

3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)

n/a

Part D : PET Imaging Services Technology and volume by Diagnostic Type

1. Manufacturer and Model

Please document the manufacturer and model of PET equipment and select PET only or PET/CT Hybrid Unit. NOTE: IF you have more than one scanner, please complete one survey for each machine.

PET / CT Hybrid Unit

2. Patients and Scans for PET Imaging Services

Please report the patients and scans for PET imaging services during the reporting period by the patient's primary diagnostic area. Please provide unduplicated patient counts within each of the three subgroups. The sum total of all patients for all three diagnostic areas (automatically calculated by the web page) may include some duplication.

Oncology Patients	Number of Patients	Total Number of Scans	Follow Up Scans
Lung and Bronchus Cancers	256	353	0
Colon and Rectal Cancers	114	176	0
Lymphoma Cancers	93	153	0
Melanoma Cancers	37	42	0
Esophageal Cancers	34	53	0
Head and Neck Cancers	56	81	0
Breast Cancers	103	132	0
Other Cancers	254	1,019	0
Total	**947**	**2,009**	**0**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1	1
Total	**1**	**1**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	5	5
Other Neurological Use	0	0
Total	**5**	**5**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	49	49
Total	**49**	**49**

Part E : PET Services Financial Summary and Patient Demographics

1. Patients by Primary Payment Source

Please report the total number of patients (unduplicated) receiving PET services by primary payment source.

Primary Payment Source	Number of Patients (unduplicated)
Medicare	441
Medicaid	30
Third-Party	476
Self-Pay	34
Total	**981**

2. Total Charges and Adjusted Gross Revenue

Please report the total charges and adjusted gross revenues for PET services.

Total Charges	Adjusted Gross Revenue
9,798,994	6,389,628

3. Total Uncompensated Charges and I/C Patients

Please report the total amount of uncompensated PET services charges that can be attributed to persons who are indigent or eligible for charity care. Also provide the number of I/C patients in the PET program.

Total Uncompensated Charges	I/C Patients
239,243	29

4. Average Treatment Charge

What is your program's average treatment charge for a PET scan or study (one patient visit regardless of number of images)?

4,748

5. Patients by Race/Ethnicity

Please report the number of patient served during the entire report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	13
Black/African American	96
Hispanic/Latino	46
Pacific Islander/Hawaiian	1
White	809
Multi-Racial	16
Total	**981**

6. Patients by Age Group and Gender

Please report the number of patients served during the entire report period by the gender and age

grouping below.

Age Group	Male	Female
Ages 0-14	0	0
Ages 15-64	196	238
Ages 65-74	132	161
Ages 75-85	92	107
Ages 85 and Up	27	28
Total	**447**	**534**

7. Participation in Reporting

Does your facility/service participate in and report to the Georgia Comprehensive Cancer Registry? (check box for YES, leave unchecked for NO) ☐

8. Days and Hours of Operation

Please indicate the days and hours of operation for your program's PET services.

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
☑	☑	☑	☑	☑	☐	☐

Hours of Operation: 7:00am until 4:30pm

9. Total Number of Days that PET Scans Were Offered

Please report the total number of days that PET scans were offered during the report period.

Total Days PET Scans Offered
256

Part F : Mobile PET Services

1. Mobile PET Services- (For mobile vendors holding a CON to provide PET services.)

Please report each location served during the reporting period and the number of days of services provided at each loacation for each month. If your PET service is fixed-based, or your facility holds a CON for mobile PET services under contract, continue with Part G.

Site Name	Site County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Part G : Patient Origin Table (Must be completed by all providers)

1. Patient Origin by County

Please report the county of origin for patients served by your PET program during the report period. Note to Mobile PET Providers who hold a CON: You must complete this section for every site visit location. Please select from the list of site visit ocations(s) provided above.

Name	County	Patients Served	Patient County
Saint Joseph's Hospital of Atlanta	Fulton	1	Dawson
Saint Joseph's Hospital of Atlanta	Fulton	143	Cobb
Saint Joseph's Hospital of Atlanta	Fulton	1	Colquitt
Saint Joseph's Hospital of Atlanta	Fulton	216	DeKalb
Saint Joseph's Hospital of Atlanta	Fulton	0	Dodge
Saint Joseph's Hospital of Atlanta	Fulton	12	Douglas
Saint Joseph's Hospital of Atlanta	Fulton	6	Fannin
Saint Joseph's Hospital of Atlanta	Fulton	2	Fayette
Saint Joseph's Hospital of Atlanta	Fulton	14	Forsyth
Saint Joseph's Hospital of Atlanta	Fulton	293	Fulton
Saint Joseph's Hospital of Atlanta	Fulton	1	Gilmer
Saint Joseph's Hospital of Atlanta	Fulton	1	Gordon
Saint Joseph's Hospital of Atlanta	Fulton	8	Greene
Saint Joseph's Hospital of Atlanta	Fulton	131	Gwinnett
Saint Joseph's Hospital of Atlanta	Fulton	1	Habersham
Saint Joseph's Hospital of Atlanta	Fulton	7	Hall
Saint Joseph's Hospital of Atlanta	Fulton	1	Haralson
Saint Joseph's Hospital of Atlanta	Fulton	1	Harris
Saint Joseph's Hospital of Atlanta	Fulton	5	Henry
Saint Joseph's Hospital of Atlanta	Fulton	1	Houston
Saint Joseph's Hospital of Atlanta	Fulton	2	Jackson
Saint Joseph's Hospital of Atlanta	Fulton	1	Jasper
Saint Joseph's Hospital of Atlanta	Fulton	1	Lamar
Saint Joseph's Hospital of Atlanta	Fulton	1	Laurens
Saint Joseph's Hospital of Atlanta	Fulton	1	Liberty
Saint Joseph's Hospital of Atlanta	Fulton	1	Monroe
Saint Joseph's Hospital of Atlanta	Fulton	2	Morgan
Saint Joseph's Hospital of Atlanta	Fulton	4	Murray
Saint Joseph's Hospital of Atlanta	Fulton	6	Newton
Saint Joseph's Hospital of Atlanta	Fulton	1	Paulding
Saint Joseph's Hospital of Atlanta	Fulton	1	Peach
Saint Joseph's Hospital of Atlanta	Fulton	4	Pickens
Saint Joseph's Hospital of Atlanta	Fulton	4	Rockdale
Saint Joseph's Hospital of Atlanta	Fulton	1	Spalding
Saint Joseph's Hospital of Atlanta	Fulton	2	Stephens
Saint Joseph's Hospital of Atlanta	Fulton	1	Telfair
Saint Joseph's Hospital of Atlanta	Fulton	1	Thomas

Saint Joseph's Hospital of Atlanta	Fulton	3	Towns
Saint Joseph's Hospital of Atlanta	Fulton	1	Troup
Saint Joseph's Hospital of Atlanta	Fulton	1	Union
Saint Joseph's Hospital of Atlanta	Fulton	7	Walton
Saint Joseph's Hospital of Atlanta	Fulton	1	White
Saint Joseph's Hospital of Atlanta	Fulton	1	Whitfield
Saint Joseph's Hospital of Atlanta	Fulton	2	Florida
Saint Joseph's Hospital of Atlanta	Fulton	2	South Carolina
Saint Joseph's Hospital of Atlanta	Fulton	6	North Carolina
Saint Joseph's Hospital of Atlanta	Fulton	1	Tennessee
Saint Joseph's Hospital of Atlanta	Fulton	4	Other Out of State
Saint Joseph's Hospital of Atlanta	Fulton	1	Appling
Saint Joseph's Hospital of Atlanta	Fulton	1	Baker
Saint Joseph's Hospital of Atlanta	Fulton	1	Banks
Saint Joseph's Hospital of Atlanta	Fulton	2	Barrow
Saint Joseph's Hospital of Atlanta	Fulton	3	Bartow
Saint Joseph's Hospital of Atlanta	Fulton	1	Bibb
Saint Joseph's Hospital of Atlanta	Fulton	1	Butts
Saint Joseph's Hospital of Atlanta	Fulton	8	Carroll
Saint Joseph's Hospital of Atlanta	Fulton	1	Chatham
Saint Joseph's Hospital of Atlanta	Fulton	2	Chattooga
Saint Joseph's Hospital of Atlanta	Fulton	39	Cherokee
Saint Joseph's Hospital of Atlanta	Fulton	12	Clayton
Saint Joseph's Hospital of Atlanta	Fulton	1	Coweta
Total		**981**	

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Scott Schmidly

Date: 05/21/2012

Title: Chief Executive Officer

Comments: