



## 2011 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp719

**Facility Name:** Georgia Health Sciences University

**County:** Richmond

**Street Address:** 1120 Fifteenth Street

**City:** Augusta

**Zip:** 30912-0006

**Mailing Address:** 1120 Fifteenth Street

**Mailing City:** Augusta

**Mailing Zip:** 30912-0006

**Medicaid Provider Number:** 00000723

**Medicare Provider Number:** 110034

#### 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:** Suzette Wilson

**Contact Title:** Institutional Research Analyst 2

**Phone:** 706-721-2553

**Fax:** 706-434-6181

**E-mail:** suzwilson@georgiahealth.edu

## 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
University System of Georgia Board of Regents	State	01/01/1956

#### B. Owner's Parent Organization

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

#### 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.

#### 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.

GA2001053

**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  
Phillips, Gemini

**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	117	193	52
Colon and Rectal Cancers	48	66	15
Lymphoma Cancers	98	161	64
Melanoma Cancers	19	33	16
Esophageal Cancers	16	22	7
Head and Neck Cancers	134	174	68
Breast Cancers	104	179	72
Other Cancers	364	484	160
<b>Total</b>	<b>900</b>	<b>1,312</b>	<b>454</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	12	12
<b>Total</b>	<b>12</b>	<b>12</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	4	4
Other Neurological Use	2	2
<b>Total</b>	<b>6</b>	<b>6</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	375	392
<b>Total</b>	<b>375</b>	<b>392</b>

## 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	527
Medicaid	176
Third-Party	412
Self-Pay	61
<b>Total</b>	<b>1,176</b>

### **2. Total Charges and Adjusted Gross Revenue**

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

Total Charges	Adjusted Gross Revenue
9,075,600	4,650,931

### **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
442,637	64

### **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)?

5,270

### **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	1
Asian	7
Black/African American	383
Hispanic/Latino	10
Pacific Islander/Hawaiian	0
White	757
Multi-Racial	18
<b>Total</b>	<b>1,176</b>

### **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	20	7
Ages 15-64	320	380
Ages 65-74	139	145
Ages 75-85	55	88
Ages 85 and Up	10	12
<b>Total</b>	<b>544</b>	<b>632</b>

**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:** 8:00AM until 5:00PM

**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
253

**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
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**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 locations(s) provided above.

Name	County	Patients Served	Patient County
Georgia Health Sciences University Medical Center	Richmond	323	South Carolina
Georgia Health Sciences University Medical Center	Richmond	1	Florida
Georgia Health Sciences University Medical Center	Richmond	2	North Carolina
Georgia Health Sciences University Medical Center	Richmond	1	Tennessee
Georgia Health Sciences University Medical Center	Richmond	2	Other Out of State
Georgia Health Sciences University Medical Center	Richmond	2	Appling
Georgia Health Sciences University Medical Center	Richmond	11	Baldwin
Georgia Health Sciences University Medical Center	Richmond	1	Barrow
Georgia Health Sciences University Medical Center	Richmond	1	Bartow
Georgia Health Sciences University Medical Center	Richmond	1	Ben Hill
Georgia Health Sciences University Medical Center	Richmond	2	Bibb
Georgia Health Sciences University Medical Center	Richmond	1	Brantley
Georgia Health Sciences University Medical Center	Richmond	2	Bryan
Georgia Health Sciences University Medical Center	Richmond	11	Bulloch
Georgia Health Sciences University Medical Center	Richmond	26	Burke
Georgia Health Sciences University Medical Center	Richmond	2	Candler
Georgia Health Sciences University Medical Center	Richmond	3	Chatham
Georgia Health Sciences University Medical Center	Richmond	6	Clarke
Georgia Health Sciences University Medical Center	Richmond	1	Clinch
Georgia Health Sciences University Medical Center	Richmond	2	Cobb
Georgia Health Sciences University Medical Center	Richmond	5	Coffee
Georgia Health Sciences University Medical Center	Richmond	3	Colquitt
Georgia Health Sciences University Medical Center	Richmond	153	Columbia
Georgia Health Sciences University Medical Center	Richmond	1	Cook
Georgia Health Sciences University Medical Center	Richmond	1	Coweta
Georgia Health Sciences University Medical Center	Richmond	1	Crisp
Georgia Health Sciences University Medical Center	Richmond	2	Dawson
Georgia Health Sciences University Medical Center	Richmond	8	Dodge
Georgia Health Sciences University Medical Center	Richmond	10	Dougherty
Georgia Health Sciences University Medical Center	Richmond	3	Effingham
Georgia Health Sciences University Medical Center	Richmond	2	Elbert
Georgia Health Sciences University Medical Center	Richmond	27	Emanuel
Georgia Health Sciences University Medical Center	Richmond	1	Evans
Georgia Health Sciences University Medical Center	Richmond	1	Fayette
Georgia Health Sciences University Medical Center	Richmond	1	Floyd
Georgia Health Sciences University Medical Center	Richmond	1	Franklin
Georgia Health Sciences University Medical Center	Richmond	7	Glascock

Georgia Health Sciences University Medical Center	Richmond	2	Glynn
Georgia Health Sciences University Medical Center	Richmond	9	Greene
Georgia Health Sciences University Medical Center	Richmond	1	Gwinnett
Georgia Health Sciences University Medical Center	Richmond	3	Hancock
Georgia Health Sciences University Medical Center	Richmond	1	Harris
Georgia Health Sciences University Medical Center	Richmond	3	Hart
Georgia Health Sciences University Medical Center	Richmond	2	Henry
Georgia Health Sciences University Medical Center	Richmond	2	Houston
Georgia Health Sciences University Medical Center	Richmond	1	Jackson
Georgia Health Sciences University Medical Center	Richmond	5	Jasper
Georgia Health Sciences University Medical Center	Richmond	1	Jeff Davis
Georgia Health Sciences University Medical Center	Richmond	23	Jefferson
Georgia Health Sciences University Medical Center	Richmond	12	Jenkins
Georgia Health Sciences University Medical Center	Richmond	7	Johnson
Georgia Health Sciences University Medical Center	Richmond	1	Lamar
Georgia Health Sciences University Medical Center	Richmond	2	Lanier
Georgia Health Sciences University Medical Center	Richmond	17	Laurens
Georgia Health Sciences University Medical Center	Richmond	4	Liberty
Georgia Health Sciences University Medical Center	Richmond	10	Lincoln
Georgia Health Sciences University Medical Center	Richmond	3	Lowndes
Georgia Health Sciences University Medical Center	Richmond	1	Lumpkin
Georgia Health Sciences University Medical Center	Richmond	6	Madison
Georgia Health Sciences University Medical Center	Richmond	30	McDuffie
Georgia Health Sciences University Medical Center	Richmond	1	Miller
Georgia Health Sciences University Medical Center	Richmond	1	Mitchell
Georgia Health Sciences University Medical Center	Richmond	3	Montgomery
Georgia Health Sciences University Medical Center	Richmond	2	Morgan
Georgia Health Sciences University Medical Center	Richmond	1	Murray
Georgia Health Sciences University Medical Center	Richmond	4	Muscogee
Georgia Health Sciences University Medical Center	Richmond	2	Oconee
Georgia Health Sciences University Medical Center	Richmond	1	Oglethorpe
Georgia Health Sciences University Medical Center	Richmond	2	Peach
Georgia Health Sciences University Medical Center	Richmond	1	Pulaski
Georgia Health Sciences University Medical Center	Richmond	8	Putnam
Georgia Health Sciences University Medical Center	Richmond	271	Richmond
Georgia Health Sciences University Medical Center	Richmond	8	Screven
Georgia Health Sciences University Medical Center	Richmond	2	Spalding
Georgia Health Sciences University Medical Center	Richmond	1	Sumter
Georgia Health Sciences University Medical Center	Richmond	4	Taliaferro
Georgia Health Sciences University Medical Center	Richmond	5	Telfair
Georgia Health Sciences University Medical Center	Richmond	1	Terrell
Georgia Health Sciences University Medical Center	Richmond	2	Thomas
Georgia Health Sciences University Medical Center	Richmond	8	Toombs
Georgia Health Sciences University Medical Center	Richmond	3	Treutlen

Georgia Health Sciences University Medical Center	Richmond	2	Ware
Georgia Health Sciences University Medical Center	Richmond	5	Warren
Georgia Health Sciences University Medical Center	Richmond	18	Washington
Georgia Health Sciences University Medical Center	Richmond	4	Wayne
Georgia Health Sciences University Medical Center	Richmond	1	Wheeler
Georgia Health Sciences University Medical Center	Richmond	2	Whitfield
Georgia Health Sciences University Medical Center	Richmond	31	Wilkes
Georgia Health Sciences University Medical Center	Richmond	1	Wilkinson
Georgia Health Sciences University Medical Center	Richmond	3	Long
Georgia Health Sciences University Medical Center	Richmond	2	Monroe
Georgia Health Sciences University Medical Center	Richmond	2	Tattnall
<b>Total</b>		<b>1,176</b>	



## 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 inaccurate 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:** David Hefner

**Date:** 05/04/2012

**Title:** Executive VP, Clinical Enterprise

**Comments:**