GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification   UID:HOSP705

Facility Name: Emory University Hospital Midtown (Biograph 64 - 1999-066)

County: Fulton

Street Address: 550 Peachtree Street NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicaid Provider Number: 00000503

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2012 through December 31, 2012.
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: Toni Wimby

Contact Title: Associate Administrator

Phone: 404-686-2450

Fax: 404-686-2848

E-mail: toni.wimby@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
Emory University	Not for Profit	07/01/2002

B. Owner's Parent Organization

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

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.

1991-049

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

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-Only
PET - Only PET - Only HZL Positron

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	0	0	0
Colon and Rectal Cancers	0	0	0
Lymphoma Cancers	0	0	0
Melanoma Cancers	0	0	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	0	0	0
Breast Cancers	0	0	0
Other Cancers	0	0	0
Total	**0**	**0**	**0**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1,298	1,298
Total	**1,298**	**1,298**

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

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	0	0
Total	**0**	**0**

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	656
Medicaid	103
Third-Party	370
Self-Pay	169
Total	**1,298**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
10,065,908	3,573,954

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
2,934,822	180

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)?

6,816

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	6
Black/African American	949
Hispanic/Latino	6
Pacific Islander/Hawaiian	1
White	312
Multi-Racial	23
Total	**1,298**

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	394	404
Ages 65-74	153	143
Ages 75-85	65	99
Ages 85 and Up	12	28
Total	**624**	**674**

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: 7:30am until 6:30pm

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
5

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
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	3	Barrow
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	7	Bartow
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Berrien
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	3	Bibb
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Butts
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Calhoun
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	14	Carroll
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	7	Cherokee
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Clarke
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Clay
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Lumpkin
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Macon
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Madison
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	52	Clayton
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	51	Cobb
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Coffee
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Columbia
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	5	Coweta
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Crisp
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Dawson
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	163	DeKalb
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Dougherty
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	13	Douglas
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Emanuel
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Fannin
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	20	Fayette
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Meriwether
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Montgomery
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Morgan
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Murray
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Muscogee
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	4	Paulding
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Pickens
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	19	Newton
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Floyd
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	5	Forsyth
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Franklin

Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	755	Fulton
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	3	Gilmer
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Glynn
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Grady
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Greene
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	36	Gwinnett
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Hall
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Haralson
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Hart
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Heard
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	23	Henry
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Houston
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Jackson
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Johnson
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Laurens
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	3	Lee
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Pike
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Polk
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Quitman
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Rabun
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	13	Rockdale
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	9	Spalding
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Sumter
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Tattnall
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Taylor
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Tift
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	4	Troup
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Turner
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	1	Union
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	4	Walton
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	2	Whitfield
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	6	Alabama
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	8	South Carolina
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	6	Tennessee
Emory University Hospital Midtown (Biograph 64 - 1999-066)	Fulton	6	Other Out of State
Total		**1,298**	

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: Dane Peterson

Date: 05/16/2013

Title: CEO, Emory University Hospital Midtown

Comments: