Georgia Department of Community Health

2012 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP719

Facility Name: Georgia Regents Medical Center

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, 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: Suzette Wilson

Contact Title: Institutional Research Analyst 2

Phone: 706-721-2553

Fax: 706-434-6181

E-mail: suzwilson@gru.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	Not Applicable	

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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	107	191	84
Colon and Rectal Cancers	42	60	18
Lymphoma Cancers	107	206	189
Melanoma Cancers	19	29	10
Esophageal Cancers	9	14	5
Head and Neck Cancers	147	189	142
Breast Cancers	98	185	87
Other Cancers	392	553	161
Total	**921**	**1,427**	**696**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	2	2
Total	**2**	**2**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	2	2
Other Neurological Use	0	0
Total	**2**	**2**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	261	276
Total	**261**	**276**

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	518
Medicaid	172
Third-Party	332
Self-Pay	85
Total	**1,107**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
9,539,445	4,797,951

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
865,133	85

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)?

5,588

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	12
Black/African American	355
Hispanic/Latino	16
Pacific Islander/Hawaiian	0
White	715
Multi-Racial	9
Total	**1,107**

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	13	12
Ages 15-64	293	375
Ages 65-74	120	148
Ages 75-85	42	80
Ages 85 and Up	9	15
Total	**477**	**630**

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
252

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
Georgia Regents Medical Center	Richmond	17	Laurens
Georgia Regents Medical Center	Richmond	1	Liberty
Georgia Regents Medical Center	Richmond	13	Lincoln
Georgia Regents Medical Center	Richmond	1	Long
Georgia Regents Medical Center	Richmond	1	Lowndes
Georgia Regents Medical Center	Richmond	2	Lumpkin
Georgia Regents Medical Center	Richmond	21	Emanuel
Georgia Regents Medical Center	Richmond	2	Marion
Georgia Regents Medical Center	Richmond	31	McDuffie
Georgia Regents Medical Center	Richmond	1	Miller
Georgia Regents Medical Center	Richmond	1	Monroe
Georgia Regents Medical Center	Richmond	4	Montgomery
Georgia Regents Medical Center	Richmond	4	Morgan
Georgia Regents Medical Center	Richmond	2	Murray
Georgia Regents Medical Center	Richmond	1	Muscogee
Georgia Regents Medical Center	Richmond	4	Oconee
Georgia Regents Medical Center	Richmond	1	Peach
Georgia Regents Medical Center	Richmond	1	Pike
Georgia Regents Medical Center	Richmond	2	Pulaski
Georgia Regents Medical Center	Richmond	7	Putnam
Georgia Regents Medical Center	Richmond	270	Richmond
Georgia Regents Medical Center	Richmond	10	Screven
Georgia Regents Medical Center	Richmond	1	Sumter
Georgia Regents Medical Center	Richmond	5	Taliaferro
Georgia Regents Medical Center	Richmond	2	Tattnall
Georgia Regents Medical Center	Richmond	2	Telfair
Georgia Regents Medical Center	Richmond	1	Thomas
Georgia Regents Medical Center	Richmond	3	Toombs
Georgia Regents Medical Center	Richmond	4	Treutlen
Georgia Regents Medical Center	Richmond	1	Ware
Georgia Regents Medical Center	Richmond	7	Warren
Georgia Regents Medical Center	Richmond	13	Washington
Georgia Regents Medical Center	Richmond	1	Wayne
Georgia Regents Medical Center	Richmond	1	Wheeler
Georgia Regents Medical Center	Richmond	1	Wilcox
Georgia Regents Medical Center	Richmond	1	Wilkes
Georgia Regents Medical Center	Richmond	21	Wilkinson

Georgia Regents Medical Center	Richmond	2	Worth
Georgia Regents Medical Center	Richmond	300	South Carolina
Georgia Regents Medical Center	Richmond	4	Florida
Georgia Regents Medical Center	Richmond	1	Tennessee
Georgia Regents Medical Center	Richmond	2	North Carolina
Georgia Regents Medical Center	Richmond	2	Other Out of State
Georgia Regents Medical Center	Richmond	2	Appling
Georgia Regents Medical Center	Richmond	1	Bacon
Georgia Regents Medical Center	Richmond	13	Baldwin
Georgia Regents Medical Center	Richmond	3	Barrow
Georgia Regents Medical Center	Richmond	1	Brantley
Georgia Regents Medical Center	Richmond	2	Bryan
Georgia Regents Medical Center	Richmond	10	Bulloch
Georgia Regents Medical Center	Richmond	24	Burke
Georgia Regents Medical Center	Richmond	1	Calhoun
Georgia Regents Medical Center	Richmond	2	Candler
Georgia Regents Medical Center	Richmond	172	Columbia
Georgia Regents Medical Center	Richmond	3	Clarke
Georgia Regents Medical Center	Richmond	5	Coffee
Georgia Regents Medical Center	Richmond	2	Colquitt
Georgia Regents Medical Center	Richmond	3	Chatham
Georgia Regents Medical Center	Richmond	2	Cook
Georgia Regents Medical Center	Richmond	2	Crisp
Georgia Regents Medical Center	Richmond	1	Dawson
Georgia Regents Medical Center	Richmond	1	DeKalb
Georgia Regents Medical Center	Richmond	3	Dodge
Georgia Regents Medical Center	Richmond	1	Dooly
Georgia Regents Medical Center	Richmond	1	Dougherty
Georgia Regents Medical Center	Richmond	2	Effingham
Georgia Regents Medical Center	Richmond	3	Elbert
Georgia Regents Medical Center	Richmond	2	Evans
Georgia Regents Medical Center	Richmond	1	Floyd
Georgia Regents Medical Center	Richmond	1	Forsyth
Georgia Regents Medical Center	Richmond	2	Fulton
Georgia Regents Medical Center	Richmond	6	Glascock
Georgia Regents Medical Center	Richmond	3	Glynn
Georgia Regents Medical Center	Richmond	6	Greene
Georgia Regents Medical Center	Richmond	2	Gwinnett
Georgia Regents Medical Center	Richmond	8	Hancock
Georgia Regents Medical Center	Richmond	1	Henry
Georgia Regents Medical Center	Richmond	2	Houston
Georgia Regents Medical Center	Richmond	1	Jackson
Georgia Regents Medical Center	Richmond	2	Jasper
Georgia Regents Medical Center	Richmond	1	Jeff Davis

Georgia Regents Medical Center	Richmond	20	Jefferson
Georgia Regents Medical Center	Richmond	9	Jenkins
Georgia Regents Medical Center	Richmond	5	Johnson
Georgia Regents Medical Center	Richmond	1	Jones
Georgia Regents Medical Center	Richmond	1	Lamar
Georgia Regents Medical Center	Richmond	1	Lanier
Total		**1,107**	

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: David S. Hefner, MPA

Date: 05/08/2013

Title: Executive Vice President, Clinical Affairs

Comments: