

Georgia Department of Community Health

2012 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp706

Facility Name: Facility Name: Emory University Hospital (GE Discovery DLS- 1991-048) County: DeKalb Street Address: 1364 Clifton Road NE City: Atlanta Zip: 30322-1061 Mailing Address: 1364 Clifton Road NE Mailing City: Atlanta Mailing Zip: 30322-1061 Medicaid Provider Number: 00000712A Medicare Provider Number: 11-0010

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 <u>**not**</u> operational for the entire year. If your facility was <u>**not**</u> operational for the entire year, provide the dates the facility was operational.

February 1, 2012 through december 31, 2012

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, Emory Hospitals Phone: 404-686-2450 Fax: 404-686-2848 E-mail: toni.wimby@emoryhealthcare.org

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	01/01/1922

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
Emory Healthcare	Not for Profit	01/01/1922

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1922

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.

<u>1991-048</u>

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.

<u>PET / CT Hybrid Unit</u> <u>GE Discovery 690 Elite Full</u>

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	121	23
Colon and Rectal Cancers	32	43	15
Lymphoma Cancers	218	317	112
Melanoma Cancers	40	52	16
Esophageal Cancers	21	24	4
Head and Neck Cancers	178	199	27
Breast Cancers	90	131	46
Other Cancers	212	265	67
Total	898	1,152	310

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	15	15
Total	15	15

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	14	14
Other Neurological Use	52	53
Total	66	67

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	256	273
Total	256	273

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	480
Medicaid	94
Third-Party	547
Self-Pay	35
Total	1,156

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
11,902,390	6,409,619

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
256,042	49

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)?

<u>7,903</u>

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	21
Black/African American	283
Hispanic/Latino	19
Pacific Islander/Hawaiian	0
White	832
Multi-Racial	0
Total	1,156

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	339	377	
Ages 65-74	166	126	
Ages 75-85	66	59	
Ages 85 and Up	10	13	
Total	581	575	

7. Participation in Reporting

Does your facility/service participate in and repo	ort 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	
\checkmark	✓	~	v	✓			

Hours of Operation: 08:00 until 05:30

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 231

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

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
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Tift
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Towns
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	10	Troup
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Turner
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Twiggs
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Union
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	7	Upson
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Walker
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	24	Walton
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Washington
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Wheeler
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	7	White
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	4	Whitfield
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	16	Alabama
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	11	Florida
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	18	North Carolina
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	12	South Carolina
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	3	Tennessee
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	52	Other Out of State
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	3	Baldwin
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Banks
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	8	Barrow
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	16	Bartow
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Ben Hill
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	2	Berrien
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	14	Bibb
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Bleckley
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	7	Butts
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Camden
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	10	Carroll
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	4	Chatham
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	3	Chattooga
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	29	Cherokee
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	8	Clarke
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	1	Clay
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	8 DeKalb	33	Clayton
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Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04 DeKalb 153 Fulton Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04 DeKalb 10 Gilmer Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04 DeKalb 10 Gilmer	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04)	DeKalb	15	Forsyth
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04 DeKalb 10 Gilmer Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04 DeKalb 1 Glynn	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-048	DeKalb	3	Franklin
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04) DeKalb 1 Glynn	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	153	Fulton
	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	10	Gilmer
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04) DeKalb 4 Gordon	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-048	DeKalb	1	Glynn
	Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	4	Gordon

Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	6	Greene
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04		90	Gwinnett
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04			Habersham
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04			Muscogee
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04			Newton
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04		1	Oconee
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04		5	Paulding
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04			Peach
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04		5	Pickens
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04			Pike
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04		2	Polk
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	3	Pulaski
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	1	Putnam
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	2	Rabun
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	1	Richmond
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	12	Rockdale
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	21	Spalding
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	2	Stephens
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	2	Sumter
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	1	Taliaferro
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	2	Telfair
Facility Name: Emory University Hospital (GE Discovery DLS- 1991-04	DeKalb	3	Thomas
Total		1,156	

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: Robert J. Bachman

Date: 05/16/2013 Title: CEO, Emory University Hospital Comments: