GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification   **UID:hosp706a**

Facility Name: Emory University Hospital (GE Discovery DST - 2003-074)

County: DeKalb

Street Address: 1364 Clifton Road NE

City: Altanta

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 **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, Emory Hospitals

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	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 Unversity	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.

2009-061

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 / CT Hybrid Unit
GE Discovery DST

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	102	142	49
Colon and Rectal Cancers	27	49	28
Lymphoma Cancers	305	544	264
Melanoma Cancers	81	121	43
Esophageal Cancers	19	36	17
Head and Neck Cancers	205	273	80
Breast Cancers	151	304	166
Other Cancers	235	323	115
Total	**1,125**	**1,792**	**762**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	6	6
Total	**6**	**6**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	0	0
Other Neurological Use	1	1
Total	**1**	**1**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	136	143
Total	**136**	**143**

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	465
Medicaid	71
Third-Party	585
Self-Pay	22
Total	**1,143**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
14,924,476	8,450,085

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
327,953	62

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)?

7,681

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	22
Black/African American	266
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	850
Multi-Racial	0
Total	**1,143**

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	310	393
Ages 65-74	169	141
Ages 75-85	57	50
Ages 85 and Up	6	17
Total	**542**	**601**

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: <u>07:00</u> until <u>4:30</u>

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
254

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 (GE Discovery DST - 2003-074)	DeKalb	2	Laurens
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Lee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Lincoln
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Lowndes
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Lumpkin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Macon
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Madison
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	McDuffie
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	McIntosh
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Meriwether
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Mitchell
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Monroe
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Montgomery
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Morgan
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Murray
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	Muscogee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	19	Newton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Paulding
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Peach
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Pickens
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Pierce
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Pike
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Polk
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Pulaski
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Putnam
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Rabun
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Richmond
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	26	Rockdale
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	9	Spalding
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Stephens
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Stewart
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Sumter
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Tattnall
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Thomas
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	Tift
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Toombs
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Towns

Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	13	Troup
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Union
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Upson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Walker
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	22	Walton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Ware
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Wheeler
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	White
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	10	Whitfield
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Wilcox
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Wilkes
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Wilkinson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Worth
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	13	Alabama
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	Florida
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	North Carolina
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	South Carolina
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	Tennessee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	8	Other Out of State
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	13	Carroll
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Chatham
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	20	Cherokee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	9	Clarke
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	24	Clayton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	75	Cobb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Coffee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Colquitt
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Columbia
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	19	Coweta
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Crisp
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Dawson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	170	DeKalb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Dodge
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Dooly
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Dougherty
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	16	Douglas
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Early
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Elbert
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Evans
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Fannin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	15	Fayette
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Appling
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Baldwin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Banks

Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	8	Barrow
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	Bartow
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Ben Hill
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Berrien
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	14	Bibb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Bleckley
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Bulloch
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Burke
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Butts
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	8	Floyd
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	14	Forsyth
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Franklin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	165	Fulton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Gilmer
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Glascock
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Glynn
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Gordon
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Greene
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	131	Gwinnett
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Habersham
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	12	Hall
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Haralson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Harris
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Heard
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	42	Henry
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	Houston
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Irwin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	Jackson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Jasper
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Jones
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Lamar
Total		**1,143**	

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: Robert J. Bachman

Date: 05/16/2013

Title: CEO, Emory University Hospital

Comments: