



## 2014 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp706

**Facility Name:** Emory University Hospital (GE Discovery 690- 1991-048)

**County:** DeKalb

**Street Address:** 1364 Clifton Road NE

**City:** Atlanta

**Zip:** 30322

**Mailing Address:** 1364 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322

**Medicaid Provider Number:** 00000712A

**Medicare Provider Number:** 11-0010

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2014 through December 31, 2014.

***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	NA	

#### 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
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.

1991-048

**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 690 Elite

**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	96	129	33
Colon and Rectal Cancers	33	55	22
Lymphoma Cancers	202	381	179
Melanoma Cancers	51	90	39
Esophageal Cancers	34	49	34
Head and Neck Cancers	82	107	25
Breast Cancers	97	187	90
Other Cancers	237	366	129
<b>Total</b>	<b>832</b>	<b>1,364</b>	<b>551</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	10	10
<b>Total</b>	<b>10</b>	<b>10</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	7	7
Other Neurological Use	79	81
<b>Total</b>	<b>86</b>	<b>88</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	220	255
<b>Total</b>	<b>220</b>	<b>255</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	485
Medicaid	79
Third-Party	547
Self-Pay	37
<b>Total</b>	<b>1,148</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
14,902,262	8,244,188

### **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
123,284	25

### **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)?

8,660

### **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	17
Black/African American	328
Hispanic/Latino	1
Pacific Islander/Hawaiian	2
White	799
Multi-Racial	0
<b>Total</b>	<b>1,148</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	0	0
Ages 15-64	332	368
Ages 65-74	154	138
Ages 75-85	72	59
Ages 85 and Up	12	13
<b>Total</b>	<b>570</b>	<b>578</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:** 06:30 until 17:30

**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
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
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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
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	54	Henry
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	8	Houston
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Irwin
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	6	Jackson
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Jasper
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Jenkins
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Jones
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Lamar
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	7	Laurens
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Lee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Liberty
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Lowndes
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Lumpkin
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Madison
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Marion
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	McDuffie
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Meriwether
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Miller
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Mitchell
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Monroe
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Morgan
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Murray
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	13	Muscogee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	26	Newton
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Oconee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	8	Paulding
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Peach
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	Pickens
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Pike
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Polk
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Putnam
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Rabun
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	Richmond
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	21	Rockdale
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	5	Spalding
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Stephens
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Tattnall

Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Taylor
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Telfair
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Thomas
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Towns
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	18	Troup
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Twiggs
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Union
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Upton
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	Walker
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	26	Walton
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Ware
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Washington
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	White
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	Whitfield
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Wilkes
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Wilkinson
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	7	Baldwin
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Banks
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	10	Barrow
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	8	Bartow
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Ben Hill
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	5	Bibb
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	28	Alabama
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Bleckley
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Bryan
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Bulloch
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Burke
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	5	Butts
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	15	Carroll
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Catoosa
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Chatham
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	23	Cherokee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Clarke
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Clay
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	39	Clayton
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Clinch
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	69	Cobb
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Coffee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Colquitt
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Columbia
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Cook
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	10	Coweta
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Crisp
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	4	Dawson

Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Decatur
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	11	Florida
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	10	North Carolina
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	17	South Carolina
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	7	Tennessee
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	9	Other Out of State
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Bacon
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	207	DeKalb
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Dooly
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	5	Dougherty
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	11	Douglas
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Effingham
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Elbert
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Fannin
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	20	Fayette
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	7	Floyd
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	19	Forsyth
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Franklin
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	172	Fulton
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Gilmer
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Glynn
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	3	Gordon
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Greene
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	90	Gwinnett
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	7	Habersham
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	11	Hall
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Hancock
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	2	Haralson
Emory University Hospital (GE Discovery 690- 1991-048)	DeKalb	1	Harris
<b>Total</b>		<b>1,148</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:** Robert J. Bachman

**Date:** 06/10/2015

**Title:** CEO, Emory University Hospital

**Comments:**