



## 2014 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:** 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.

2003-074

**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	73	91	18
Colon and Rectal Cancers	20	32	12
Lymphoma Cancers	172	248	76
Melanoma Cancers	46	62	16
Esophageal Cancers	12	23	11
Head and Neck Cancers	61	80	19
Breast Cancers	112	193	81
Other Cancers	147	199	52
<b>Total</b>	<b>643</b>	<b>928</b>	<b>285</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	65	84
<b>Total</b>	<b>65</b>	<b>84</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	323
Medicaid	35
Third-Party	337
Self-Pay	14
<b>Total</b>	<b>709</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
8,363,731	4,453,086

### **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
117,172	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)?

8,250

### **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	4
Asian	16
Black/African American	173
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	515
Multi-Racial	0
<b>Total</b>	<b>709</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	183	236
Ages 65-74	92	111
Ages 75-85	37	32
Ages 85 and Up	5	13
<b>Total</b>	<b>317</b>	<b>392</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:** 06:00 until 16:00

**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
169

**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 DST - 2003-074)	DeKalb	1	Barrow
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Bartow
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Ben Hill
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Bibb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Bleckley
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Bryan
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Butts
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	7	Carroll
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Chatham
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Chattooga
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	10	Cherokee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Clarke
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	10	Clayton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	36	Cobb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Coffee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Colquitt
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Columbia
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Cook
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	Coweta
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Decatur
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	137	DeKalb
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Dodge
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Dooly
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	8	Douglas
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Early
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Evans
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	11	Fayette
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Floyd
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Forsyth
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	120	Fulton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Gilmer
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Gordon
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Greene
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	91	Gwinnett
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Habersham
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Pike
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Polk

Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Putnam
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Quitman
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	15	Rockdale
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Spalding
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Stephens
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Stewart
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Taylor
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Terrell
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Toombs
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Troup
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Twiggs
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	4	Upson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Walker
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	15	Walton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Wheeler
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	White
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Whitfield
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	14	Alabama
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	10	Florida
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	North Carolina
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	8	South Carolina
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Tennessee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	5	Other Out of State
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	9	Hall
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Haralson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Harris
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Hart
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	18	Henry
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	9	Houston
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Irwin
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Jackson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Johnson
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Jones
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Lamar
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Laurens
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Liberty
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Lowndes
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Madison
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Meriwether
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	1	Monroe
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Morgan
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	6	Muscogee
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	16	Newton
Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	2	Peach

Emory University Hospital (GE Discovery DST - 2003-074)	DeKalb	3	Pickens
<b>Total</b>		<b>709</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:**