Georgia Department of Community Health

2014 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp706b

Facility Name: Emory University Hospital (Siemens Biograph 40 - 2004-078)

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.

2004-078

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
Siemens Biograph 40

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	0	0	0
Colon and Rectal Cancers	0	0	0
Lymphoma Cancers	1	1	0
Melanoma Cancers	0	0	0
Esophageal Cancers	1	1	0
Head and Neck Cancers	0	0	0
Breast Cancers	0	1	1
Other Cancers	7	7	0
Total	**9**	**10**	**1**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	585	596
Total	**585**	**596**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	0	0
Other Neurological Use	22	22
Total	**22**	**22**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	218	220
Total	**218**	**220**

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	466
Medicaid	54
Third-Party	265
Self-Pay	49
Total	**834**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
7,476,337	3,446,934

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
348,759	44

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)?

8,816

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	10
Black/African American	415
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	403
Multi-Racial	1
Total	**834**

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	217	229
Ages 65-74	122	101
Ages 75-85	58	67
Ages 85 and Up	19	21
Total	**416**	**418**

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 16:30

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

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 (Siemens Biograph 40 - 2004-078)	DeKalb	1	White
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Whitfield
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Wilkes
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Wilkinson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	372	DeKalb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Worth
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	8	Alabama
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	8	Florida
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	North Carolina
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	South Carolina
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Tennessee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	12	Other Out of State
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Atkinson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Banks
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Bartow
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Bibb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Butts
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	12	Carroll
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Chatham
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Cherokee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Clarke
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	25	Clayton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	32	Cobb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Columbia
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Coweta
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Dawson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Decatur
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Dodge
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Dougherty
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	11	Douglas
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Elbert
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Fannin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	8	Fayette
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Forsyth
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Paulding
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Peach
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Pickens

Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Pike
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Polk
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Pulaski
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Putnam
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Quitman
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Richmond
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	15	Rockdale
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Spalding
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Stephens
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Sumter
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Thomas
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Tift
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Towns
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Treutlen
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Troup
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Union
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Upson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	Walton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Franklin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	104	Fulton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Gilmer
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Gordon
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	55	Gwinnett
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Habersham
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	Hall
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Haralson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Harris
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	15	Henry
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Houston
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Irwin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Jackson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Jasper
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Laurens
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Liberty
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Lowndes
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Meriwether
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Muscogee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	12	Newton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Oconee
Total		**834**	

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: Robert J. Bachman

Date: 06/10/2015

Title: CEO, Emory University Hospital

Comments: