GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2013 Annual Radiation Therapy Services Survey

Part A : General Information

1. Identification

UID:HOSP617

Facility Name: Piedmont Hospital

County: Fulton

Street Address: 1968 Peachtree Road NW

City: Atlanta

Zip: 30309-1285

Mailing Address: 1968 Peachtree Road NW

Mailing City: Atlanta

Mailing Zip: 30309-1285

Medicaid Provider Number: 00001504

Medicare Provider Number: 11083

2. Report Period

Report Data for the full twelve month period- January 1, 2013 through December 31, 2013.
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: Davis Dunbar

Contact Title: Manager, Regulatory Affairs

Phone: 404-788-3638

Fax: 404-609-6724

E-mail: Davis.Dunbar@piedmont.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
Piedmont Healthcare, Inc.	Not for Profit	6/13/1983

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
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

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.

Part D : Services/Volume by Technology or Type

1. Conventional Radiation Therapy

Report conventional, non-special purpose megavoltage radiation therapy linear accelerators and cobalt therapy units, visits, and patients. All such units should be reported here including those units that were approved under the utilization exception to the MegaVoltage Radiation Therapy rules. Do not report units capable of providing stereotactic radiosurgery treatment visits in Question 1.

Type of Machine/Therapy	Number of Machines	Number of Visits	Number of Patients
Linear Accelerator/Radiation Therapy	0	0	0
Cobalt Therapy	0	0	0

2a. Combined Radiation Therapy

For Question 2 (a & b) provide the number of machines with which both conventional, non-special purpose radiation therapy and stereotactic radiosurgery could be performed. Provide the number of visits and patients treated under each specific modality and for each type of treatment category for the report year and report any treatments performed on other machines that were capable of providing both conventional radiation therapy and stereotactic radiosurgery.

Equipment	Number of Machines	Conventional Visits	Conventional Patients
Trilogy	1	333	71
Synergy	0	0	0
Other Technology	2	11,849	534

2b. Combined Radiation Therapy/Stereotactic Radiosurgery- Intracranial and Extracranial/Body Utilization

Equipment	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Trilogy	0	0	5	1
Synergy	0	0	0	0
Other Technology	0	0	124	32

3. Special Purpose MRT Units and Volume

Provide the number of SRS-only machines and the number of visits and patients treated on each by the treatment categories provided. For purposes of the survey, stereotactic radiosurgery consists of procedures utilizing accurately targeted doses of radiation in multiple treatments over a short period of time (usually 1 week).

Equipment	Number of Machines	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Gamma Knife	1	39	39	0	0
Cyber Knife	0	0	0	0	0
Other Technology	0	0	0	0	0

Grand Total of Special Purpose and Non-Special Purpose Visits

The grand total here should match the reported visit totals in Parts E and F.

Special Purpose Visits	Non-Special Purpose Visits	Grand Total Visits
39	12,311	12,350

4. Non-Special MRT Treatment Visits by Type

Please report the following utilization numbers for non-special MRT treatments by type and the number of patients receiving those treatments.Note that any non-special purpose unit and its associated volumes hat were approved under the high utilization rule exception should be listed separately. Volumes should reflect only those units reported in Part D, Questions 1 and 2 above. Patients can be duplicated across treatment categories.

Treatment Type	Non-Rule Exception Units Visits	Non-Rule Exception Units Patients	90% Utilization Exception Units Visits	90% Utilization Exception Units Patients
Simple Treatment	355	62	0	0
Intermediate Treatment	0	0	0	0
Complex Treatment	6,923	399	0	0
Intensity Modulated Radiation Therapy (IMRT)	4,904	196	0	0
Stereotactic Radiosurgery on Machines also performing radiation therapy	129	33	0	0
Total	**12,311**	**690**	**0**	**0**

5. Other Radiation Therapy

Report visits and patients receiving non-linear accelerator/penetrating ray radiation therapy.

Type of Therapy	Number of Visits	Number of Patients
Radium Therapy	0	0
Cesium Therapy	0	0
Superficial Radiation Therapy	0	0
Brachytherapy	73	73
Other Radiation Therapy	0	0

6. Inventory of Radiation Therapy and Stereotactic Radiosurgery Technology

Provide the brand name, model number, date purchased, technology type (Conventional Radiation Therapy Only, Combined Radiation Therapy/Stereotactic Radiosurgery, or SRS-only), and number of treatment visits for all radiation therapy and stereotactic radiosurgery machines that were in operation during the report year. For linear accelerators also indicate if the unit is operating at greater than or equal to 1 million electron volts or less than 1 million electron volts.

Brand Name	Model #	Type of Unit	Visits	Electron Volts	Date Purchased
Varian	Clinac iX SN832	Combined Technology		Greater than or Equal t	04/15/2010
Varian	Clinac iX	Combined Technology		Greater than or Equal t	03/15/2011
Varian	Trilogy	Combined Technology		Greater than or Equal t	06/15/2004
Elekta	Gamma Knife 4C	SRS-Only		Not Applicable	04/01/2005

7. Inventory of Other Technology

Provide the brand name, model number, type of machine and date purchased for all other types of technology/machines that were in operation during the report year.

Brand Name	Model #	Type of Machine	Date Purchased

Part E : Financial and Utilization Information for Radiation Therapy Services

1. Radiation Therapy Patients and Treatment Visits by Primary Payment Source

Please report the total radiation therapy patients and treatment visits by primary payment source. Please unduplicate the number of patients by primary payment source. Please report Peachcare For Kids under Third-Party.

Primary Payment Source	Number of Radiation Therapy Patients (unduplicated)	Number of Treatment Visits
Medicare	248	4,584
Medicaid	34	494
Third-Party	337	7,129
Self-Pay	7	143
Total	**626**	**12,350**

2a. Total Charges

Please report the total charges for radiation therapy services provided during the report period.

Total Charges
46,202,139

2b. Reimbursement

Please report the actual reimbursement received for charges for radiation therapy services provided during the report period.

Reimbursement
15,574,693

2c. Adjusted Gross Revenue

Please report the adjusted gross revenue for radiation therapy services provided during the report period.

Adjusted Gross Revenue
32,707,665

3a. Total Uncompensated Charges

Please report the total uncompensated charges.

Total Uncompensated Charges
1,630,233

3b. Total Patients with Uncompensated Charges

Please report the total number of patients for radiation therapy services for patients that are indigent or covered by charity care services.

Total Patients with Uncompensated Charges
51

4. Average Patient Charge

Report the average charge per patient for Non-Special Purpose MRT treatment visits and for Special Purpose MRT treatment visits.

Average Patient Charge- Non Special Purpose MRT	Average Patient Charge- Special Purpose MRT
3,509	77,010
0	**77,010**

5. Patients and Visits by Race/Ethnicity

Please report the number of radiation therapy services patients (unduplicated) and treatment visits during the report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients	Number of Treatment Visits
American Indian/Alaska Native	0	0
Asian	9	128
Black/African American	209	4,108
Hispanic/Latino	10	133
Pacific Islander/Hawaiian	0	0
White	395	7,933
Multi-Racial	3	48
Total	**626**	**12,350**

6. Patients and Visits by Gender

Please report the number of radiation therapy services patients and treatment visits during the report period by gender.

Gender	Number of Patients	Number of Visits
Male	275	5,620
Female	351	6,730
Total	**626**	**12,350**

7 Patients and Visits by Age Group

Please report the number of radiation therapy services patients and treatment visits during the report period by the following age groupings.

Age of Patient	Number of Patients	Number of Treatment Visits
Ages 0-14	2	2
Ages 15-29	7	90
Ages 30-64	367	7,459
Ages 65-84	234	4,510
Ages 85 and Up	16	289
Total	**626**	**12,350**

8. Participation in Reporting

Please check the box to the right if your facility participates in reporting to the Georgia Comprehensive Cancer Registry. ☑

9. Patients by Principle Diagnosis

Report the number of patients, total visits, and total gross charges during the report period by the patient's principle diagnosis as indicated below.

Principle Diagnosis	Number of Patients	Number of Treatment Visits	Gross Treatment Charges
Malignant Neoplasms of Female Breast (ICD10=C50; ICD9=174)	152	3,495	7,967,501
Colon and Rectum (ICD10=C18-C21; ICD9=153-154)	39	899	3,564,780
Prostate Cancer (ICD10=C61; ICD9=185)	73	2,041	9,446,185
Lung and Bronchus (ICD10=C33-C34; ICD9=162)	59	1,032	3,733,027
All Other	303	4,883	21,490,646
Total	**626**	**12,350**	**46,202,139**

10. Estimated Patients and Treatments in the Next Calendar Year

Please provide the number of patients and treatments estimated, expected, or scheduled in the next calendar year (CY2013) for conventional radiation therapy.

Number of Patients	Number of Treatments
650	12,500

Part F : Patient Origin for Radiation Services

1. Patient Origin

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each Non-Special Purpose and/or Special Purpose MegaVoltage radiation therapy patient treated at your facility during the reporting period. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all other out-of-state. Please select patient origin location from this menu and provide total number of patients and treatment visits for each location by category of treatment for the report period.

County	Total Non-Duplicated Patients	Total Visits	Non-Special Purpose MRT Patients	Non-Special Purpose MRT Visits	Special Purpose MRT Patients	Special Purpose MRT Visits
Other Out of State	6	22	4	20	2	2
Alabama	2	2	1	1	1	1
Florida	4	51	3	50	1	1
Clarke	1	1	0	0	1	1
Lee	1	1	0	0	1	1
Monroe	1	1	0	0	1	1
Banks	2	40	1	39	1	1
Barrow	2	11	2	11	0	0
Bartow	4	89	4	89	0	0
Butts	2	43	2	43	0	0
Carroll	1	26	1	26	0	0
Cherokee	10	133	10	133	0	0
Clayton	21	310	19	308	2	2
Cobb	81	1,843	78	1,840	3	3
Coweta	8	15	6	13	2	2
Dawson	2	23	2	23	0	0
DeKalb	95	1,833	91	1,829	4	4
Douglas	12	246	12	246	0	0
Fannin	3	42	3	42	0	0
Fayette	6	66	5	65	1	1
Forsyth	2	48	2	48	0	0
Fulton	259	5,968	253	5,962	6	6
Gilmer	2	26	1	25	1	1
Glynn	2	7	1	6	1	1
Gwinnett	28	497	27	496	1	1
Henry	25	361	22	358	3	3
Houston	3	3	1	1	2	2
Lowndes	1	10	1	10	0	0
Newton	5	64	4	63	1	1
Paulding	6	133	6	133	0	0
Pickens	7	92	6	91	1	1
Polk	1	15	1	15	0	0

Putnam	**3**	**46**	**2**	**45**	**1**	**1**
Rabun	**1**	**23**	**1**	**23**	**0**	**0**
Rockdale	**4**	**96**	**3**	**95**	**1**	**1**
Spalding	**2**	**3**	**2**	**3**	**0**	**0**
Union	**1**	**31**	**1**	**31**	**0**	**0**
Walker	**1**	**41**	**1**	**41**	**0**	**0**
Walton	**4**	**55**	**3**	**54**	**1**	**1**
Whitfield	**1**	**3**	**1**	**3**	**0**	**0**
South Carolina	**1**	**3**	**1**	**3**	**0**	**0**
Tennessee	**3**	**27**	**3**	**27**	**0**	**0**
Total	**626**	**12,350**	**587**	**12,311**	**39**	**39**

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: Leslie A. Donahue

Date: 02//2/2/

Title: President & Chief Executive Officer

Comments: