



## 2019 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:HOSP714

**Facility Name:** Emory Saint Joseph's Hospital

**County:** Fulton

**Street Address:** 5665 Peachtree Dunwoody Road NE

**City:** Atlanta

**Zip:** 30342-1764

**Mailing Address:** 5665 Peachtree Dunwoody Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342-1764

**Medicaid Provider Number:** 00001812

**Medicare Provider Number:** 110082

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2019 through December 31, 2019.

***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:** Charles Mckinney

**Contact Title:** Controller

**Phone:** 404-686-6169

**Fax:** 678-843-7399

**E-mail:** charles.mckinney@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
Saint Joseph's Hospital of Atlanta Inc.	Not for Profit	01/01/2012

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory/Saint Joseph's Inc.	Not for Profit	01/01/2012

#### 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, Inc.	Not for Profit	01/01/2012

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/2012

### 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.

DET2009-119

**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 M PET/CT

**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	108	140	29
Colon and Rectal Cancers	60	75	13
Lymphoma Cancers	230	324	80
Melanoma Cancers	91	135	34
Esophageal Cancers	30	36	6
Head and Neck Cancers	45	48	3
Breast Cancers	158	207	42
Other Cancers	494	573	71
<b>Total</b>	<b>1,216</b>	<b>1,538</b>	<b>278</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	6	7
<b>Total</b>	<b>6</b>	<b>7</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	5	5
<b>Total</b>	<b>5</b>	<b>5</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	180	197
<b>Total</b>	<b>180</b>	<b>197</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	742
Medicaid	44
Third-Party	605
Self-Pay	16
<b>Total</b>	<b>1,407</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
15,920,830	8,023,026

### **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
153,703	57

### **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)?

9,036

### **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	2
Asian	54
Black/African American	308
Hispanic/Latino	0
Pacific Islander/Hawaiian	3
White	986
Multi-Racial	54
<b>Total</b>	<b>1,407</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	284	362
Ages 65-74	241	196
Ages 75-85	151	116
Ages 85 and Up	29	28
<b>Total</b>	<b>705</b>	<b>702</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:** 7:00 AM until 3:00 PM

**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 Saint Joseph's Hospital of Atlanta	Fulton	20	Alabama
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Bacon
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Baldwin
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Banks
Emory Saint Joseph's Hospital of Atlanta	Fulton	13	Barrow
Emory Saint Joseph's Hospital of Atlanta	Fulton	3	Bartow
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Ben Hill
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Berrien
Emory Saint Joseph's Hospital of Atlanta	Fulton	6	Bibb
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Bleckley
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Burke
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Butts
Emory Saint Joseph's Hospital of Atlanta	Fulton	10	Carroll
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Chatham
Emory Saint Joseph's Hospital of Atlanta	Fulton	36	Cherokee
Emory Saint Joseph's Hospital of Atlanta	Fulton	7	Clarke
Emory Saint Joseph's Hospital of Atlanta	Fulton	19	Clayton
Emory Saint Joseph's Hospital of Atlanta	Fulton	198	Cobb
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Colquitt
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Columbia
Emory Saint Joseph's Hospital of Atlanta	Fulton	13	Coweta
Emory Saint Joseph's Hospital of Atlanta	Fulton	5	Dawson
Emory Saint Joseph's Hospital of Atlanta	Fulton	241	DeKalb
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Dooly
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Dougherty
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Fannin
Emory Saint Joseph's Hospital of Atlanta	Fulton	14	Fayette
Emory Saint Joseph's Hospital of Atlanta	Fulton	12	Florida
Emory Saint Joseph's Hospital of Atlanta	Fulton	10	Floyd
Emory Saint Joseph's Hospital of Atlanta	Fulton	22	Forsyth
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Franklin
Emory Saint Joseph's Hospital of Atlanta	Fulton	319	Fulton
Emory Saint Joseph's Hospital of Atlanta	Fulton	14	Douglas
Emory Saint Joseph's Hospital of Atlanta	Fulton	4	Glynn
Emory Saint Joseph's Hospital of Atlanta	Fulton	6	Gordon
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Greene
Emory Saint Joseph's Hospital of Atlanta	Fulton	133	Gwinnett

Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Habersham
Emory Saint Joseph's Hospital of Atlanta	Fulton	17	Hall
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Haralson
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Harris
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Hart
Emory Saint Joseph's Hospital of Atlanta	Fulton	30	Henry
Emory Saint Joseph's Hospital of Atlanta	Fulton	7	Houston
Emory Saint Joseph's Hospital of Atlanta	Fulton	15	Jackson
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Jasper
Emory Saint Joseph's Hospital of Atlanta	Fulton	3	Lamar
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Laurens
Emory Saint Joseph's Hospital of Atlanta	Fulton	3	Lowndes
Emory Saint Joseph's Hospital of Atlanta	Fulton	6	Lumpkin
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Tift
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Towns
Emory Saint Joseph's Hospital of Atlanta	Fulton	4	Troup
Emory Saint Joseph's Hospital of Atlanta	Fulton	5	Union
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Upson
Emory Saint Joseph's Hospital of Atlanta	Fulton	11	Walton
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	White
Emory Saint Joseph's Hospital of Atlanta	Fulton	6	Whitfield
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Bryan
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Coffee
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Effingham
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Wilkes
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Catoosa
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Appling
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	McIntosh
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Miller
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Jones
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Cook
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Seminole
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Oconee
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Terrell
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Turner
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Washington
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Macon
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Meriwether
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Monroe
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Morgan
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Murray
Emory Saint Joseph's Hospital of Atlanta	Fulton	11	Muscogee
Emory Saint Joseph's Hospital of Atlanta	Fulton	14	Newton
Emory Saint Joseph's Hospital of Atlanta	Fulton	9	North Carolina

Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Oglethorpe
Emory Saint Joseph's Hospital of Atlanta	Fulton	14	Other Out of State
Emory Saint Joseph's Hospital of Atlanta	Fulton	9	Paulding
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Peach
Emory Saint Joseph's Hospital of Atlanta	Fulton	7	Pickens
Emory Saint Joseph's Hospital of Atlanta	Fulton	4	Pike
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Polk
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Pulaski
Emory Saint Joseph's Hospital of Atlanta	Fulton	1	Putnam
Emory Saint Joseph's Hospital of Atlanta	Fulton	5	Rabun
Emory Saint Joseph's Hospital of Atlanta	Fulton	17	Rockdale
Emory Saint Joseph's Hospital of Atlanta	Fulton	18	South Carolina
Emory Saint Joseph's Hospital of Atlanta	Fulton	9	Spalding
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Stephens
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Sumter
Emory Saint Joseph's Hospital of Atlanta	Fulton	3	Tennessee
Emory Saint Joseph's Hospital of Atlanta	Fulton	2	Thomas
<b>Total</b>		<b>1,407</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:** Heather Dexter

**Date:** 05/21/2020

**Title:** CEO

**Comments:**