



2023 Annual Radiation Therapy Services Survey

Part A : General Information

1. Identification

UID:HOSP705

Facility Name: Emory University Hospital Midtown

County: Fulton

Street Address: 550 Peachtree St NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicaid Provider Number: 00000503A

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2023 through December 31, 2023.

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: Aaron Brammer

Contact Title: Administrator, Radiation Oncology

Phone: 404-778-3892

Fax: 404-778-3670

E-mail: aaron.brammer@emory.edu

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	1/1/1944

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc	Not for Profit	1/1/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/1944

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	0	0	0
Synergy	0	0	0
Other Technology	3	16,513	868

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

Equipment	Intracranial	Intracranial	Stereotactic Body	Stereotactic Body
	Stereotactic Radiosurgery Visits	Stereotactic Radiosurgery Patients	Radiotherapy (SBRT) Visits	Radiotherapy (SBRT) Patients
Trilogy	0	0	0	0
Synergy	0	0	0	0
Other Technology	43	43	428	101

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	0	0	0	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
0	16,984	16,984

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 that 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	Non-Rule Exception Units	90% Utilization Exception Units	90% Utilization Exception Units
	Visits	Patients	Visits	Patients
Simple Treatment	0	0	0	0
Intermediate Treatment	0	0	0	0
Complex Treatment	4,710	340	172	27
Intensity Modulated Radiation Therapy (IMRT)	6,727	283	4,904	223
Stereotactic Radiosurgery on Machines also performing radiation therapy	460	140	11	3
Total	11,897	763	5,087	253

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	12	12
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	Halcyon	Combined Technology	5088	Greater than or Equal t	2022-12-05 00:00:00
Varian	TrueBeam	Combined Technology	5619	Greater than or Equal t	2015-10-01 00:00:00
Varian	TrueBeam2	Combined Technology	6277	Greater than or Equal t	2019-06-01 00:00:00

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
Zeiss	Intrabeam PS500	Electronic Brachytherapy	11/01/2015

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	415	6,344
Medicaid	37	716
Third-Party	505	9,560
Self-Pay	19	364
Total	976	16,984

2a. Total Charges

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

Total Charges
60,567,269

2b. Reimbursement

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

Reimbursement
18,080,853

2c. Adjusted Gross Revenue

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

Adjusted Gross Revenue
37,488,967

3a. Total Uncompensated Charges

Please report the total uncompensated charges.

Total Uncompensated Charges
1,443,868

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
155

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
3,566	0
0	0

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	3	40
Asian	34	688
Black/African American	547	9,492
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	310	5,259
Multi-Racial	82	1,505
Total	976	16,984

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	512	10,036
Female	464	6,948
Total	976	16,984

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	0	0
Ages 15-29	13	150
Ages 30-64	536	10,287
Ages 65-84	409	6,388
Ages 85 and Up	18	159
Total	976	16,984

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)	244	3,903	12,135,572
Colon and Rectum (ICD10=C18-C21; ICD9=153-154)	34	540	2,015,423
Prostate Cancer (ICD10=C61; ICD9=185)	182	4,303	13,913,358
Lung and Bronchus (ICD10=C33-C34; ICD9=162)	52	513	3,399,207
All Other	464	7,725	29,103,709
Total	976	16,984	60,567,269

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 (CY2023) for conventional radiation therapy.

Number of Patients	Number of Treatments
1,016	17,680

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	Total	Non-Special	Non-Special	Special	Special
	Non-Duplicated		Purpose MRT	Purpose MRT	Purpose MRT	Purpose MRT
	Patients	Visits	Patients	Visits	Patients	Visits
Tift	2	63	2	63	0	0
Bibb	5	56	5	56	0	0
Clarke	2	56	2	56	0	0
Butts	4	52	4	52	0	0
Baldwin	2	43	2	43	0	0
White	2	40	2	40	0	0
Taylor	2	40	2	40	0	0
Barrow	5	36	5	36	0	0
Sumter	1	35	1	35	0	0
Haralson	1	33	1	33	0	0
Catoosa	1	33	1	33	0	0
Bartow	4	30	4	30	0	0
Florida	1	30	1	30	0	0
Heard	1	25	1	25	0	0
Coffee	3	22	3	22	0	0
Walker	2	17	2	17	0	0
Jackson	3	15	3	15	0	0
North Carolina	3	11	3	11	0	0
Houston	3	10	3	10	0	0
Pike	1	10	1	10	0	0
Stephens	1	10	1	10	0	0
Laurens	2	9	2	9	0	0
Dougherty	2	7	2	7	0	0
Dawson	1	6	1	6	0	0
Pickens	1	5	1	5	0	0
Union	2	5	2	5	0	0
Wilkinson	1	5	1	5	0	0
Oconee	1	4	1	4	0	0
Franklin	1	4	1	4	0	0
Tennessee	1	1	1	1	0	0
Putnam	1	1	1	1	0	0
Screven	1	1	1	1	0	0

Fulton	270	4,733	270	4,733	0	0
DeKalb	199	3,488	199	3,488	0	0
Cobb	65	1,243	65	1,243	0	0
Henry	63	1,097	63	1,097	0	0
Clayton	71	1,039	71	1,039	0	0
Gwinnett	54	916	54	916	0	0
Douglas	19	435	19	435	0	0
Fayette	22	423	22	423	0	0
Rockdale	17	368	17	368	0	0
Newton	18	324	18	324	0	0
Coweta	15	260	15	260	0	0
Cherokee	14	255	14	255	0	0
Walton	9	182	9	182	0	0
Spalding	7	172	7	172	0	0
Carroll	10	170	10	170	0	0
Muscogee	9	135	9	135	0	0
Other Out of State	7	125	7	125	0	0
Forsyth	7	124	7	124	0	0
Alabama	5	117	5	117	0	0
Hall	7	107	7	107	0	0
Polk	3	94	3	94	0	0
Troup	5	89	5	89	0	0
South Carolina	5	82	5	82	0	0
Paulding	5	81	5	81	0	0
Fannin	2	75	2	75	0	0
Gordon	2	70	2	70	0	0
Lamar	3	65	3	65	0	0
Total	976	16,984	976	16,984	0	0

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: Adam Webb

Date: 5/14/2024

Title: Chief Operating Officer

Comments:

Per CON2020016, EUHM received approval to add a third LINAC. Volumes for the 3rd LINAC separated out into the 90% exception unit columns in Part D, Section 4