

Georgia Department of Community Health

2021 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP705B

Facility Name: Emory University Hospital Midtown (Discovery 600 - 2008-089)County: FultonStreet Address: 550 Peachtree Street NECity: AtlantaZip: 30308Mailing Address: 550 Peachtree Street NEMailing City: AtlantaMailing Zip: 30308Medicaid Provider Number: 00000503AMedicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2021 through December 31, 2021. *Do not use a different report period.*

Check the box to the right if your facility was <u>**not**</u> operational for the entire year. If your facility was <u>**not**</u> 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: Shane Arrington Contact Title: Director of Imaging Services Phone: 404-686-3107 Fax: 404-686-4886 E-mail: shane.arrington@emoryhealthcare.org

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	01/01/1944

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
Emory Healthcare, Inc.	Not for Profit	01/01/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1944

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.

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.

CON2008-089

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 600

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	89	100	9
Colon and Rectal Cancers	40	48	7
Lymphoma Cancers	106	129	20
Melanoma Cancers	22	27	5
Esophageal Cancers	21	28	6
Head and Neck Cancers	493	600	96
Breast Cancers	111	154	36
Other Cancers	440	536	87
Total	1,322	1,622	266

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	19	20
Total	19	20

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	5	5
Other Neurological Use	8	8
Total	13	13

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	188	210
Total	188	210

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	775
Medicaid	122
Third-Party	605
Self-Pay	40
Total	1,542

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
15,727,217	8,171,354

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
380,954	98

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)?

<u>8,469</u>

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	47
Black/African American	614
Hispanic/Latino	0
Pacific Islander/Hawaiian	6
White	782
Multi-Racial	89
Total	1,542

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	429	377	
Ages 65-74	260	208	
Ages 75-85	115	111	
Ages 85 and Up	18	24	
Total	822	720	

7. Participation in Reporting

Does your facility/service participate in and repo	ort 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	
\checkmark	✓		~	✓			

Hours of Operation: 0700 until 1830

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 250

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

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 Univ Hosp Midtown Discovery 600-2008-089	Fulton	26	Alabama
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	7	Baldwin
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Banks
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	9	Barrow
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	16	Bartow
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Ben Hill
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	15	Bibb
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Brantley
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	8	Butts
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	20	Carroll
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Catoosa
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Chatham
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	40	Cherokee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	11	Clarke
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Clay
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	63	Clayton
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Clinch
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	125	Cobb
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Coffee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Colquitt
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Columbia
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Cook
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	23	Coweta
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	5	Dawson
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	211	DeKalb
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Dodge
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Dougherty
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	31	Douglas
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Fannin
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	23	Fayette
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	11	Florida
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	8	Floyd
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	10	Forsyth
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Franklin
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	359	Fulton
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Gilmer
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Glynn

	i		
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Gordon
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Greene
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	103	Gwinnett
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Habersham
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	19	Hall
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Hancock
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	5	Haralson
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Harris
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Hart
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	5	Peach
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Pickens
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Pike
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	5	Polk
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Pulaski
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Putnam
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Rabun
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Randolph
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Richmond
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	22	Rockdale
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	12	South Carolina
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	16	Spalding
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Stephens
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Stewart
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Sumter
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Talbot
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Tattnall
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Taylor
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Telfair
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	6	Tennessee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Terrell
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Tift
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Towns
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Treutlen
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	74	Henry
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	18	Houston
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Irwin
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	7	Jackson
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Jasper
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Jones
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	5	Lamar
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Laurens
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Lee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Liberty
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Lowndes
		_	

Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	7	Lumpkin
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Madison
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Marion
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Meriwether
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	3	Monroe
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Morgan
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Murray
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	15	Muscogee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	13	Newton
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	11	North Carolina
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	8	Oconee
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	4	Other Out of State
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	12	Paulding
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	7	Troup
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Union
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	7	Upson
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	Walker
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	17	Walton
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Washington
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	1	White
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	8	Whitfield
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Wilcox
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Wilkes
Emory Univ Hosp Midtown Discovery 600-2008-089	Fulton	2	Worth
Total		1,542	

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: Owens, Daniel Date: 05/03/2022 Title: Chief Executive Officer, EUHM

Comments: