



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP720

Facility Name: Emory Decatur Hospital

County: DeKalb

Street Address: 2701 North Decatur Road

City: Decatur

Zip: 30033-5995

Mailing Address: 2701 North Decatur Road

Mailing City: Decatur

Mailing Zip: 30033-5995

Medicaid Provider Number: 000000536A

Medicare Provider Number: 110076

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: Dawn Stone

Contact Title: Reimbursement Director

Phone: 404-782-2224

Fax: 404-686-5876

E-mail: dawn.stone@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
DeKalb Medical Center, Inc.	Not for Profit	08/09/1991

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc.	Not for Profit	09/01/2018

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	09/01/2018

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	09/01/2018

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.

GA 028-2003

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 16 Model 08098704

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	91	113	21
Colon and Rectal Cancers	27	31	4
Lymphoma Cancers	131	140	8
Melanoma Cancers	28	35	6
Esophageal Cancers	11	14	3
Head and Neck Cancers	19	22	3
Breast Cancers	139	162	22
Other Cancers	328	355	26
Total	774	872	93

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	6	7
Total	6	7

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	13	23
Total	13	23

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	252	281
Total	252	281

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	621
Medicaid	41
Third-Party	368
Self-Pay	15
Total	1,045

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
12,336,726	5,760,747

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
133,051	56

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)?

10,473

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	1
Asian	28
Black/African American	520
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	434
Multi-Racial	62
Total	1,045

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	150	277
Ages 65-74	138	244
Ages 75-85	83	126
Ages 85 and Up	13	14
Total	384	661

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: 7:00am until 3:30pm

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
253

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
Decatur	DeKalb	8	Alabama
Decatur	DeKalb	1	Banks
Decatur	DeKalb	5	Barrow
Decatur	DeKalb	2	Bartow
Decatur	DeKalb	1	Berrien
Decatur	DeKalb	12	Bibb
Decatur	DeKalb	2	Bulloch
Decatur	DeKalb	1	Burke
Decatur	DeKalb	2	Butts
Decatur	DeKalb	1	Calhoun
Decatur	DeKalb	7	Carroll
Decatur	DeKalb	1	Catoosa
Decatur	DeKalb	8	Chatham
Decatur	DeKalb	5	Cherokee
Decatur	DeKalb	3	Clarke
Decatur	DeKalb	21	Clayton
Decatur	DeKalb	35	Cobb
Decatur	DeKalb	9	Coweta
Decatur	DeKalb	1	Crisp
Decatur	DeKalb	2	Dawson
Decatur	DeKalb	1	Decatur
Decatur	DeKalb	481	DeKalb
Decatur	DeKalb	1	Dodge
Decatur	DeKalb	1	Dougherty
Decatur	DeKalb	7	Douglas
Decatur	DeKalb	1	Fannin
Decatur	DeKalb	8	Fayette
Decatur	DeKalb	11	Florida
Decatur	DeKalb	5	Floyd
Decatur	DeKalb	4	Forsyth
Decatur	DeKalb	85	Fulton
Decatur	DeKalb	1	Gilmer
Decatur	DeKalb	4	Glynn
Decatur	DeKalb	3	Greene
Decatur	DeKalb	98	Gwinnett
Decatur	DeKalb	4	Habersham
Decatur	DeKalb	1	Hall

Decatur	DeKalb	1	Hancock
Decatur	DeKalb	2	Haralson
Decatur	DeKalb	4	Harris
Decatur	DeKalb	44	Henry
Decatur	DeKalb	6	Houston
Decatur	DeKalb	3	Jackson
Decatur	DeKalb	1	Jefferson
Decatur	DeKalb	1	Johnson
Decatur	DeKalb	1	Jones
Decatur	DeKalb	1	Laurens
Decatur	DeKalb	1	Lincoln
Decatur	DeKalb	3	Lowndes
Decatur	DeKalb	1	Madison
Decatur	DeKalb	1	McIntosh
Decatur	DeKalb	1	Meriwether
Decatur	DeKalb	2	Monroe
Decatur	DeKalb	1	Montgomery
Decatur	DeKalb	3	Morgan
Decatur	DeKalb	1	Murray
Decatur	DeKalb	8	Muscogee
Decatur	DeKalb	21	Newton
Decatur	DeKalb	2	North Carolina
Decatur	DeKalb	2	Oconee
Decatur	DeKalb	5	Other Out of State
Decatur	DeKalb	3	Paulding
Decatur	DeKalb	1	Peach
Decatur	DeKalb	1	Pierce
Decatur	DeKalb	2	Polk
Decatur	DeKalb	1	Putnam
Decatur	DeKalb	1	Rabun
Decatur	DeKalb	30	Rockdale
Decatur	DeKalb	6	South Carolina
Decatur	DeKalb	3	Spalding
Decatur	DeKalb	1	Stephens
Decatur	DeKalb	1	Sumter
Decatur	DeKalb	1	Tattnall
Decatur	DeKalb	5	Tennessee
Decatur	DeKalb	1	Thomas
Decatur	DeKalb	3	Tift
Decatur	DeKalb	1	Toombs
Decatur	DeKalb	3	Troup
Decatur	DeKalb	1	Turner
Decatur	DeKalb	2	Upton
Decatur	DeKalb	19	Walton

Total		1,045	
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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: Jen Schuck

Date: 05/07/2024

Title: CEO

Comments: