

Georgia Department of Community Health

2023 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP706

Facility Name: Emory University Hospital (GE Discovery DLS- 1991-048) County: DeKalb Street Address: 1364 Clifton Road, NE City: Atlanta Zip: 30322 Mailing Address: 1364 Clifton Road, NE Mailing City: Atlanta Mailing Zip: 30322-1061 Medicaid Provider Number: 00000712A Medicare Provider Number: 11-0010

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 <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: Catherine Maloney Contact Title: Chief Operating Officer, EUH Phone: 404-712-5529 Fax: 404-686-8535 E-mail: catherine.maloney@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	01/01/1922

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	01/01/1922

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.

<u>1991-048</u>

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 690 Elite

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	118	9
Colon and Rectal Cancers	29	33	4
Lymphoma Cancers	325	443	99
Melanoma Cancers	74	133	44
Esophageal Cancers	15	18	3
Head and Neck Cancers	25	27	2
Breast Cancers	169	305	109
Other Cancers	813	997	153
Total	1,558	2,074	423

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	15	18
Total	15	18

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	5	5
Other Neurological Use	111	112
Total	116	117

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	131	474
Total	131	474

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	898
Medicaid	65
Third-Party	818
Self-Pay	39
Total	1,820

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
23,654,358	12,704,873

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
266,892	80

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>10,178</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	1
Asian	53
Black/African American	627
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	1,029
Multi-Racial	110
Total	1,820

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	465	504	
Ages 65-74	277	268	
Ages 75-85	143	123	
Ages 85 and Up	20	20	
Total	905	915	

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	
v	✓		v	v			

Hours of Operation: 06:00 until 18:00

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

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 University Hospital GE DLS-1991-048	DeKalb	19	Other Out of State
Emory University Hospital GE DLS-1991-048	DeKalb	8	Paulding
Emory University Hospital GE DLS-1991-048	DeKalb	4	Peach
Emory University Hospital GE DLS-1991-048	DeKalb	6	Pickens
Emory University Hospital GE DLS-1991-048	DeKalb	6	Pike
Emory University Hospital GE DLS-1991-048	DeKalb	7	Polk
Emory University Hospital GE DLS-1991-048	DeKalb	1	Pulaski
Emory University Hospital GE DLS-1991-048	DeKalb	6	Putnam
Emory University Hospital GE DLS-1991-048	DeKalb	1	Rabun
Emory University Hospital GE DLS-1991-048	DeKalb	24	Rockdale
Emory University Hospital GE DLS-1991-048	DeKalb	1	Seminole
Emory University Hospital GE DLS-1991-048	DeKalb	19	South Carolina
Emory University Hospital GE DLS-1991-048	DeKalb	19	Spalding
Emory University Hospital GE DLS-1991-048	DeKalb	4	Stephens
Emory University Hospital GE DLS-1991-048	DeKalb	6	Sumter
Emory University Hospital GE DLS-1991-048	DeKalb	1	Talbot
Emory University Hospital GE DLS-1991-048	DeKalb	2	Tattnall
Emory University Hospital GE DLS-1991-048	DeKalb	46	Alabama
Emory University Hospital GE DLS-1991-048	DeKalb	1	Bacon
Emory University Hospital GE DLS-1991-048	DeKalb	5	Baldwin
Emory University Hospital GE DLS-1991-048	DeKalb	3	Banks
Emory University Hospital GE DLS-1991-048	DeKalb	10	Barrow
Emory University Hospital GE DLS-1991-048	DeKalb	13	Bartow
Emory University Hospital GE DLS-1991-048	DeKalb	3	Ben Hill
Emory University Hospital GE DLS-1991-048	DeKalb	2	Berrien
Emory University Hospital GE DLS-1991-048	DeKalb	20	Bibb
Emory University Hospital GE DLS-1991-048	DeKalb	0	Bleckley
Emory University Hospital GE DLS-1991-048	DeKalb	1	Brantley
Emory University Hospital GE DLS-1991-048	DeKalb	1	Brooks
Emory University Hospital GE DLS-1991-048	DeKalb	1	Bryan
Emory University Hospital GE DLS-1991-048	DeKalb	1	Bulloch
Emory University Hospital GE DLS-1991-048	DeKalb	8	Butts
Emory University Hospital GE DLS-1991-048	DeKalb	1	Calhoun
Emory University Hospital GE DLS-1991-048	DeKalb	20	Carroll
Emory University Hospital GE DLS-1991-048	DeKalb	17	Chatham
Emory University Hospital GE DLS-1991-048	DeKalb	1	Chattahoochee
Emory University Hospital GE DLS-1991-048	DeKalb	1	Chattooga

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Emory University Hospital GE DLS-1991-048	DeKalb	36	Cherokee
Emory University Hospital GE DLS-1991-048	DeKalb	15	
Emory University Hospital GE DLS-1991-048	DeKalb	47	Clayton
Emory University Hospital GE DLS-1991-048	DeKalb	114	Cobb
Emory University Hospital GE DLS-1991-048	DeKalb	5	Coffee
Emory University Hospital GE DLS-1991-048	DeKalb	2	Colquitt
Emory University Hospital GE DLS-1991-048	DeKalb	6	Columbia
Emory University Hospital GE DLS-1991-048	DeKalb	1	Cook
Emory University Hospital GE DLS-1991-048	DeKalb	30	Coweta
Emory University Hospital GE DLS-1991-048	DeKalb	1	Crawford
Emory University Hospital GE DLS-1991-048	DeKalb	5	Crisp
Emory University Hospital GE DLS-1991-048	DeKalb	5	Dawson
Emory University Hospital GE DLS-1991-048	DeKalb	3	Decatur
Emory University Hospital GE DLS-1991-048	DeKalb	371	DeKalb
Emory University Hospital GE DLS-1991-048	DeKalb	3	Dodge
Emory University Hospital GE DLS-1991-048	DeKalb	1	Dooly
Emory University Hospital GE DLS-1991-048	DeKalb	4	Dougherty
Emory University Hospital GE DLS-1991-048	DeKalb	14	Douglas
Emory University Hospital GE DLS-1991-048	DeKalb	2	Effingham
Emory University Hospital GE DLS-1991-048	DeKalb	1	Elbert
Emory University Hospital GE DLS-1991-048	DeKalb	3	Evans
Emory University Hospital GE DLS-1991-048	DeKalb	4	Fannin
Emory University Hospital GE DLS-1991-048	DeKalb	31	Fayette
Emory University Hospital GE DLS-1991-048	DeKalb	21	Florida
Emory University Hospital GE DLS-1991-048	DeKalb	13	Floyd
Emory University Hospital GE DLS-1991-048	DeKalb	4	Lumpkin
Emory University Hospital GE DLS-1991-048	DeKalb	16	Forsyth
Emory University Hospital GE DLS-1991-048	DeKalb	4	Franklin
Emory University Hospital GE DLS-1991-048	DeKalb	216	Fulton
Emory University Hospital GE DLS-1991-048	DeKalb	4	Gilmer
Emory University Hospital GE DLS-1991-048	DeKalb	12	Glynn
Emory University Hospital GE DLS-1991-048	DeKalb	7	Gordon
Emory University Hospital GE DLS-1991-048	DeKalb	4	Greene
Emory University Hospital GE DLS-1991-048	DeKalb	143	Gwinnett
Emory University Hospital GE DLS-1991-048	DeKalb	5	Habersham
Emory University Hospital GE DLS-1991-048	DeKalb	26	Hall
Emory University Hospital GE DLS-1991-048	DeKalb	3	Hancock
Emory University Hospital GE DLS-1991-048	DeKalb	3	Haralson
Emory University Hospital GE DLS-1991-048	DeKalb		Harris
Emory University Hospital GE DLS-1991-048	DeKalb	3	
Emory University Hospital GE DLS-1991-048	DeKalb		Heard
Emory University Hospital GE DLS-1991-048	DeKalb		Henry
Emory University Hospital GE DLS-1991-048	DeKalb	24	Houston
Emory University Hospital GE DLS-1991-048	DeKalb	24	Jackson
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Emory University Hospital GE DLS-1991-048 Emory University Hospital GE DLS-1991-048 Emory University Hospital GE DLS-1991-048 Emory University Hospital GE DLS-1991-048	DeKalb DeKalb DeKalb DeKalb	2 1 1 1	
Emory University Hospital GE DLS-1991-048	DeKalb	1	Wilkes
Emory University Hospital GE DLS-1991-048	DeKalb	2	VVIICOX
			Wilcox
Emory University Hospital GE DLS-1991-048	DeKalb	8	Whitfield
Emory University Hospital GE DLS-1991-048	DeKalb	2	White
Emory University Hospital GE DLS-1991-048	DeKalb	2	Washington
Emory University Hospital GE DLS-1991-048	DeKalb	42	Walton
Emory University Hospital GE DLS-1991-048	DeKalb	1	Walker
Emory University Hospital GE DLS-1991-048	DeKalb	2	Upson
Emory University Hospital GE DLS-1991-048	DeKalb	3	Union
Emory University Hospital GE DLS-1991-048	DeKalb	2	Turner
Emory University Hospital GE DLS-1991-048	DeKalb	9	Troup
Emory University Hospital GE DLS-1991-048	DeKalb	2	Toombs
Emory University Hospital GE DLS-1991-048	DeKalb	9	Tift
Emory University Hospital GE DLS-1991-048	DeKalb	3	Thomas
Emory University Hospital GE DLS-1991-048	DeKalb	1	Terrell
Emory University Hospital GE DLS-1991-048	DeKalb	14	Tennessee
Emory University Hospital GE DLS-1991-048	DeKalb	1	Telfair
Emory University Hospital GE DLS-1991-048	DeKalb	1	Taylor
Emory University Hospital GE DLS-1991-048	DeKalb	3	Oconee
Emory University Hospital GE DLS-1991-048	DeKalb	10	North Carolina
Emory University Hospital GE DLS-1991-048	DeKalb	22	Newton
Emory University Hospital GE DLS-1991-048	DeKalb	22	Muscogee
Emory University Hospital GE DLS-1991-048	DeKalb	1	Murray
Emory University Hospital GE DLS-1991-048	DeKalb	3	Morgan
Emory University Hospital GE DLS-1991-048	DeKalb	2	Montgomery
Emory University Hospital GE DLS-1991-048	DeKalb	3	Monroe
Emory University Hospital GE DLS-1991-048	DeKalb	1	Miller
Emory University Hospital GE DLS-1991-048	DeKalb	3	Meriwether
Emory University Hospital GE DLS-1991-048	DeKalb	2	McIntosh
Emory University Hospital GE DLS-1991-048	DeKalb	2	McDuffie
Emory University Hospital GE DLS-1991-048	DeKalb	4	Madison
Emory University Hospital GE DLS-1991-048	DeKalb	5	Lowndes
Emory University Hospital GE DLS-1991-048	DeKalb	2	Lee
Emory University Hospital GE DLS-1991-048	DeKalb	4	Laurens
Emory University Hospital GE DLS-1991-048	DeKalb	1	Lanier
Emory University Hospital GE DLS-1991-048	DeKalb	3	Lamar
Emory University Hospital GE DLS-1991-048	DeKalb	4	Jones
Emory University Hospital GE DLS-1991-048	DeKalb	1	Johnson
Emory University Hospital GE DLS-1991-048	DeKalb	3	Jasper

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: Catherine Maloney

Date: 05/14/2024 Title: Chief Operating Officer, EUH Comments: