



## 2021 ANNUAL POSITRON EMISSION TOMOGRAPHY SERVICES SURVEY INSTRUCTIONS

January 1, 2021 through December 31, 2021

### - IMPORTANT NOTICE ABOUT SURVEY ACCURACY AND COMPLIANCE -

The information and data collected through this survey are used for state regulatory and planning purposes and are made available to public officials, advocacy groups, health care purchasers, and consumers. This survey is required under Department of Community Health Rule 111-2-2-.04 and other regulations. The failure to properly submit and/or fully complete all required surveys may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.05, .09 and other regulations or statutes.

The chief executive officer or principal administrator of the facility (who shall attest to the accuracy and completeness of the information provided) and your organization are responsible for ensuring the accuracy of the information and data reported in this survey. The sole responsibility for accuracy resides with the organization and the officials filing the survey. Accuracy at time of submission is particularly important. See Rule 111-2-2-.04(g) prohibiting survey revisions unless approved by the Department at its sole discretion.

Providing false or inaccurate information may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.04(1)(d), 111-2-2-.05(1)(a)1, and 111-2-2-.05(1)(a)7, other regulations and statutes, and may constitute a crime under O.C.G.A. §§ 16-10-20 and 16-14-1.

Pursuant to O.C.G.A. § 31-6-70 (h) all health care facilities, ambulatory surgical centers, and imaging centers required to submit an annual report pursuant to O.C.G.A. § 31-6-70(a) shall make such annual reports publicly available on their websites.

### 2021 PET SERVICES SURVEY FORM

The 2021 Positron Emission Tomography Services Survey (PETSS) can be completed using an online interface. Providers of positron emission tomography services may access the online survey by pointing their web browser to <http://www.georgiahealthdata.info/>. Notification letters were mailed to facility administrators regarding the 2021 PETSS which included a unique facility identification number (UID) and a facility password. Both the UID and password will be needed to access and complete your survey. Instructions for accessing and completing the web-based survey are provided at the Health Planning Surveys web interface (<http://www.georgiahealthdata.info/>).

**The deadline for filing the completed webform for your facility is May 6, 2022.**

**Survey Completion Status** – Typically, a survey will be considered complete when a signed, completed version is received by the Office of Health Planning (Office). All requested data elements must be provided; edit check, error messages, and validation rules must be addressed or in balance; and the survey must be signed in the appropriate location and manner. Once received and determined to be complete by the Office, the survey is considered a public record. Generally, the survey will be deemed complete on the day it is received by DCH. The completion status of all surveys for each facility will be published on the DCH website on or after the survey due date.

**Copy of Completed Survey** – The webform allows for printing (or saving) at completed copy of the survey. It is extremely important that you retain a copy of your completed survey. You must have your browser's pop-up blocker turned off for our website for the save and print feature to function properly.

**Revising or Amending the Survey** – Pursuant to DCH Rule [111-2-2-.04\(1\)\(g\)](#) surveys that are received and determined to be complete by the Office may not be revised after the survey due date without approval by DCH. Requests to revise must be submitted in writing to the Office with a detailed explanation of the revisions and any necessary documentation. The Office will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Office may also determine that additional data, information, or documentation is needed to support the proposed revisions.

**Data Validation Requirements** – The webform checks various totals as the survey is completed. Values that are out of balance or missing information will appear in red as the survey is completed. Once the survey is completed all edit and balance requirements will be checked before the survey can be signed and submitted. Survey respondents can check for errors or balance issues by clicking the Signature Page tab. The Signature Page will show any errors or balance issues that must be resolved before the survey can be signed. Respondents may also email error messages to DCH for additional assistance by clicking the button found with errors on the Signature Page.

**IMPORTANT:** The 2021 PETSS should be filed by providers of PET services including hospitals, freestanding facilities and certain mobile PET vendors. The 2021 PETSS should be filed by all holders of a Certificate of Need to provide PET services. Holders of a Certificate of Need (CON) issued under the amended PET rules effective June 2, 2008 authorizing PET services at a hospital or freestanding facility via a contract with a mobile vendor should file the 2021 PETSS if the service was provided during the 2021 report period. Mobile vendors issued a CON under the PET rules effective prior to June 2, 2008 should continue to file the survey on behalf of the entities with whom they have a contract to provide PET services in Georgia. A separate survey should be filed for each PET scanner unit by the holder of the CON for that unit. See DCH Rule [111-2-2-41](#) for additional regulatory information.

## **PART A: GENERAL INFORMATION**

**Facility (Provider) Name and Address** – Please provide your Facility’s current name and address as requested.

**Medicaid and Medicare Numbers** – Please enter the appropriate numbers for your facility. Do not enter dashes or alpha characters for either provider number.

**Report Period** - The required report period is 1/1/2021 to 12/31/2021. If the facility was in operation a full year, 12 months of data must be reported even if the ownership or management of the facility changed. It is the responsibility of the current owner or operating entity to obtain data from the prior owner/operator if necessary. Please note if the facility was not in operation for the entire report period.

## **PART B: SURVEY CONTACT INFORMATION**

Please provide contact information for the individual authorized to respond to questions regarding your facility’s survey.

## **PART C: OWNERSHIP AND ORGANIZATIONAL STRUCTURE**

Please provide the following information as applicable to your facility. If certain fields do not apply the form will allow you to enter only “Not Applicable” in the Full Legal Name column.

**1.a & 1.b - Owner** - Provide the full legal name of the facility’s owner and the owner's parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change of ownership that has occurred since 12/31/2020.

**1.c & 1.d - Operator** - If the operating entity is other than the owner, provide the full legal name of the facility’s operator and operator’s parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change in operating entity that has occurred since 12/31/2020.

**1.e & 1.f - Manager** - If a management contract is in effect, provide the full legal name of the facility manager and the manager's parent organization, if any, as of the last day of the report period. Include the appropriate organizational type and the effective date of any change in management contractor that has occurred since 12/31/2020.

**2. Changes** - If changes occurred during or after the report period, explain and include the effective dates of any change.

**3A. Type of Authorization** – Please indicate the type of authorization under which your PET service operates. Select one of the following options:

Fixed-Based PET CON – This is a hospital or freestanding provider holding a Certificate of Need for a fixed-based PET scanner.

Mobile Vendor CON Holder – This is a mobile vendor awarded a Certificate of Need to provide mobile PET services at specific site locations under the PET rules in force prior to June 2, 2008. After June 2, 2008 hospitals and freestanding facilities were awarded the CON for mobile PET services rather than the

mobile vendor.

**PET CON (Mobile Contract)** – This is a hospital or freestanding facility which was awarded a Certificate of Need on or after June 2, 2008 to provide PET services via a contract with a mobile vendor. The CON was awarded to the hospital or freestanding facility rather than to the mobile vendor.

**3B. Certificate of Need Project Number** – Please provide the project number associated with the PET scanner unit for the survey. Each PET scanner unit must have a separate survey. Report the number as Year-### such as 2001-120. If you need assistance determining the CON number associated with your PET scanner unit please contact the Office of Health Planning.

**3C. Name of Mobile Vendor** – For providers indicating “PET CON (Mobile Contract)” in Part C, Question 3A above please indicate the name of the mobile vendor.

## **PART D: PET IMAGING SERVICES TECHNOLOGY AND VOLUME BY DIAGNOSTIC TYPE**

**Equipment:** Using the drop-down please indicate whether your PET scanner has a CT component. Also, please document the manufacturer and model of PET equipment in the text box. **If you operate more than one PET unit, please complete one full survey for each PET Unit.**

**Diagnostic Areas:** Please identify the number of patients and scans provided by each diagnostic area. Please note that Oncology and Neurology have fields for both subcategories and totals. Within each diagnostic area or subgroup, the number of patients should reflect an **unduplicated count**. However, the total for all services (automatically calculated by the database) reflects the sum of patients for all diagnostic areas, which may result in some duplication of individual patients (e.g., a patient is scanned for both cardiovascular and oncology diagnoses). This data is extremely important in determining utilization of PET technology and future benefits of these scans; please make every effort to identify services and report fully and accurately. For Oncology patients in addition to the number of patients and total number of scans by type of diagnostic area please also provide the number of scans which were follow-up scans.

## **PART E: PET SERVICES FINANCIAL SUMMARY AND PATIENT DEMOGRAPHIC INFORMATION**

**1. Patients and Visits by Primary Payment Source:** Report total patients (unduplicated) receiving PET services by their primary payer source [Medicaid, Medicare, Third-Party (insurance or other), or self-pay]. This table should reflect data for the entire report period. Please note that total patient counts here (because patients are unduplicated) should balance to patient counts reported elsewhere in the PETSS.

**2. Total Charges and Adjusted Gross Revenue:** Report the total charges for PET scan services provided by your facility during the report period. Also, report the Adjusted Gross Revenue (AGR) for PET services. AGR is the gross revenue attributed to PET scan services less any Medicare and Medicaid contractual adjustments and less any bad debt. Report contractual adjustments from Medicaid or Medicare managed care with Medicaid or Medicare Contractual Adjustments. In instances where the TRICARE reimbursement rate is limited to the Medicare rate TRICARE contractual adjustments can be reported with Medicare Contractual Adjustments.

**3a. Indigent and Charity Care:** Report the total amount of charges attributed during the report period to patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines (income at or below 125% of federal poverty guidelines). Charity Care should be authorized in accordance with the written policy of the facility. If the charity care is provided on a sliding fee scale basis, only that portion of the patient’s account that meets the facility’s policy and that are provided without expectation of payment, may be considered as charity care.

**3b. Indigent and Charity Care:** Report the number of patients represented in the charges in 3a above. Report the number of patients who qualified as indigent or charity care cases during the report year.

**4. Average Charge:** Please report the average charge per PET scan or study as of 12/31/2021.

**5. Utilization by Race/Ethnicity of Patient** - Report the number of patients by race/ethnicity according to the indicated categories. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of patients reported elsewhere in the survey. The United States Census Bureau uses the following racial and ethnicity definitions:

*American Indian or Alaska Native:* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

*Asian:* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Black or African American:* A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

*Hispanic or Latino:* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

*Native Hawaiian or Other Pacific Islander:* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*White:* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*Multi-Racial:* A person having racial origins from two or more of the above definitions.

**6. Utilization by Age and Gender Groupings:** Report the number of patients by the indicated age and gender groupings. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of patients reported elsewhere in the survey.

**7. Georgia Comprehensive Cancer Registry:** Please indicate whether your facility participates fully in reporting to the [Georgia Comprehensive Cancer Registry](#) (Georgia Department of Public Health).

**8. Days and Hours of Operation:** Please indicate the days and hours of operation of the PET service. Also, provide the total number of days during the report period that the PET service was operational. For example, if the PET service was provided on Mondays each week for the entire year then the total would be 52 days.

## **PART F: MOBILE PET SERVICES**

Part F should be completed by mobile PET providers holding a Certificate of Need only. The owner of the mobile PET unit should file the 2021 survey if the mobile vendor is the holder of the CON. Hospitals or freestanding centers receiving mobile PET services through a contract with a mobile vendor should not file the PETSS unless they were issued a CON authorizing PET services via a mobile vendor under the amended PET rules effective June 2, 2008 ([See DCH Rule 111-2-2-.41](#)). Please include the name of the service site and the city along with the number of days of service provided at each location for all months.

## **PART G: PATIENT ORIGIN TABLE**

This section should be completed by providers of hospital-based, freestanding and mobile PET services. Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each patient served at your facility or by your mobile PET service during the reporting period. Mobile providers must provide patient origin for each site visit location. The sites reported in Part F will be available for mobile vendors to select in Part G.

## **SIGNATURE PAGE**

The Signature Page is where the facility's chief executive or administrator electronically authorizes the survey for release to the Department of Community Health. The facility's chief executive officer or administrator must sign to certify that the responses are complete and accurate for the report period specified. An electronic manually entered version of the signature is being accepted as an original signature pursuant to the Georgia Electronic Records and Signature Act.

The Signature Page also will identify any out of balance edit checks and any validation rule criteria that are not correct. All edit and balance requirements and all required fields must be completed before the survey can be submitted. Clicking on the Signature Page tab will run the error and balance checks on the entire survey and provide detailed messages if there are issues. Error and balance check issue messages will be accompanied by an email button allowing respondents to automatically send the error report to DCH for additional assistance.

Be sure to click the "Submit" button when the survey is complete and ready to be submitted to DCH. This will lock the survey as complete and no additional changes can be made unless DCH unlocks the survey.