



## 2021 ANNUAL RADIATION THERAPY SERVICES SURVEY (RTSS) INSTRUCTIONS

January 1, 2021 through December 31, 2021

### - IMPORTANT NOTICE ABOUT SURVEY ACCURACY -

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 RADIATION THERAPY SERVICES SURVEY FORM

The 2021 Radiation Therapy Services Survey (RTSS) can be completed using an online interface. Providers of radiation therapy 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 RTSS 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 Rule [111-2-2-.04\(1\)\(g\)](#) surveys that are received and determined to be complete by the Office of Health Planning 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.

## **PART A: GENERAL INFORMATION**

**Facility 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.

**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 from the drop-down menu and the effective date of any change of ownership that has occurred since 12/31/2020.

**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 from the drop-down menu and the effective date of any change in operating entity that has occurred since 12/31/2020.

**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 from the drop-down menu and the effective date of any change in management contractor that has occurred since 12/31/2020.

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

## **PART D: NUMBER OF MACHINES AND VOLUME OF SERVICES BY TECHNOLOGY OR TYPE**

**Part D, Question 1 – Conventional, Non-Special Purpose** – 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.

**Part D, Question 2 – Combined Conventional and Stereotactic Radiosurgery** – For Part D, 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.

**Patients may be duplicated across Part D categories if a patient received multiple types of radiation therapy. Total Non-Special Purpose patients and visits in Part D, Questions 1 and 2 should balance to Total Non-Special Purpose patients and visits in Part F.**

**Part D, Question 3 – Special Purpose MRT (Stereotactic Radiosurgery Only)** – For Part D, Question 3, 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). Stereotactic radiosurgery is generally not consistent with the conventional radiation treatments as defined by Rule [111-2-2-.42\(2\)\(m\)](#) and consist specifically of Gamma Knife, Cyber Knife™, or other similar technologies. See Rule [111-2-2-.42\(2\)\(q\)](#). Please provide your facility's number of available units/machines and utilization for the branded technologies listed and for other stereotactic radiosurgery technologies if not listed. Patients who received only stereotactic radiosurgery treatments should NOT be reported elsewhere in Part D.

**Part D, Question 4 - Non-Special Purpose MRT Linear Accelerator Utilization by Type of Treatment** - For Part D, Question 4 report the number of visits and patients receiving each of the following types of treatments as defined by Rule [111-2-2-.42\(2\)](#). Report by type of unit as defined below:

*Simple Treatment - Treatment visits involving a single treatment site, single treatment field, or parallel opposed fields with the use of no more than simple blocks.*

*Intermediate Treatment - Treatment visits involving two separate treatment sites, three or more fields to a single treatment site, or the use of special blocking.*

*Complex Treatment - Treatment visits involving three or more treatment sites, tangential fields with wedges, rotational or arc techniques or other special arrangements, or custom blocking.*

*Intensity Modulated Radiation Therapy (IMRT) - Treatment delivery utilizing a radiotherapy treatment plan optimized using an inverse or forward planning technique to modulate the particle or energy fluence to create a highly conformal dose distribution. This beam modulated treatment delivery can be accomplished either by the use of the computer controlled multi-leaf collimator or high resolution milled or cast compensators.*

*Stereotactic Treatment (SRS treatment) – Treatment visits involving SRS or SBRT treatment techniques as defined below.*

*Stereotactic Radiosurgery (SRS) is performed in a limited number of treatment visits (up to a maximum of five), using a rigidly attached stereotactic guiding device, other immobilization technology and/or a stereotactic image-guidance system to treat lesions in the body (extracranial) or brain (intracranial). Technologies that are used to perform SRS include linear accelerators, particle beam accelerators and multi-source Cobalt-60 units*

*Stereotactic Body Radiation Therapy (SBRT) is a term used to describe extracranial stereotactic radiosurgery (SRS) or radiotherapy (SRT). SBRT is a radiotherapy treatment method to deliver a high dose of radiation to the target, utilizing either a single dose or a small number of fractions with a high degree of precision within the body.*

**Non-Rule Exception Units** – These are Non-Special Purpose MRT units approved under the need methodology portion of the MegaVoltage Radiation Therapy rules or their predecessor or which were grandfathered in under the radiation therapy rules.

**90% Utilization Exception Units** – These are Non-Special Purpose MRT units approved under the utilization exception in the MegaVoltage Radiation Therapy rules. See Rule [111-2-2-.42\(3\)\(b\)\(2\)](#). The web form will be preloaded with the list of 90% Utilization Exception Units. If your program has a unit or unit(s) authorized under the 90% exception you will be prompted to report in these columns for those units as part of the survey validation process.

**Part D, Question 5 - Other Radiation Therapy** – For Part D, Question 5 report visits and patients receiving non-linear accelerator/penetrating ray radiation therapy such as Radium Therapy, Cesium Therapy, Superficial Radiation Therapy, Brachytherapy or other types of non-penetrating ray radiation therapy. Patient and visit totals here should not be included elsewhere in the RTSS (such as elsewhere in Part D, Part E, or Part F).

**Part D, Question 6 - Machine Inventory** – For Part D, Question 6 provide specific information for each machine in operation during the report year that was used in radiation therapy services (including conventional radiation therapy, stereotactic radiosurgery, and similar products). Specify brand or manufacturer name, the model number or version designated by the manufacturer, and indicate the date on which the machine was purchased. Provide details for each machine in your facility’s inventory. Indicate if the unit(s) operate at or above 1.0 million electron volts or below 1.0 million electron volts.

## **PART E: FINANCIAL AND UTILIZATION INFORMATION FOR SPECIAL PURPOSE AND NON-SPECIAL PURPOSE RADIATION THERAPY SERVICES**

**Part E, Question 1 - Patients and Visits by Primary Payment Source** – For Part E, Question 1 report total patients (unduplicated) and number of treatment visits for radiation therapy patients by their primary payer source [Medicaid, Medicare, Third-Party (insurance or other), Self-Pay, or Other]. Please report PeachCare for Kids patients as Third-Party. This table should reflect data for the entire report period. Please note that total patients reported here should balance to totals reported elsewhere in Part E because patients should be reported unduplicated. Total visits reported here should balance to total visits elsewhere in Part E and the grand total visits from Part D.

**Part E, Question 2a - Total Charges** – For Part E, Question 2a report the total charges for radiation therapy services provided by your facility during the report period.

**Part E, Question 2b - Reimbursement** – For Part E, Question 2b report the actual reimbursement (presumably, something less than total charges) that your facility received for radiation therapy services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

**Part E, Question 2c - Adjusted Gross Revenue (AGR)** – For Part E, Question 2c MegaVoltage radiation therapy services AGR is calculated by subtracting Medicaid (including PeachCare for Kids) and Medicare contractual adjustments only and bad debt from the radiation therapy service total gross revenues. AGR is used as the basis for determining an agency’s level of uncompensated indigent and charity care services. Generally, these figures are presented as a percentage of the facility’s AGR. 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.

**Part E, Question 3a - Uncompensated Indigent and Charity Care Charges** – For Part E, Question 3a report the total amount of charges attributed during the report period to radiation therapy patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal 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.

**Part E, Question 3b - Indigent and Charity Care Patients** – For Part E, Question 3b report the total number of radiation therapy patients that were classified as indigent or charity care and for which charges were written off to indigent or charity care accounts.

**Part E, Question 4 - Average Charge per Patient** – For Part E, Question 4 report the average charge per patient for Non-Special Purpose MRT treatment visits and for Special Purpose MRT treatment visits.

**Part E, Question 5 - Utilization by Race/Ethnicity of Patient** – For Part E, Question 5 report the number of unduplicated radiation therapy patients and total treatment visits 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 and treatment visits reported elsewhere in the RTSS. 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.

**Part E, Question 6 - Utilization by Gender** – For Part E, Question 6 report the number of radiation therapy patients and treatment visits by patient's gender.

**Part E, Question 7 - Utilization by Age Grouping** – For Part E, Question 7 report the number of radiation therapy patients and treatment visits by the indicated age 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 and treatment visits reported elsewhere in the RTSS.

**Part E, Question 8 - State Cancer Registry** – For Part E, Question 8 indicate whether your facility participates fully in reporting to the [Georgia Comprehensive Cancer Registry](#) (Georgia Department of Public Health).

**Part E, Question 9 - Utilization by Principle Diagnosis** – For Part E, Question 9 report the number of patients, total visits, and total gross patient charges by the principle diagnosis code groupings listed below.

- Malignant Neoplasms of Female Breast – ICD 10=C50
- Colon and Rectum - ICD 10=C18-C21
- Prostate Cancer - ICD 10=C61
- Lung and Bronchus – ICD 10=C33-C34
- All Other Diagnoses

**Part E, Question 10 - Utilization in Next Calendar Year** – For Part E, Question 10 report the total number of patients and treatments that are either estimated, expected, or scheduled for conventional radiation therapy treatments in the coming calendar year. If the number of patients and treatments that are scheduled is not known an estimate of what is expected is acceptable.

## **PART F: PATIENT ORIGIN FOR NON-SPECIAL PURPOSE AND SPECIAL-PURPOSE MRT SERVICES PATIENTS**

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.

**The Total Non-Special Purpose and Special Purpose MRT patients should be unduplicated and should balance to the patient totals reported in Part E. Therefore the sum total of patients in the Special Purpose and Non Special Purpose columns may exceed the Grand Total patient column. The Special Purpose and Non-Special Purpose MRT subtotal patients and visits should balance to corresponding totals in Part D.**

## **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.