



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2022 Annual Radiation Therapy Services Survey

Part A : General Information

1. Identification

UID:HOSP916

Facility Name: Southeastern Regional Medical Center, Inc.

County: Coweta

Street Address: 600 Celebrate Life Parkway

City: Newnan

Zip: 30265

Mailing Address: 600 Celebrate Life Parkway

Mailing City: Newnan

Mailing Zip: 30265

Medicaid Provider Number: 003136026A

Medicare Provider Number: 11-0233

2. Report Period

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

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: Jonathan E. Watkins

Contact Title: Chief Executive Officer

Phone: 770-400-6689

Fax: 470-241-7284

E-mail: jonathan.watkins@ctca-hope.com

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
Southeastern Regional Medical Center, Inc	Not for Profit	10/1/2022

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

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
Not Applicable	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

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.

Effective 2/1/2022, City of Hope Hold Co. acquired the ownership interest of Southeastern Regional Medical Center, Inc.

Part D : Services/Volume by Technology or Type

1. Conventional Radiation Therapy

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.

Type of Machine/Therapy	Number of Machines	Number of Visits	Number of Patients
Linear Accelerator/Radiation Therapy	0	0	0
Cobalt Therapy	0	0	0

2a. Combined Radiation Therapy

For 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.

Equipment	Number of Machines	Conventional Visits	Conventional Patients
Trilogy	0	0	0
Synergy	0	0	0
Other Technology	3	13,726	1,967

2b. Combined Radiation Therapy/Stereotactic Radiosurgery- Intracranial and Extracranial/Body Utilization

Equipment	Intracranial	Intracranial	Stereotactic Body	Stereotactic Body
	Stereotactic Radiosurgery Visits	Stereotactic Radiosurgery Patients	Radiotherapy (SBRT) Visits	Radiotherapy (SBRT) Patients
Trilogy	0	0	0	0
Synergy	0	0	0	0
Other Technology	0	0	595	150

3. Special Purpose MRT Units and Volume

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).

Equipment	Number of Machines	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Gamma Knife	0	0	0	0	0
Cyber Knife	0	0	0	0	0
Other Technology	0	0	0	0	0

Grand Total of Special Purpose and Non-Special Purpose Visits

The grand total here should match the reported visit totals in Parts E and F.

Special Purpose Visits	Non-Special Purpose Visits	Grand Total Visits
0	14,321	14,321

4. Non-Special MRT Treatment Visits by Type

Please report the following utilization numbers for non-special MRT treatments by type and the number of patients receiving those treatments. Note that any non-special purpose unit and its associated volumes that were approved under the high utilization rule exception should be listed separately. Volumes should reflect only those units reported in Part D, Questions 1 and 2 above. Patients can be duplicated across treatment categories.

Treatment Type	Non-Rule Exception Units Visits	Non-Rule Exception Units Patients	90% Utilization Exception Units Visits	90% Utilization Exception Units Patients
Simple Treatment	28	9	0	0
Intermediate Treatment	9	9	0	0
Complex Treatment	5,651	1,064	0	0
Intensity Modulated Radiation Therapy (IMRT)	7,907	823	0	0
Stereotactic Radiosurgery on Machines also performing radiation therapy	595	150	0	0
Total	14,190	2,055	0	0

5. Other Radiation Therapy

Report visits and patients receiving non-linear accelerator/penetrating ray radiation therapy.

Type of Therapy	Number of Visits	Number of Patients
Radium Therapy	0	0
Cesium Therapy	0	0
Superficial Radiation Therapy	0	0
Brachytherapy	131	62
Other Radiation Therapy	0	0

6. Inventory of Radiation Therapy and Stereotactic Radiosurgery Technology

Provide the brand name, model number, date purchased, technology type (Conventional Radiation Therapy Only, Combined Radiation Therapy/Stereotactic Radiosurgery, or SRS-only), and number of treatment visits for all radiation therapy and stereotactic radiosurgery machines that were in operation during the report year. For linear accelerators also indicate if the unit is operating at greater than or equal to 1 million electron volts or less than 1 million electron volts.

Brand Name	Model #	Type of Unit	Visits	Electron Volts	Date Purchased
Varian	Truebeam #2	Conventional Linear Accelerator		Greater than or Equal to	2014-08-15 00:00:00
Varian	Truebeam #3	Conventional Linear Accelerator		Greater than or Equal to	2017-09-15 00:00:00
Varian	Truebeam #1	Conventional Linear Accelerator	0	Greater than or Equal to	2012-08-15 00:00:00

7. Inventory of Other Technology

Provide the brand name, model number, type of machine and date purchased for all other types of technology/machines that were in operation during the report year.

Brand Name	Model #	Type of Machine	Date Purchased
Zeiss	Intrabeam	IORT	
Varian	Bravos	Brachytherapy HDR	12/01/2020
Pyrexar	BSD Hyper	Hyperthermia	

Part E : Financial and Utilization Information for Radiation Therapy Services

1. Radiation Therapy Patients and Treatment Visits by Primary Payment Source

Please report the total radiation therapy patients and treatment visits by primary payment source. Please unduplicate the number of patients by primary payment source. Please report Peachcare For Kids under Third-Party.

Primary Payment Source	Number of Radiation Therapy Patients (unduplicated)	Number of Treatment Visits
Medicare	919	5,903
Medicaid	29	77
Third-Party	1,166	8,311
Self-Pay	3	30
Total	2,117	14,321

2a. Total Charges

Please report the total charges for radiation therapy services provided during the report period.

Total Charges
153,770,707

2b. Reimbursement

Please report the actual reimbursement received for charges for radiation therapy services provided during the report period.

Reimbursement
32,599,390

2c. Adjusted Gross Revenue

Please report the adjusted gross revenue for radiation therapy services provided during the report period.

Adjusted Gross Revenue
115,113,580

3a. Total Uncompensated Charges

Please report the total uncompensated charges.

Total Uncompensated Charges
2,216,018

3b. Total Patients with Uncompensated Charges

Please report the total number of patients for radiation therapy services for patients that are indigent or covered by charity care services.

Total Patients with Uncompensated Charges
114

4. Average Patient Charge

Report the average charge per patient for Non-Special Purpose MRT treatment visits and for Special Purpose MRT treatment visits.

Average Patient Charge- Non Special Purpose MRT	Average Patient Charge- Special Purpose MRT
6,245	0
0	0

5. Patients and Visits by Race/Ethnicity

Please report the number of radiation therapy services patients (unduplicated) and treatment visits during the report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients	Number of Treatment Visits
American Indian/Alaska Native	5	31
Asian	10	68
Black/African American	836	5,654
Hispanic/Latino	5	31
Pacific Islander/Hawaiian	0	0
White	1,230	8,321
Multi-Racial	31	216
Total	2,117	14,321

6. Patients and Visits by Gender

Please report the number of radiation therapy services patients and treatment visits during the report period by gender.

Gender	Number of Patients	Number of Visits
Male	1,003	6,720
Female	1,114	7,601
Total	2,117	14,321

7 Patients and Visits by Age Group

Please report the number of radiation therapy services patients and treatment visits during the report period by the following age groupings.

Age of Patient	Number of Patients	Number of Treatment Visits
Ages 0-14	0	0
Ages 15-29	6	40
Ages 30-64	1,265	8,867
Ages 65-84	829	5,314
Ages 85 and Up	17	100
Total	2,117	14,321

8. Participation in Reporting

Please check the box to the right if your facility participates in reporting to the Georgia Comprehensive Cancer Registry. ☒

9. Patients by Principle Diagnosis

Report the number of patients, total visits, and total gross charges during the report period by the patient's principle diagnosis as indicated below.

Principle Diagnosis	Number of Patients	Number of Treatment Visits	Gross Treatment Charges
Malignant Neoplasms of Female Breast (ICD10=C50; ICD9=174)	548	3,962	0
Colon and Rectum (ICD10=C18-C21; ICD9=153-154)	121	391	0
Prostate Cancer (ICD10=C61; ICD9=185)	341	2,356	0
Lung and Bronchus (ICD10=C33-C34; ICD9=162)	351	1,831	0
All Other	756	5,781	0
Total	2,117	14,321	0

10. Estimated Patients and Treatments in the Next Calendar Year

Please provide the number of patients and treatments estimated, expected, or scheduled in the next calendar year (CY2022) for conventional radiation therapy.

Number of Patients	Number of Treatments
2,223	15,037

Part F : Patient Origin for Radiation Services

1. Patient Origin

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.

County	Total Non-Duplicated	Total	Non-Special	Non-Special	Special	Special
	Patients	Visits	Purpose MRT Patients	Purpose MRT Visits	Purpose MRT Patients	Purpose MRT Visits
Alabama	309	2,150	309	2,150	0	0
Baldwin	1	2	1	2	0	0
Barrow	4	19	4	19	0	0
Bartow	3	30	3	30	0	0
Ben Hill	1	10	1	10	0	0
Bibb	9	51	9	51	0	0
Brooks	4	30	4	30	0	0
Bryan	4	5	4	5	0	0
Butts	7	23	7	23	0	0
Calhoun	3	29	3	29	0	0
Carroll	71	473	71	473	0	0
Chatham	7	40	7	40	0	0
Chattahoochee	5	41	5	41	0	0
Cherokee	11	63	11	63	0	0
Clayton	53	405	53	405	0	0
Cobb	48	357	48	357	0	0
Coffee	5	22	5	22	0	0
Columbia	4	40	4	40	0	0
Coweta	106	882	106	882	0	0
Dawson	1	4	1	4	0	0
DeKalb	42	347	42	347	0	0
Dodge	4	10	4	10	0	0
Dougherty	11	67	11	67	0	0
Douglas	34	245	34	245	0	0
Fannin	4	10	4	10	0	0
Fayette	45	207	45	207	0	0
Florida	103	663	103	663	0	0
Floyd	8	50	8	50	0	0
Forsyth	11	118	11	118	0	0
Fulton	132	851	132	851	0	0
Gordon	2	8	2	8	0	0
Gwinnett	42	318	42	318	0	0

Hall	6	41	6	41	0	0
Hancock	2	2	2	2	0	0
Haralson	25	153	25	153	0	0
Harris	9	50	9	50	0	0
Hart	5	37	5	37	0	0
Heard	9	52	9	52	0	0
Henry	71	529	71	529	0	0
Houston	26	194	26	194	0	0
Irwin	3	7	3	7	0	0
Jackson	2	8	2	8	0	0
Jasper	2	11	2	11	0	0
Jenkins	2	8	2	8	0	0
Jones	6	19	6	19	0	0
Lamar	6	63	6	63	0	0
Laurens	3	28	3	28	0	0
Lee	1	2	1	2	0	0
Lowndes	8	52	8	52	0	0
Madison	10	86	10	86	0	0
Meriwether	15	132	15	132	0	0
Miller	4	34	4	34	0	0
Mitchell	2	7	2	7	0	0
Monroe	4	6	4	6	0	0
Montgomery	2	35	2	35	0	0
Muscogee	37	251	37	251	0	0
Newton	12	114	12	114	0	0
North Carolina	131	841	131	841	0	0
Other Out of State	254	1,559	254	1,559	0	0
Paulding	12	28	12	28	0	0
Peach	13	99	13	99	0	0
Pierce	4	37	4	37	0	0
Pike	12	121	12	121	0	0
Polk	2	18	2	18	0	0
Pulaski	4	11	4	11	0	0
Richmond	2	27	2	27	0	0
Rockdale	11	95	11	95	0	0
South Carolina	81	461	81	461	0	0
Spalding	37	200	37	200	0	0
Stephens	4	32	4	32	0	0
Taylor	3	35	3	35	0	0
Telfair	4	20	4	20	0	0
Tennessee	59	324	59	324	0	0
Tift	5	46	5	46	0	0
Troup	44	288	44	288	0	0
Upson	34	299	34	299	0	0

Walker	1	1	1	1	0	0
Walton	10	106	10	106	0	0
Washington	15	118	15	118	0	0
White	7	58	7	58	0	0
Whitfield	2	6	2	6	0	0
Total	2,117	14,321	2,117	14,321	0	0

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:

Date: 5/5/2023

Title:

Comments: