

**From:** [Gregory Bratcher](#)  
**To:** [Fick, Mackinzey](#)  
**Subject:** RE: CON 6138  
**Date:** Friday, September 27, 2024 10:09:00 AM

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Below are answers to your questions:

After review of the application, some additional information is needed.

- The 2028 Utilization listed in Divider II, #12 and the 2028 Utilization listed on the Revenues & Expenses form do not match; these should match. Revise and resubmit corresponding documents.

- Here is the table for utilization:

2026	2027	2028
154	169	186

- I am unable to verify the costs or items included in the budget. Please advise.

- Here is the cost breakdown:

- Fixed C-arm (GE) - \$2,300,198.94 (GE quote page 19 of 58)
- Lead Shielding - \$100K (estimated from BJC's historical experience)
- Injector - \$35K (estimated from BJC's historical experience)
- Surgical lights and booms - \$323,955.22 (Skytron quote page 42 of 58)
- physiological monitor - \$50K (estimated from BJC's historical experience)
- Total - \$2,809,154.16

Greg Bratcher  
BJC HealthCare  
[gbratcher@bjc.org](mailto:gbratcher@bjc.org)  
Cell & office: 314-323-1231

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**From:** Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>  
**Sent:** Tuesday, September 10, 2024 9:39 AM  
**To:** Gregory Bratcher <Gregory.Bratcher@bjc.org>  
**Subject:** CON 6138  
**Importance:** High

[EXTERNAL]: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greg,

After review of the application, some additional information is needed.

- The 2028 Utilization listed in Divider II, #12 and the 2028 Utilization listed on the Revenues & Expenses form do not match; these should match. Revise and resubmit corresponding documents.
- I am unable to verify the costs or items included in the budget. Please advise.

**This information is needed by Wednesday, September 25, 2024.**

*Mackinzey Fick*

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov)

<http://health.mo.gov/information/boards/certificateofneed/index.php>

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**From:** [Gregory Bratcher](#)  
**To:** [Fick, Mackinzey](#)  
**Cc:** [Dorge, Alison](#)  
**Subject:** RE: hybrid OR at Barnes-Jewish  
**Date:** Monday, October 28, 2024 9:09:47 AM  
**Attachments:** [.form1865 service specific revenuesCONBJH21.22.23.pdf](#)  
[.form1865 service specific revenuesCONBJH24.25.26.pdf](#)  
[.form1865 service specific revenuesCONBJH27.28.pdf](#)

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The volume is across the top of the attached. These are just for the existing cardiac-focused hybrid OR.

Greg Bratcher  
BJC HealthCare  
[gbratcher@bjc.org](mailto:gbratcher@bjc.org)  
Cell & office: 314-323-1231

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**From:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>  
**Sent:** Wednesday, October 23, 2024 3:34 PM  
**To:** Gregory Bratcher <[Gregory.Bratcher@bjc.org](mailto:Gregory.Bratcher@bjc.org)>  
**Cc:** Dorge, Alison <[Alison.Dorge@health.mo.gov](mailto:Alison.Dorge@health.mo.gov)>  
**Subject:** RE: hybrid OR at Barnes-Jewish

[EXTERNAL]: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greg,

Revenues and expenses for years 2021-2023 and also needed. Thank you!

*Mackinzey Fick*

Assistant Program Coordinator, Certificate of Need  
Department of Health and Senior Services  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102  
OFFICE: 573-751-6403  
FAX: 573-751-7894  
EMAIL: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov)  
<http://health.mo.gov/information/boards/certificateofneed/index.php>

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**From:** Gregory Bratcher <[Gregory.Bratcher@bjc.org](mailto:Gregory.Bratcher@bjc.org)>  
**Sent:** Wednesday, October 23, 2024 2:55 PM  
**To:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>  
**Cc:** Dorge, Alison <[Alison.Dorge@health.mo.gov](mailto:Alison.Dorge@health.mo.gov)>  
**Subject:** hybrid OR at Barnes-Jewish



# SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

## Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

*Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.*

**Year**

	_____	_____	_____
<b>Amount of Utilization:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Revenue:</b>			
Average Charge**	_____	_____	_____
Gross Revenue	_____	_____	_____
Revenue Deductions	=====	=====	=====
Operating Revenue	=====	=====	=====
Other Revenue	=====	=====	=====
<b>TOTAL REVENUE</b>	=====	=====	=====
<b>Expenses:</b>			
Direct Expenses			
Salaries	_____	_____	_____
Fees	_____	_____	_____
Supplies	_____	_____	_____
Other	=====	=====	=====
TOTAL DIRECT	=====	=====	=====
Indirect Expenses			
Depreciation	_____	_____	_____
Interest***	_____	_____	_____
Rent/Lease	_____	_____	_____
Overhead****	=====	=====	=====
TOTAL INDIRECT	=====	=====	=====
<b>TOTAL EXPENSES</b>	=====	=====	=====
<b>NET INCOME (LOSS):</b>	=====	=====	=====

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

*Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.*

	<b>Year</b>		
	<u>2024</u>	<u>2025</u>	<u>2026</u>
<b>Amount of Utilization:*</b>	406	500	510
<b>Revenue:</b>			
Average Charge**	\$185,711	\$189,426	\$193,214
Gross Revenue	\$75,398,666	\$94,713,000	\$98,539,140
Revenue Deductions	53,533,168	67,246,098	69,962,840
Operating Revenue	21,865,498	27,466,902	28,576,300
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$21,865,498</b>	<b>\$27,466,902</b>	<b>\$28,576,300</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	4,648,528	5,910,152	6,209,205
Fees	0	0	0
Supplies	9,042,216	11,496,299	12,078,011
Other	563,751	716,754	753,022
<b>TOTAL DIRECT</b>	<b>\$14,254,495</b>	<b>\$18,123,205</b>	<b>\$19,040,238</b>
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$14,254,495</b>	<b>\$18,123,205</b>	<b>\$19,040,238</b>
<b>NET INCOME (LOSS):</b>	<b>\$7,611,003</b>	<b>\$9,343,697</b>	<b>\$9,536,062</b>

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\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

*Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.*

	<b>Year</b>		
	<u>2027</u>	<u>2028</u>	<u>20??</u>
<b>Amount of Utilization:*</b>	520	531	205
<b>Revenue:</b>			
Average Charge**	\$197,078	\$201,020	\$0
Gross Revenue	\$102,480,560	\$106,741,620	\$0
Revenue Deductions	72,789,339	75,730,028	0
Operating Revenue	29,691,221	31,011,592	0
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$29,691,221</b>	<b>\$31,011,592</b>	<b>\$0</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	6,523,391	6,853,475	0
Fees	0	0	0
Supplies	12,689,159	13,331,230	0
Other	791,125	831,156	0
<b>TOTAL DIRECT</b>	<b>\$20,003,675</b>	<b>\$21,015,861</b>	<b>\$0</b>
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$20,003,675</b>	<b>\$21,015,861</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$9,687,546</b>	<b>\$9,995,731</b>	<b>\$0</b>

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\*\*Indicate how the average charge/procedure was calculated.

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\*\*\*\*Indicate how overhead was calculated.