



# COMMONWEALTH of VIRGINIA

*Department of Health*

PO BOX 2448  
RICHMOND, VA 23218

M. Norman Oliver, MD, MA  
State Health Commissioner

TTY 7-1-1 OR  
1-800-828-1120

June 8, 2020

Ms. Louise B. Edwards  
Executive Director, Planning & Development  
Bon Secours Mercy Health - Atlantic Group  
110 Kingsley Lane, Suite 511  
Norfolk, Virginia 23502

**RE: COPN No. VA-04709**

**Bon Secours Memorial Regional Medical Center, LLC, Mechanicsville, Virginia  
Addition of Cardiac Catheterization Equipment**

Dear Ms. Edwards:

In accordance with Chapter 4, Article 1.1 of Title 32.1 of the Code of Virginia of 1950 (the Code), as amended, I reviewed the application and all supporting documents submitted by Bon Secours Memorial Regional Medical Center, LLC to add cardiac catheterization equipment to a hybrid operating room through the acquisition of certain cardiac fluoroscopic guidance software for an existing C-arm.

As required by Section 32.1-102.3B of the Code, I have considered all factors that must be taken into account in a determination of public need, and I have concluded that **conditional approval** of the request is warranted based on the following findings:

1. The proposal project is generally consistent with the applicable standards and criteria of the State Medical Facilities Plan and the Eight Required Considerations of the Code of Virginia.
2. The proposed cardiac catheterization lab will be used solely to perform TAVR and cardiovascular and related procedures within a hybrid OR
3. The project is more favorable than the status quo.
4. DCOPN has not received any letters of opposition to the proposed project and no opposition was expressed at the public hearing.
5. There are capital costs for the proposed project reasonable and inexpensive compared to projects of this type.

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This certificate is valid for the period June 8, 2020 through June 7, 2021. The total authorized capital cost of the project is \$94,300.

Please file two copies of the application for a certificate extension with the Department no later than 30 days before the expiration date of the certificate. Part VIII of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations identifies the filing requirements and review procedure for certificate extension requests.

Sincerely,

A handwritten signature in blue ink that reads "M. Norman Oliver MD". The signature is fluid and cursive, with the "MD" at the end being more distinct.

M. Norman Oliver, MD, MA  
State Health Commissioner

**Enclosures**

cc: Allyson Tysinger, Senior Assistant Attorney General, Commonwealth of Virginia  
Erik Bodin, Director, Division of Certificate of Public Need  
Deborah K. Waite, Operations Manager, Virginia Health Information  
Tom Franck, MD, MPH, District Director, Chickahominy Health District

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**  
**MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED**

THIS CERTIFIES THAT Bon Secours Memorial Regional Medical Center, LLC is authorized to initiate the proposal as described below.

NAME OF FACILITY: Bon Secours Memorial Regional Medical Center

LOCATION: 8260 Atlee Road, Mechanicsville, Virginia 23116

OWNERSHIP AND CONTROL: Bon Secours Memorial Regional Medical Center, LLC

SCOPE OF PROJECT: Addition of cardiac catheterization equipment to a hybrid operating room through the acquisition of certain cardiac fluoroscopic guidance software for an existing C-arm. The authorized Capital costs associated with this project total \$94,300. The project is expected to be completed by June 8, 2021. This certificate is issued with the condition that appears on its reverse.

Pursuant to Chapter 4, Article 1:1 of Title 32.1, Sections 32.1-102.1 through 32.1-102.12 of the Code of Virginia (1950), as amended and the policies and procedures promulgated thereunder, this Medical Care Facilities Certificate of Public Need is issued contingent upon substantial and continuing progress towards implementation of the proposal within twelve (12) months from the date of issuance. A progress report shall be submitted to the State Health Commissioner within twelve (12) months from the date of issuance along with adequate assurance of completion within a reasonable time period. The Commissioner reserves the right not to renew this Certificate in the event the applicant fails to fulfill these conditions. This Certificate is non-transferable and is limited to the location, ownership, control and scope of the project shown herein.



Certificate Number: VA-04709

Date of Issuance: June 8, 2020

Expiration Date: June 7, 2021

  
M. Norman Oliver, MD, MA, State Health Commissioner

Bon Secours Memorial Regional Medical Center LLC will provide cardiac catheterization services to all persons in need of this service, regardless of their ability to pay, and will provide as charity care to all indigent persons free services or rate reductions in services and facilitate the development and operation of primary care services to medically underserved persons in an aggregate amount equal to at least 3.7% of Bon Secours Memorial Regional Medical Center LLC's gross patient revenue derived from cardiac catheterization services provided at Bon Secours Memorial Regional Medical Center as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. Compliance with this condition will be documented to the Division of Certificate of Public Need annually by providing audited or otherwise appropriately certified financial statements documenting compliance with the preceding requirement. Bon Secours Memorial Regional Medical Center LLC will accept a revised percentage based on the regional average after such time regional charity care data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health Information. The value of charity care provided to individuals pursuant to this condition shall be based on the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. To the extent Bon Secours Memorial Regional Medical Center LLC expects its ability to meet this condition as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to be impacted in material part by the expansion of Medicaid in the Commonwealth of Virginia or changes in reimbursement stemming from the response to the COVID-19 pandemic, it may petition the Commissioner for a modification to this condition.