

VIRGINIA DEPARTMENT OF HEALTH

Office of Licensure and Certification

Division of Certificate of Public Need

Staff Analysis

January 19, 2021

COPN Request No. VA-8529

Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital

Newport News, Virginia

Add one CT scanner at Bon Secours Mary Immaculate Hospital

Applicant

Mary Immaculate Hospital, LLC, doing business as Bon Secours Mary Immaculate Hospital (Mary Immaculate) is a Virginia non-stock, 501(c)(3) corporation located in Newport News, Virginia, in Planning District (PD) 21 and Health Planning Region (HPR) V. Mary Immaculate operates as part of the Bon Secours Hampton Roads Health System.

Background

Mary Immaculate is a 123-bed acute care hospital that provides a comprehensive array of inpatient and outpatient services. Mary Immaculate currently utilizes one fixed site CT scanner. Based on DCOPN records, there are 20 COPN authorized fixed site computed tomography (CT) scanners in PD 21, 18 of which are utilized for diagnostic purposes, with one of these 18 scanners used exclusively for the imaging of outpatient otolaryngology patients (**Table 1**). According to 2018 data published by Virginia Health Information (VHI), the most recent year for which data is available, Mary Immaculate's one CT scanner performed 10,633 scans, which amounts to a utilization rate of 143.7%.

Table 1. PD 21 Fixed CT Units: 2021

Facility	Total Authorized Scanners	Total Diagnostic Scanners	Total CT Simulators	Total Intraoperative Scanners	Number of "Head Only"
Bon Secours Mary Immaculate Hospital	1	1	0	0	0
Chesapeake Regional, Riverside, & University of Virginia Radiosurgery Center	1	0	1	0	0
Hampton Roads ENT - Allergy (Hampton Roads Otolaryngology Associates)	1	1	0	0	1
Riverside Diagnostic & Breast Imaging Center (Riverside Diagnostic Center - Oyster Point)	1	1	0	0	0
Riverside Diagnostic Center - Williamsburg	1	1	0	0	0
Riverside Doctors' Hospital Williamsburg	1	1	0	0	0
Riverside Regional Medical Center	3	3	0	0	0
Riverside Regional Medical Center MRI Center - Hampton	1	1	0	0	0
Sentara Careplex Hospital	4	3	1	0	0
Sentara Port Warwick	1	1	0	0	0
Sentara Williamsburg Regional Medical Center	3	3	0	0	0
TPMG Imaging Center - Newport News	1	1	0	0	0
TPMG Imaging Center - Williamsburg	1	1	0	0	0
TOTAL	20	18	2	0	1

Source: DCOPN Records

Proposed Project

Mary Immaculate proposes to add one CT scanner to its existing Radiology Department. In support of their application, Mary Immaculate claims an institutional need for the new CT scanner, and notes the extremely high utilization of CT services at Mary Immaculate. The total capital and financing costs for the project are \$547,898 (Table 2). The project will be paid for by the use of Mary Immaculate’s accumulated reserves. The CT unit to be added is a GoldSeal 64 UT unit, which will be relocated from the recently closed Our Lady of Bellefonte Hospital, in Ashland, Kentucky.

Table 2. Capital and Financing Costs

Direct Construction Costs	\$302,500
Equipment Not Included in Construction Contract	\$102,398
Off-Site Costs	\$65,000
Architectural & Engineering Fees	\$68,000
Other Consultant Fees	\$10,000
TOTAL Capital and Financing Costs	\$547,898

Source: COPN Request No. VA-8529

Project Definitions

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part as, “The addition by an existing medical care facility described in subsection A of any new medical equipment for the provision of... computed tomographic (CT) scanning...” A medical care facility includes “[a]ny facility licensed as a hospital, as defined in § 32.1-123...”

Required Considerations -- § 32.1-102.3, of the Code of Virginia

In determining whether a public need exists for a proposed project, the following factors shall be taken into account when applicable.

- 1. The extent to which the proposed project will provide or increase access to health care services for people in the area to be served and the effects that the proposed project will have on access to health care services in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to health care;**

The applicant proposes to expand CT services at Mary Immaculate through the addition of one CT scanner. Currently, diagnostic CT services exist at 12 locations in PD 21. As Mary Immaculate currently offers CT scanning services, approval of the proposed project is unlikely to increase geographic access to CT services in PD 21. However, approval of the project would increase access to patients at Mary Immaculate by reducing any delays in patients receiving a scan that results from the extremely high utilization of the existing CT scanner. Given the extremely high utilization at Mary Immaculate, approval of the project is highly unlikely to have a detrimental effect on existing diagnostic CT service providers.

Geographically, Mary Immaculate is located near U.S. Route 17, which connects to Interstate 64 approximately 2.6 miles from the facility, and SR 143, approximately 1 mile from the facility. Public transportation is available on campus and connects to all parts of the surrounding area.

DCOPN is not aware of any geographic, socioeconomic, cultural, or transportation barriers to access to care

2. **The extent to which the proposed project will meet the needs of people in the area to be served, as demonstrated by each of the following:**

(i) the level of community support for the proposed project demonstrated by people, businesses, and governmental leaders representing the area to be served;

DCOPN received 11 letters of support for the proposed project. Collectively, these letters emphasized the high utilization of the existing scanner at Mary Immaculate, and the need to decompress the demand on that scanner. Additionally, the letters underlined Mary Immaculate's significance to the overall healthcare landscape in HPR V.

DCOPN received no letters in opposition to the proposed project.

(ii) the availability of reasonable alternatives to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner;

DCOPN finds that there are no reasonable alternatives to the proposed project that would meet the needs of the population in a less costly, more efficient, or more effective manner. As the status quo would not address the extremely high utilization of the existing CT scanner, DCOPN does not find it to be a reasonable alternative. This high utilization can result in delays in patients receiving CT scans, which can, in some cases, lead to delays in treatment. Additionally, it is notable that the high utilization of the existing machine would inevitably lead to it wearing out at an increased rate, necessitating a costly replacement.

(iii) any recommendation or report of the regional health planning agency regarding an application for a certificate that is required to be submitted to the Commissioner pursuant to subsection B of § 32.1-102.6;

Currently there is no organization in HPR V designated by the Virginia Department of Health to serve as the Health Planning Agency for PD 21. Therefore, this consideration is not applicable to the review of the proposed project.

(iv) any costs and benefits of the proposed project;

The total capital and financing costs for the project are \$547,898 (**Table 2**). The project will be paid for by the use of Mary Immaculate's accumulated reserves. The costs for the project are reasonable and consistent with previously approved projects to add one CT scanner. For example, COPN VA-04550 issued to University of Virginia Medical Center to add one CT scanner, which cost approximately \$2,015,000; and COPN VA-03941 issued to University of Virginia Imaging, LLC to add one CT scanner, which cost approximately \$2,013,034.

The proposed project to add one CT scanner will have several benefits. For example, as has been discussed, the most significant benefits stem from reducing wait times and delays to treatment, and the decreased wear and tear on the existing scanner. Additionally, the applicant points out that a second CT scanner would be beneficial, particularly in instances when

preventative maintenance is needed. While this benefit is not dispositive to this review, nonetheless, with the additional scanner in place, such maintenance can occur with limited disruption to patient care.

(v) the financial accessibility of the proposed project to the people in the area to be served, including indigent people; and

According to regional and statewide data regularly collected by VHI, for 2018, the average amount of charity care provided by the facilities in HPR V that reported such charity care for that year was 5.1% of all reported total gross patient revenues (**Table 3**). In that same year, Mary Immaculate reported to have provided 6.81% in charity care for total gross patient revenues. In accordance with section 32.1-102.4.B of the Code of Virginia, should the proposed project to be approved, Mary Immaculate is expected to provide a level of charity care for total gross patient revenues that is no less than the equivalent average for charity care contributions in HPR V.

Table 3: HPR V 2018 Charity Care Contributions

Hospital	Gross Patient Revenues	Adjusted Charity Care Contribution	Percent of Gross Patient Revenue
Bon Secours DePaul Medical Center	\$698,996,618	\$53,230,518	7.62%
Sentara Careplex Hospital	\$889,460,665	\$64,660,889	7.27%
Mary Immaculate Tappahannock Hospital	\$162,491,011	\$11,307,825	6.96%
Mary Immaculate Regional Medical Center	\$1,861,151,990	\$126,769,911	6.81%
Bon Secours Maryview Medical Center	\$1,273,955,832	\$85,038,667	6.68%
Sentara Obici Hospital	\$825,126,790	\$54,851,619	6.65%
Mary Immaculate Walter Reed Hospital	\$252,673,741	\$16,571,599	6.56%
Sentara Virginia Beach General Hospital	\$1,210,282,480	\$67,107,518	5.54%
Mary Immaculate Doctors' Hospital Williamsburg	\$124,258,743	\$6,791,596	5.47%
Sentara Norfolk General Hospital	\$3,313,578,465	\$168,093,514	5.07%
Mary Immaculate Shore Memorial Hospital	\$235,708,877	\$11,934,270	5.06%
Sentara Leigh Hospital	\$1,182,257,169	\$55,810,160	4.72%
Bon Secours Mary Immaculate Hospital	\$675,071,989	\$29,896,497	4.43%
Sentara Princess Anne Hospital	\$967,617,447	\$38,069,270	3.93%
Sentara Williamsburg Regional Medical Center	\$659,049,590	\$24,789,255	3.76%
Chesapeake Regional Medical Center	\$900,598,911	\$15,330,992	1.70%
Hampton Roads Specialty Hospital	\$25,627,019	\$433,771	1.69%
Southampton Memorial Hospital	\$209,949,572	\$3,282,979	1.56%
Bon Secours Rappahannock General Hospital	\$71,220,177	\$1,107,592	1.56%
Children's Hospital of the King's Daughters	\$1,009,437,096	\$6,094,726	0.60%
Lake Taylor Transitional Care Hospital	\$46,761,019	\$0	0.00%
Hospital For Extended Recovery	\$25,515,975	-\$252,369	-0.99%
Total \$ & Mean %	\$16,620,791,176	\$840,920,799	5.1%

Source: 2018 VHI Data

(vi) at the discretion of the Commissioner, any other factors as may be relevant to the determination of public need for a proposed project.

Section 32.1-102.2:1 of the Code of Virginia calls for the State Health Services Plan Task Force to develop, by November 1, 2022, recommendations for a comprehensive State Health Services Plan (SHSP). In the interim, DCOPN will consider the consistency of the proposed project with the predecessor of the SHSP, the State Medical Facilities Plan (SMFP).

DCOPN did not identify any other discretionary factors, not discussed elsewhere in this staff analysis report, to bring to the attention of the Commissioner as may be relevant to determining a public need for the proposed project.

3. The extent to which the proposed project is consistent with the State Health Services Plan;

The State Medical Facilities Plan (SMFP) contains the following relevant standards and criteria for the addition of CT services. They are as follows:

Part I Definitions and General Information

12VAC5-230-80. When institutional expansion needed.

A. Notwithstanding any other provisions of this chapter, the commissioner may grant approval for the expansion of services at an existing medical care facility in a health planning district with an excess supply of such services when the proposed expansion can be justified on the basis of a facility's need having exceeded its current service capacity to provide such service or on the geographic remoteness of the facility.

As demonstrated by Table 4 below, the applicant's lone CT scanner performed a total of 10,633 scans in 2018, which amounts to a utilization rate of 143.7% of the established standard. Consequently, though the average CT scanner utilization rate in PD 21 is insufficient to meet this standard, there can be no question that Mary Immaculate's exceedingly high utilization demonstrates an institutional need to add CT service capacity.

B. If a facility with an institutional need to expand is part of a health system, the underutilized services at other facilities within the health system should be reallocated, when appropriate, to the facility with the institutional need to expand before additional services are approved for the applicant. However, underutilized services located at a health system's geographically remote facility may be disregarded when determining institutional need for the proposed project.

Mary Immaculate operates as part of the Bon Secours Hampton Roads Health System. There are no other CT providers within this health system that could reallocate a scanner without creating a need for CT services at the donor facility.

C. This section is not applicable to nursing facilities pursuant to § 32.1-102.3:2 of the Code of Virginia.

The applicant is not a nursing facility.

D. Applicants shall not use this section to justify a need to establish new services.

The applicant is not seeking to establish a new service.

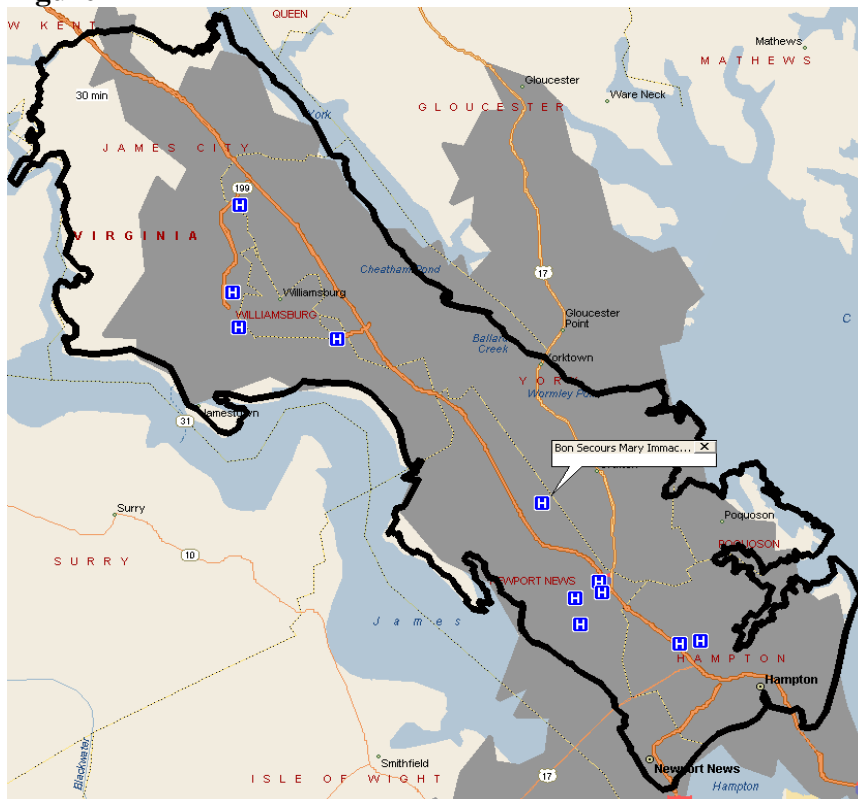
Part II Diagnostic Imaging Services
Article 1
Criteria and Standards for Computed Tomography

12VAC5-230-90. Travel time.

CT services should be available within 30 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

Currently there are 18 COPN authorized diagnostic CT scanners in PD 21. The heavy black line in Figure 1 is the boundary of PD 21. The grey shaded area includes all locations that are within 30 minutes driving time one way under normal conditions of CT services in PD 21. Figure 1 clearly illustrates that CT services are already well within a 30 minute drive under normal conditions of 95% of the residents of the planning district.

Figure 1



12VAC5-230-100. Need for new fixed site or mobile service.

A. No new fixed site or mobile CT service should be approved unless fixed site CT services in the health planning district performed an average of 7,400 procedures per existing and approved CT scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of CT scanners in such health planning district.

Not applicable. The applicant is already a provider of fixed CT services.

B. Existing CT scanners used solely for simulation with radiation therapy treatment shall be exempt from the utilization criteria of this article when applying for a COPN. In addition, existing CT scanners used solely for simulation with radiation therapy treatment may be disregarded in computing the average utilization of CT scanners in such health planning district.

DCOPN has excluded existing CT scanners used solely for simulation prior to the initiation of radiation therapy from its inventory and average utilization of diagnostic CT scanners in PD 21, as it pertains to the proposed project.

12VAC5-230-110. Expansion of fixed site service.

Proposals to expand an existing medical care facility's CT service through the addition of a CT scanner should be approved when the existing services performed an average of 7,400 procedures per scanner for the relevant reporting period. The commissioner may authorize placement of a new unit at the applicant's existing medical care facility or at a separate location within the applicant's primary service area for CT services, provided the proposed expansion is not likely to significantly reduce the utilization of existing providers in the health planning district.

As noted in Table 4 below, in 2018, the utilization of existing CT services in the planning district was only 81.8% of the 7,400 procedures per scanner necessary to introduce a new CT scanning service under this section of the SMFP. DCOPN notes that the proposed project does not seek to establish a new CT scanning service where none previously existed, but rather to expand an existing provider's CT service. As such, the data here is presented merely to provide an overview of the number of CT scanners currently needed by the planning district. As demonstrated by Table 4, the applicant's lone CT scanner performed a total of 10,633 scans in 2018, which amounts to a utilization rate of 143.7%. Consequently, though the average CT scanner utilization rate in PD 21 is insufficient to meet this standard, there can be no question that Mary Immaculate's exceedingly high utilization demonstrates an institutional need to add CT service capacity, the surplus of 4 CT scanners notwithstanding.

COPN authorized diagnostic CT scanners = 18

Calculated needed CT scanners = $102,895 / 7400 = 13.9$

Calculated need = 14 CT scanners

Calculated surplus = 4 CT scanners

Table 4. PD 21 Fixed CT Units: 2018

Facility	Stationary Units at this Facility	Total CT Procedures	Utilization Rate
Bon Secours Mary Immaculate Hospital	1	10,633	143.7%
Hampton Roads ENT - Allergy (Hampton Roads Otolaryngology Associates)	1	643	8.7%
Riverside Diagnostic & Breast Imaging Center (Riverside Diagnostic Center - Oyster Point)	1	3,289	44.4%
Riverside Diagnostic Center - Williamsburg	1	2,175	29.4%
Riverside Doctors' Hospital Williamsburg	1	5,504	74.4%
Riverside Regional Medical Center	2	31,706	214.2%
Riverside Regional Medical Center MRI Center - Hampton	1	2,364	31.9%
Sentara Careplex Hospital	3	19,338	87.1%
Sentara Port Warwick II	1	5,793	78.3%
Sentara Williamsburg Regional Medical Center	3	16,782	75.6%
TPMG Imaging Center - Newport News	1	3,042	41.1%
TPMG Imaging Center - Williamsburg	1	1,626	22.0%
TOTAL	17	102,895	81.8%

Source: VHI & DCOPN Records

12VAC5-230-120. Adding or expanding mobile CT services.

- A. Proposals for mobile CT scanners shall demonstrate that, for the relevant reporting period, at least 4,800 procedures were performed and that the proposed mobile unit will not significantly reduce the utilization of existing CT providers in the health planning district.**
- B. Proposals to convert authorized mobile CT scanners to fixed site scanners shall demonstrate that, for the relevant reporting period, at least 6,000 procedures were performed by the mobile CT scanner and that the proposed conversion will not significantly reduce the utilization of existing CT providers in the health planning district.**

Not applicable. Mary Immaculate is not proposing to add or expand mobile CT services or to convert authorized mobile CT scanners to fixed site scanners.

12VAC5-230-130. Staffing.

CT services should be under the direction or supervision of one or more qualified physicians.

The applicant confirmed that CT services are currently under the direct supervision of board certified radiologists and will remain so should the proposed project be approved.

Required Considerations Continued

- 4. The extent to which the proposed project fosters institutional competition that benefits the area to be served while improving access to essential health care services for all people in the area to be served;**

DCOPN does not find that the proposed project is intended to foster institutional competition, but rather is intended to ensure Mary Immaculate's patients access to CT services in an efficient, cost-effective, and timely manner. As Mary Immaculate is an existing provider of CT scanning services, DCOPN does not anticipate a significant impact on existing providers of the service. Furthermore, as discussed above, while approval would not improve geographic access, approval of the proposed project would improve access to patients of Mary Immaculate by reducing any delay in patients receiving scans by Mary Immaculate's highly utilized CT scanner. DCOPN again notes that it is unaware of any opposition to the proposed project.

- 5. The relationship of the proposed project to the existing health care system of the area to be served, including the utilization and efficiency of existing services or facilities;**

Mary Immaculate is one of 12 diagnostic CT service providers in PD 21. Overall, in 2018, the 17 CT scanners in PD 21 performed a total of 102,895 scans, which amounts to a utilization rate of 81.8%. As has been discussed, in 2018, Mary Immaculate's lone CT scanner performed a total of 10,633 scans, which amounts to a utilization rate of 143.7%. As Mary Immaculate's CT services are extremely highly utilized, approval of the project would reduce the heavy burden on Mary Immaculate's existing CT scanner, while also reducing scheduling delays. Based on the 2018 data, assuming no change in the number of CT scans, the addition of one scanner would decrease Mary Immaculate's utilization rate to 71.8%, and the overall PD 21 utilization rate to 77.2%. Mary Immaculate has projected that it will perform 11,523 and 11,989 CT scans in the years 2021 and 2022, which DCOPN finds to be a reasonable estimate. As a result, Mary Immaculate's two CT scanners are projected to perform at utilization rates of 77.8% and 81.0% for years 2021 and 2022.

- 6. The feasibility of the proposed project, including the financial benefits of the proposed project to the applicant, the cost of construction, the availability of financial and human resources, and the cost of capital;**

The total capital and financing costs for the project are \$547,898 (Table 2). The project will be paid for by the use of Mary Immaculate's accumulated reserves. The costs for the project are reasonable and consistent with previously approved projects to add one CT scanner. For example, COPN VA-04550 issued to University of Virginia Medical Center to add one CT scanner, which cost approximately \$2,015,000; and COPN VA-03941 issued to University of Virginia Imaging, LLC to add one CT scanner, which cost approximately \$2,013,034. The proposed project to add one CT scanner will have several benefits. For example, approval of the project will reduce the burden on Mary Immaculate's extremely highly utilized CT scanner. Moreover, the addition of another CT scanner would reduce any delay in patients receiving CT scans that resulted from this extremely high utilization, which could lead to delays in treatment.

With regard to human resources, the proposed project will require three additional staff members; two radiological technicians and one nurse's aide. The applicant asserts that, when recruitment is necessary, Bon Secours Mercy Health and its affiliates utilize a comprehensive national recruitment effort. Given the minimal staffing needs, DCOPN finds that approval of the proposed project will have very little impact on staffing levels for other area health providers.

- 7. The extent to which the proposed project provides improvements or innovations in the financing and delivery of health care services, as demonstrated by; (i) the introduction of new technology that promotes quality, cost effectiveness, or both in the delivery of health care services; (ii) the potential for provision of health care services on an outpatient basis; (iii) any cooperative efforts to meet regional health care needs; and (iv) at the discretion of the Commissioner, any other factors as may be appropriate; and**

The proposed project does not provide improvements or innovations in the financing and delivery of health services as demonstrated by the introduction of new technology that promotes quality or cost effectiveness, nor does it provide improvements in the potential for provisions of health care services on an outpatient basis.

- 8. In the case of a project proposed by or affecting a teaching hospital associated with a public institution of higher education or a medical school in the area to be served.**
- (i) The unique research, training, and clinical mission of the teaching hospital or medical school.**
- (ii) Any contribution the teaching hospital or medical school may provide in the delivery, innovation, and improvement of health care for citizens of the Commonwealth, including indigent or underserved populations.**

The applicant is not a teaching hospital associated with a public institution of higher education or a medical school in the area to be served.

DCOPN Findings and Conclusions

DCOPN finds that the proposed project to expand CT services through the addition of one CT scanner at Mary Immaculate is generally consistent with the applicable criteria and standards of the SMFP and the eight Required Considerations of the Code of Virginia. As previously discussed, in 2018, Mary Immaculate's lone CT scanner performed a total of 10,633 scans, which amounts to a utilization rate of 143.7%, which clearly demonstrates an institutional need for additional capacity. Furthermore, given the high utilization of the existing CT scanner, approval of the proposed project is highly unlikely to have a negative impact on any other existing CT providers.

Moreover, DCOPN finds that the proposed project is more advantageous than the status quo. The status quo would not address the extremely high utilization of the existing CT scanner. This high utilization can result in delays in patients receiving CT scans, which, in some cases, can lead to delays in patients receiving treatment. Additionally, the high utilization of the existing scanner would inevitably result in that equipment wearing out at an increased rate.

Finally, DCPON notes that the project has no opposition from other providers, health care professionals or community representatives.

DCOPN Staff Recommendation

The Division of Certificate of Public Need recommends **conditional approval** of the proposed project to expand CT services through the addition of one CT scanner at Mary Immaculate Hospital for the following reasons:

1. The project is generally consistent with the applicable criteria and standards of the State Medical Facilities Plan and the eight Required Considerations of the Code of Virginia.
2. Approval of the project will reduce the burden on Mary Immaculate Hospital's heavily utilized CT scanner.
3. The project is highly unlikely to have an adverse effect on the utilization of existing providers.
4. The project is more favorable than the alternative of the status quo.
5. There is no known opposition to the project.

DCOPN's recommendation is contingent upon the applicant's agreement to the following indigent care condition for CT services at Mary Immaculate Hospital:

Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital will provide CT services to all persons in need of this service, regardless of their ability to pay, and will facilitate the development and operation of primary medical care services to medically underserved persons in PD 21 in an aggregate amount equal to at least 5.1% of Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital's gross patient revenue derived from CT services. 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. Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital 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 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.

Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital will provide CT care to individuals who are eligible for benefits under Title XVIII of the Social Security Act (42 U.S.C. § 1395 et seq.), Title XIX of the Social Security Act (42 U.S.C. § 1396 et seq.), and 10 U.S.C. § 1071 et seq. Additionally, Mary Immaculate Hospital, LLC d/b/a Bon Secours Mary Immaculate Hospital will facilitate the development and operation of primary and specialty medical care services in designated medically underserved areas of the applicant's service area.