

**EXHIBIT 7**

**A. CHIA Annual Report 2022**

**B. CHIA Relative Price and Provider  
Price Variation (CY2020)**

**C. Additional Supporting Materials**

## **C. Additional Supporting Materials**

# Estimated operating costs for med/surg beds should be measured against national and Massachusetts average

$$\text{Estimated annual cost of inpatient bed} = \frac{\text{Inpatient admissions} \times \text{Average length of stay} \times \text{Average cost per IP day}}{\text{\# of staffed IP beds}}$$

Metric	National average	Massachusetts average
# of inpatient admissions	~33.4M	~809K
Average length of stay	~5.5	~4.9
\$ per inpatient day	~\$2,873	~\$3,462
# of staffed inpatient beds	~921K	~15,000
<b>Estimated annual cost per inpatient bed</b>	<b>~\$550-600K</b>	<b>~\$900-950K</b>

- National estimated operating cost for a med/surg bed is ~\$600K annually
- In Massachusetts, estimated operation costs for a med/surg bed is ~\$900K annually

Source: [American Hospital Association, Kaiser Family Foundation 2020, fully loaded costs, Average length of stay in community hospitals](#), [Massachusetts government, Massachusetts Adult Care Hospital Inpatient Data](#), 2018 – 2021 CMS LDS data (Medicare FFS)

2022 EDITION

# AHA HOSPITAL STATISTICS™

A COMPREHENSIVE REFERENCE FOR ANALYSIS AND COMPARISON OF HOSPITAL TRENDS



## Fast Facts on U.S. Hospitals, 2022

The American Hospital Association conducts an annual survey of hospitals in the United States. The data below, from the 2020 AHA Annual Survey, are a sample of what you will find in *AHA Hospital Statistics*, 2022 edition. The definitive source for aggregate hospital data and trend analysis, *AHA Hospital Statistics* includes current and historical data on utilization, personnel, indicators, and much more. The AHA has also created [Fast Facts Infographics](#) to provide visualizations for this data.

*AHA Hospital Statistics* is published annually by Health Forum, an affiliate of the American Hospital Association. To order print copies of AHA Hospital Statistics, call (800) AHA-2626 or visit the [AHA online store](#). An [interactive online version](#) is also available.

Note that the ICU bed data is not published in *AHA Hospital Statistics*. For further information, contact the AHA Resource Center at [rc@aha.org](mailto:rc@aha.org).

[Archived 2021 PDF](#)

<b>Total Number of All U.S. Hospitals</b>	6,093
Number of U.S. Community <sup>1</sup> Hospitals	5,139
Number of Nongovernment Not-for-Profit Community Hospitals	2,960
Number of Investor-Owned (For-Profit) Community Hospitals	1,228
Number of State and Local Government Community Hospitals	951
Number of Federal Government Hospitals	207
Number of Nonfederal Psychiatric Hospitals	635
Other <sup>2</sup> Hospitals	112

<b>Total Staffed Beds in All U.S. Hospitals</b>	920,531
Staffed Beds in Community <sup>1</sup> Hospitals	789,354
Intensive Care Beds <sup>3</sup> in Community Hospitals	
Medical-Surgical Intensive Care <sup>4</sup> Beds in Community Hospitals	59,281
Cardiac Intensive Care <sup>5</sup> Beds in Community Hospitals	15,778
Neonatal Intensive Care <sup>6</sup> Beds in Community Hospitals	23,096
Pediatric Intensive Care <sup>7</sup> Beds in Community Hospitals	5,037
Burn Care <sup>8</sup> Beds in Community Hospitals	1,280
Other Intensive Care <sup>9</sup> Beds in Community Hospitals	7,887
<b>Total Admissions in All U.S. Hospitals</b>	33,356,853
Admissions in Community <sup>1</sup> Hospitals	31,393,318
<b>Total Expenses for All U.S. Hospitals</b>	\$1,213,881,001,000
Expenses for Community <sup>1</sup> Hospitals	\$1,102,282,383,000
<b>Number of Rural Community Hospitals</b>	1,796
<b>Number of Urban Community Hospitals</b>	3,343

<b>Number of Community Hospitals in a System</b> <sup>10</sup>	3,483

1. **Community hospitals** are defined as all nonfederal, short-term general, and other special hospitals. Other special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; longterm acute-care; rehabilitation; orthopedic; and other individually described specialty services. Community hospitals include academic medical centers or other teaching hospitals if they are nonfederal short-term hospitals. Excluded are hospitals not accessible by the general public, such as prison hospitals or college infirmaries.
2. **Other hospitals** include nonfederal long term care hospitals and hospital units within an institution such as a prison hospital or school infirmary. Long term care hospitals may be defined by different methods; here they include other hospitals with an average length of stay of 30 or more days.
3. **Intensive care bed counts** are reported on the AHA Annual Survey by approximately 80% of hospitals. Therefore, the medical/surgical, cardiac and other intensive care bed counts have been supplemented with FY2020 data reported in the CMS Healthcare Cost Report Information System (HCRIS). Total intensive care beds are not summed because the care provided is specialized.
4. **Medical-surgical intensive care.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
8. **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.

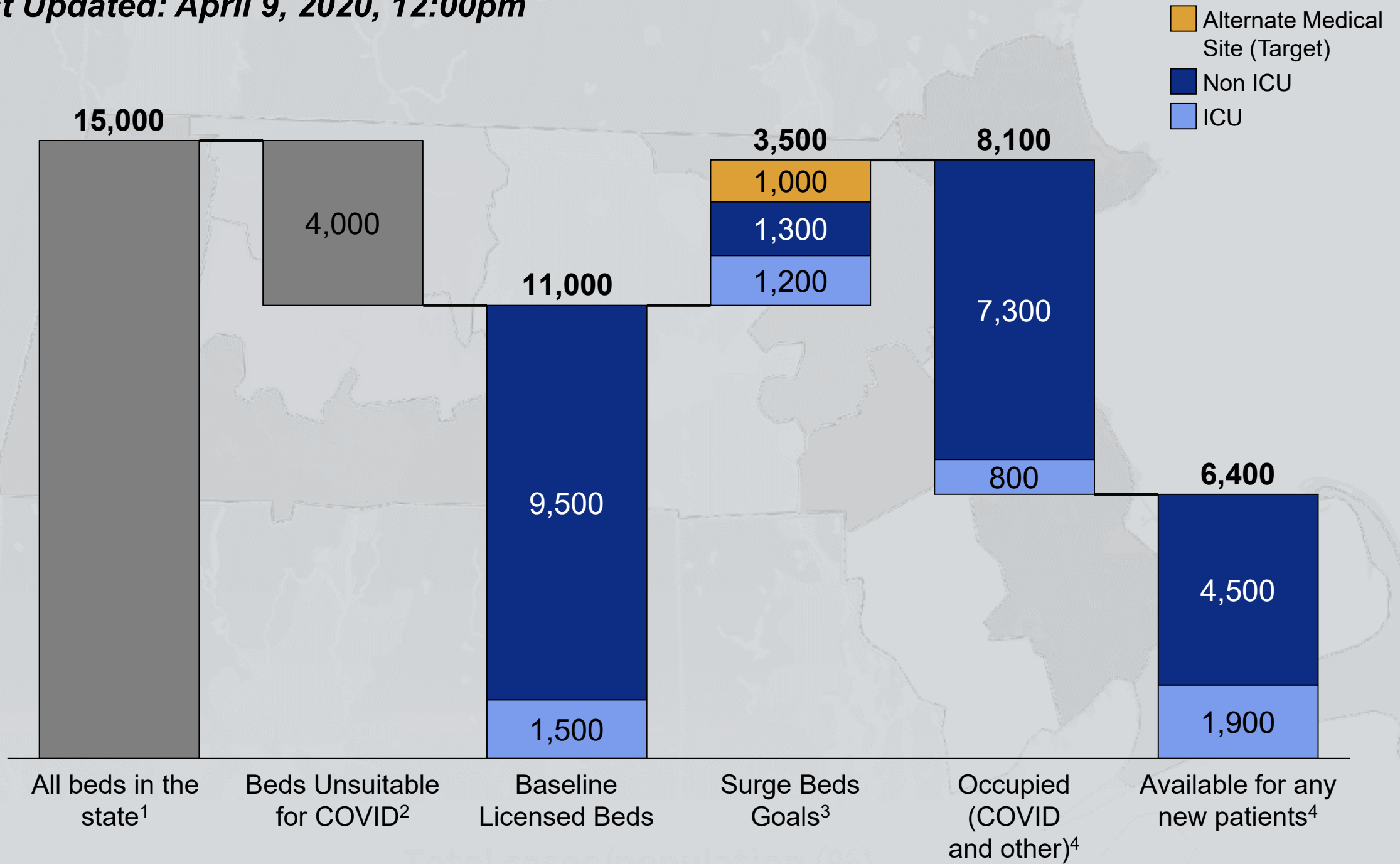
9. **Other intensive care.** A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life-threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
10. **System** is defined by AHA as either a multihospital or a diversified single hospital system. A multihospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization. Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25 percent, of their owned or leased non-hospital pre-acute or post-acute health care organizations.

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*Updated January 2022*

# Total Hospital Availability in Massachusetts

Last Updated: April 9, 2020, 12:00pm

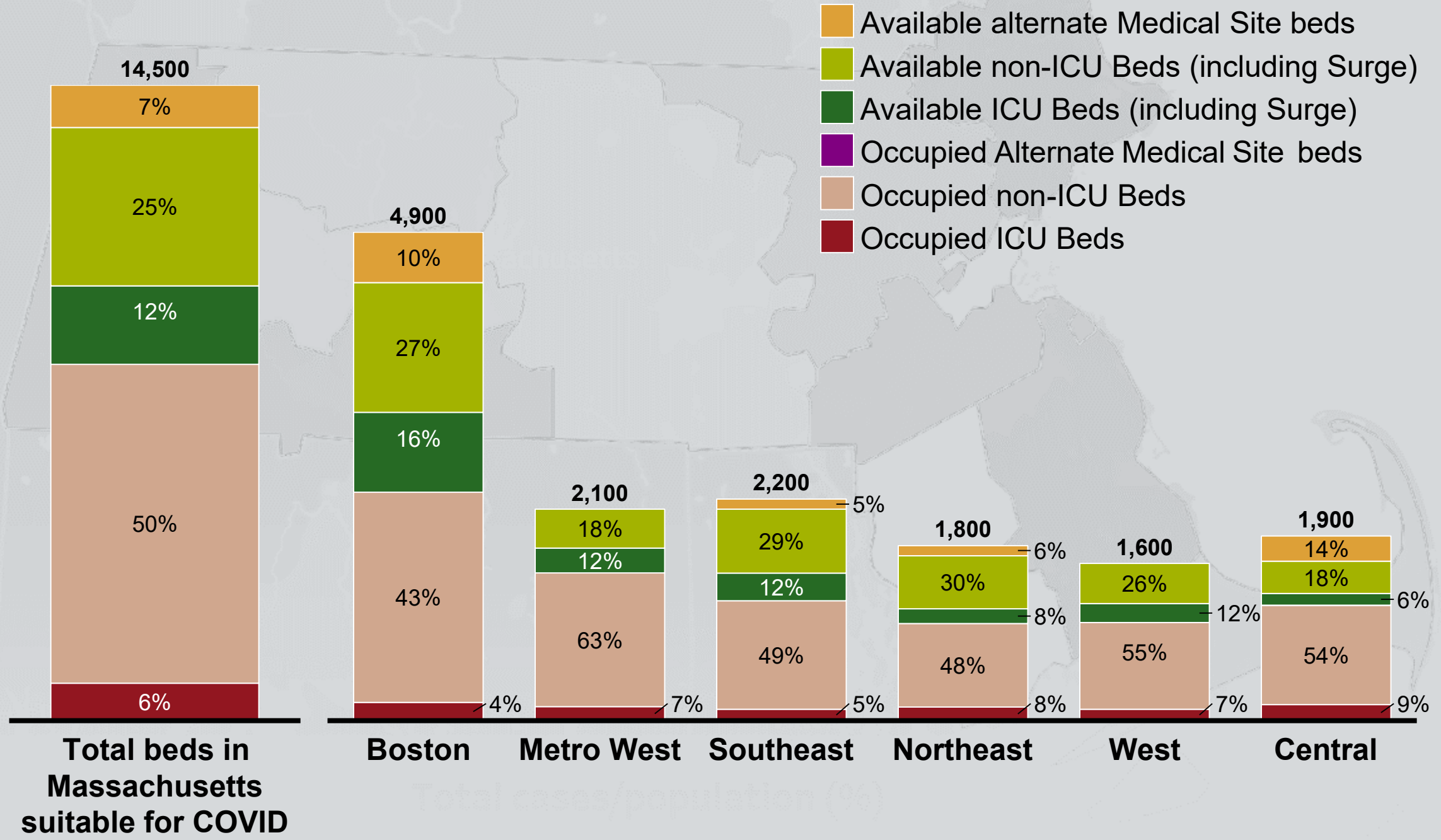


1. Total beds as of 2/25/2020. 2. Includes chronic dialysis beds, continuing care nursery beds, maternal service beds, psychiatric beds, rehabilitation beds, special care nursery beds, substance abuse beds, and infant bassinets. If these are converted to med surge acute or ICU beds they will be included in "Surge Beds" category. 3. Non-ICU and ICU beds are in-hospital beds that hospitals can convert to care for COVID patients. Alternate medical site beds are essential to ensure hospitals can dedicate capacity for patients in the most acute conditions. 4. As reported to DPH by hospitals.



# Total Bed Occupancy by Region


Last Updated: April 9, 2020, 12:00pm



Occupancy/ availability as reported by hospitals to DPH. Regions represent EOHHS Regions.

# Hospital Adjusted Expenses per Inpatient Day



Search State Health Facts Data 

Timeframe: 2020

## TABLE

Location	Expenses per Inpatient Day
United States	\$2,873
Massachusetts	\$3,462

## NOTES

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### Notes

Includes all operating and non-operating expenses for registered US community hospitals, defined as nonfederal short-term general and other special hospitals whose facilities and services are available to the public.

Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services. It is important to note that these

figures are only an estimate of expenses incurred by the hospital to provide a day of inpatient care and are not a substitute for either actual charges or reimbursement for care provided.

#### Sources

1999 - 2020 AHA Annual Survey, Copyright 2021 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2021. Available at <http://www.ahaonlinestore.com> ([https://ams.aha.org/eweb/DynamicPage.aspx?WebCode=ProdDetailAdd&ivd\\_prc\\_prd\\_key=165f9fbf-d766-40a9-96a6-a212aed366bb](https://ams.aha.org/eweb/DynamicPage.aspx?WebCode=ProdDetailAdd&ivd_prc_prd_key=165f9fbf-d766-40a9-96a6-a212aed366bb)).

#### Definitions

Community Hospitals: All nonfederal, short-term general, and specialty hospitals whose facilities and services are available to the public.



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*Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.*

Source: <https://www.statista.com/statistics/183916/average-length-of-stay-in-us-community-hospitals-since-1993/>

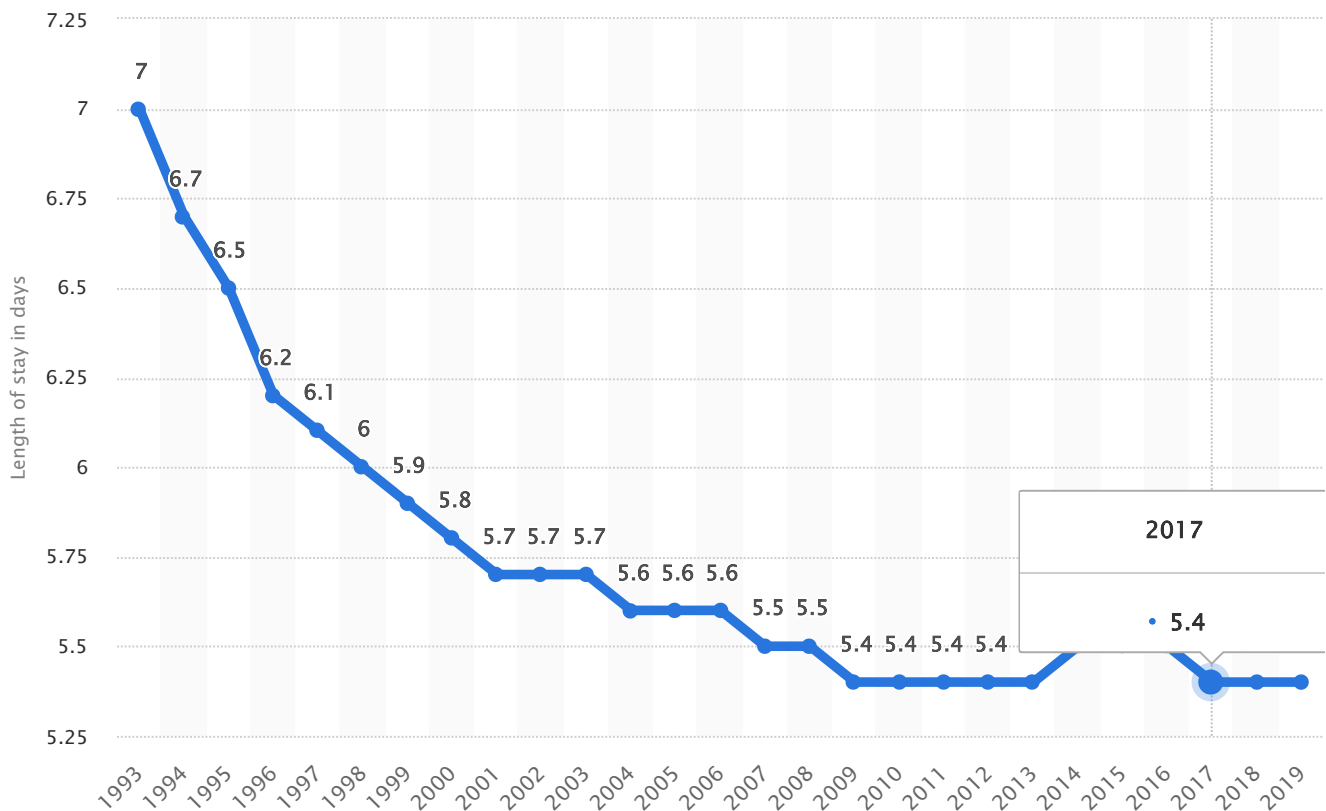
## Average length of stay in U.S. community hospitals from 1993 to 2019

Published by [Frédéric Michas](#), Oct 12, 2021

This statistic shows that the average length of stay (ALOS) in U.S. community hospitals from 1993 to 2019. In 2007, a hospital stay in the United States had an average length of 5.5 days. Since then, there was no significant change in the length of stay.

### Average length of stay in U.S. community hospitals 1993 to 2019

(in days)



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**Release date**

January 2021

**Region**

United States

**Survey time period**

1993 to 2019