

On August 2, 2021, the Centers for Medicare & Medicaid Services (CMS) released FY2022 Hospital Inpatient Prospective Payment System (IPPS) final rates and policies that apply to approximately 3,330 acute care hospitals. These final rates will go into effect on October 1, 2021. CMS projects total payments would increase by about \$2.3 billion in FY2022. Overall Medicare operating payment rates for hospital inpatient services will increase 2.5% on average in CY 2022.

On page 4 of this document is a table that lists the final national average payment rates and the percent changes for select Interventional Cardiology (IC), Peripheral Interventions (PI) and Rhythm Management (RM) related procedures.

POLICY HIGHLIGHTS

Eluvia(TM) Drug Eluting Stent System NTAP One-Year Extension

CMS approved a one-year extension for the New Technology Add-On Payment (NTAP) for Eluvia starting October 1, 2021. Hospitals using Eluvia during qualifying inpatient admissions will continue to be eligible for NTAP reimbursement of up to \$3,646 per admission in addition to traditional MS-DRG payment through FY2022 (ending September 30, 2022).

MS-DRG Rate Setting

CMS finalized its proposal to not move forward with collecting hospitals' median payer-specific negotiated MS-DRG rates from Medicare Advantage plans to help set hospital inpatient payment rates beginning in FY2024. CMS will instead continue to use cost-based data.

Quality Reporting/Pay-for-Performance Programs:

CMS finalized proposals to the various quality reporting and pay-for-performance programs, including the Hospital Value-Based Purchasing (VBP), Hospital Readmissions Reduction Program, Hospital-Acquired Condition (HAC) Reduction Program, Hospital Inpatient Quality (IQR) Reporting Program, Long Term Care Hospital (LTCH) Quality Reporting Program, PPS-Exempt Cancer Hospital Reporting (PCHQR) Program, and the Medicare Promoting Interoperability Program, to address impacts of COVID-19.

PAYMENT UPDATES FOR SELECT PROCEDURES OF INTEREST

RHYTHM MANAGEMENT (% weighted averages shown)

- ICD and CRT-D system implant payment rates will increase 1.34%
- ICD and CRT-D generator replacement payment rates will increase 2.67%
- Pacemaker and CRT-P system implant payment rates will increase 2.42%
- Pacemaker and CRT-P generator replacement payment rates will increase 1.32%
- Pacemaker revisions will increase 2.39%
- Insertion of subcutaneous cardiac rhythm monitor implant payment rates for:
 - Syncope will increase 2.39%
 - Cryptogenic Stroke (atrial fibrillation) will increase 1.65%
- Intracardiac ablation payment rates will increase 2.55%
- Leadless cardiac pacemaker payment rates will decrease 11.77%

Health Economics & Market Access
Summary of Final 2022 Medicare Policy and Payment Changes
Hospital Inpatient Prospective Payment System (IPPS)

INTERVENTIONAL CARDIOLOGY (% weighted averages shown)

Coronary Therapies

- Drug-eluting stent payment rates will increase 2.18%
- Bare metal stent payment rates will increase 2.25%
- PCI without stent payment rates will increase 2.54%
- Circulatory Support payment rates will decrease 2.92%

LAAC / Structural Heart

- WATCHMAN™ payment rates will increase 2.55%
- TAVR/TMVR payment rates will increase 2.23%

PERIPHERAL INTERVENTIONS (% weighted averages shown)

- Eluvia – CMS finalized a one-year extension for the new technology add-on payment (NTAP) for Eluvia starting October 1, 2021. Hospitals using Eluvia during qualifying inpatient admissions will continue to be eligible NTAP reimbursement up to \$3,646.50 per admission in addition to traditional MS-DRG payment through FY2022.
- Payments for PI procedural categories of interest will increase 2.5%-3%, except Ekos (for pulmonary embolism), which will increase ~1%, and Ablation, breast, which will increase ~10.5%.

COMMENTS / QUESTIONS

If you have questions or would like additional information, contact:

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Read the full FY2022 Final IPPS Rule (CMS-1752-F) at the following link: [FY 2022 IPPS Final Rule Home Page | CMS](#)

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IMPORTANT INFORMATION

Disclaimer:

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's sole responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. All trademarks are the property of their respective owners.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

FY2022 Final Hospital Inpatient Payment Rate Changes for Key Cardiovascular MS-DRGs

MS-DRG	Procedure	FY2021 Final Rate CN*	FY2022 Final Rate**	\$ Change (FY2022 Final - FY2021 Final CN)	% Change (FY2022 Final - FY2021 Final CN)
Interventional Cardiology					
Drug-Eluting Stents					
246	Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arteries or stents	\$20,090	\$20,603	\$513	2.55%
247	Percutaneous cardiovascular procedures w drug-eluting stent w/o MCC	\$12,779	\$13,012	\$233	1.82%
Bare Metal Stents					
248	Percutaneous cardiovascular procedures w non-drug-eluting stent w MCC or 4+ arteries or stents	\$20,400	\$20,853	\$453	2.22%
249	Percutaneous cardiovascular procedures w non-drug-eluting stent w/o MCC	\$12,079	\$12,356	\$277	2.29%
PCI without Stent (POBA, Atherectomy)					
250	Perc cardiovasc proc w/o coronary artery stent w MCC	\$16,215	\$16,630	\$415	2.56%
251	Perc cardiovasc proc w/o coronary artery stent w/o MCC	\$10,668	\$10,936	\$268	2.51%
Transcatheter Aortic Valve Replacement (TAVR)					
266	Endovascular cardiac valve replacement and supplement procedures w MCC	\$45,617	\$46,476	\$859	1.88%
267	Endovascular cardiac valve replacement and supplement procedures w/o MCC	\$36,000	\$36,915	\$915	2.54%
319	Other Endovascular cardiac valve replacement w MCC	\$27,740	\$28,474	\$734	2.65%
320	Other Endovascular cardiac valve replacement w/o MCC	\$15,707	\$15,863	\$156	0.99%
WATCHMAN LAA Closure					
273	Percutaneous and Other Intracardiac Procedures w MCC	\$24,664	\$25,234	\$570	2.31%
274	Percutaneous and Other Intracardiac Procedures w/o MCC	\$21,117	\$21,673	\$556	2.63%
WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation					
Rhythm Management					
ICD Systems (transvenous and subcutaneous)					
222	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	\$54,127	\$52,431	(\$1,696)	-3.13%
223	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	\$39,928	\$38,238	(\$1,690)	-4.23%
224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	\$47,321	\$49,583	\$2,262	4.78%
225	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	\$36,166	\$37,046	\$880	2.43%
226	Cardiac defibrillator implant w/o cardiac cath w MCC	\$42,497	\$43,292	\$795	1.87%
227	Cardiac defibrillator implant w/o cardiac cath w/o MCC	\$33,757	\$34,370	\$613	1.82%

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ICD Replacements					
245	AICD generator procedures	\$34,799	\$35,727	\$928	2.67%
265	AICD lead procedures	\$21,614	\$22,193	\$579	2.68%
Pacemaker Systems					
242	Permanent cardiac pacemaker implant w MCC	\$23,926	\$24,581	\$655	2.74%
243	Permanent cardiac pacemaker implant w CC	\$16,278	\$16,608	\$330	2.03%
244	Permanent cardiac pacemaker implant w/o CC/MCC	\$13,277	\$13,606	\$329	2.48%
PG Replacements					
258	Cardiac pacemaker device replacement w MCC	\$20,576	\$20,891	\$315	1.53%
259	Cardiac pacemaker device replacement w/o MCC	\$13,628	\$13,777	\$149	1.10%
Pacemaker Revisions and Insertion of Subcutaneous Cardiac Rythmn Monitor (SCRM) - Syncope					
260	Cardiac pacemaker revision except device replacement w MCC	\$23,038	\$23,524	\$486	2.11%
261	Cardiac pacemaker revision except device replacement w CC	\$12,799	\$13,148	\$349	2.73%
262	Cardiac pacemaker revision except device replacement w/o CC/MCC	\$10,979	\$11,251	\$272	2.48%
Insertion of Subcutaneous Cardiac Rhythm Monitor (SCRM) - Cryptogenic Stroke					
40	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$25,439	\$25,486	\$47	0.19%
41	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$15,112	\$15,495	\$383	2.54%
42	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$12,115	\$12,537	\$422	3.48%
Leadless Cardiac Pacemakers					
228	Other Cardiothoracic Procedures w MCC	\$39,949	\$35,150	(\$4,799)	-12.01%
229	Other Cardiothoracic Procedures w/o MCC	\$25,633	\$22,692	(\$2,941)	-11.47%
Intracardiac Ablation					
273	Percutaneous and Other Intracardiac Procedures w MCC	\$24,664	\$25,234	\$570	2.31%
274	Percutaneous and Other Intracardiac Procedures w/o MCC	\$21,117	\$21,673	\$556	2.63%
Boston Scientific currently, has no approved FDA approved Leadless Cardiac Pacemaker					

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Peripheral Interventions					
PTA, Stent, Atherectomy & Venous Embolization					
252	Other vascular procedures w MCC	\$21,344	\$21,931	\$587	2.75%
253	Other vascular procedures w CC	\$17,057	\$17,499	\$442	2.59%
254	Other vascular procedures w/o MCC/CC	\$11,631	\$11,975	\$344	2.96%
Thrombectomy, Arterial Embolization					
270	Other major cardiovascular procedures w/ MCC	\$33,305	\$34,205	\$900	2.70%
271	Other major cardiovascular procedures w/ CC	\$22,912	\$23,511	\$599	2.62%
272	Other major cardiovascular procedures w/o MCC or CC	\$17,282	\$17,727	\$445	2.57%
Superficial Venous Disease					
263	Vein Ligation and Stripping	\$14,817	\$15,254	\$437	2.95%
Coil Embolization (Other)					
707	Major Male Pelvic Procedures w CC/MCC	\$12,345	\$12,676	\$331	2.68%
708	Major Male Pelvic Procedures w/o CC/MCC	\$9,586	\$9,833	\$247	2.58%
729	Other Male Reproductive System Diagnoses w CC/MCC	\$6,458	\$6,644	\$186	2.87%
730	Other Male Reproductive System Diagnoses w/o CC/MCC	\$3,636	\$3,752	\$116	3.19%
749	Other Female Reproductive System OR Procedures w CC/MCC	\$17,402	\$17,896	\$494	2.84%
750	Other Female Reproductive System OR Procedures w/o CC/MCC	\$9,422	\$9,653	\$231	2.45%
Carotid Artery Stenting					
034	Carotid artery stent procedures w MCC	\$25,547	\$26,233	\$686	2.69%
035	Carotid artery stent procedures w CC	\$15,022	\$15,429	\$407	2.71%
036	Carotid artery stent procedures w/o CC/MCC	\$11,899	\$12,215	\$316	2.66%
Pulmonary Embolism (EKOS)					
166	Other Respiratory System OR Procedures w MCC	\$24,369	\$24,554	\$185	0.76%
167	Other Respiratory System OR Procedures w CC	\$11,967	\$11,993	\$26	0.21%
168	Other Respiratory System OR Procedures w/o CC/MCC	\$8,800	\$8,931	\$131	1.49%

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Peripheral Venous/Arterial (EKOS)					
252	Other Vascular Procedures w MCC	\$21,344	\$21,931	\$587	2.75%
253	Other Vascular Procedures w CC	\$17,057	\$17,499	\$442	2.59%
254	Other Vascular Procedures w/o CC/MCC	\$11,631	\$11,975	\$344	2.96%
Dialysis Circuit					
673	Other Kidney & Urinary Tract Procedures w MCC	\$22,259	\$22,871	\$612	2.75%
674	Other Kidney & Urinary Tract Procedures w CC	\$15,300	\$15,716	\$416	2.72%
675	Other Kidney & Urinary Tract Procedures w/o CC/MCC	\$11,261	\$11,571	\$310	2.75%
Biliary Procedures					
444	Disorders of the Biliary Tract w MCC	\$10,726	\$11,023	\$297	2.77%
445	Disorders of the Biliary Tract w CC	\$6,921	\$7,105	\$184	2.66%
446	Disorders of the Biliary Tract w/o CC/MCC	\$5,246	\$5,385	\$139	2.65%
IO Ablation: Liver					
356	Other Digestive System O.R. Procedures w MCC	\$27,583	\$28,407	\$824	2.99%
357	Other Digestive System O.R. Procedures w CC	\$14,486	\$14,959	\$473	3.27%
358	Other Digestive System O.R. Procedures w/o CC/MCC	\$8,606	\$8,896	\$290	3.36%
405	Pancreas, Liver & Shunt Procedures w MCC	\$36,833	\$37,836	\$1,003	2.72%
406	Pancreas, Liver & Shunt Procedures w CC	\$18,492	\$18,998	\$506	2.74%
407	Pancreas, Liver & Shunt Procedures w/o CC/MCC	\$13,601	\$13,967	\$366	2.69%
IO Ablation: Kidney					
656	Kidney & Ureter Procedures for Neoplasm w MCC	\$21,093	\$21,662	\$569	2.70%
657	Kidney & Ureter Procedures for Neoplasm w CC	\$12,431	\$12,758	\$327	2.63%
658	Kidney & Ureter Procedures for Neoplasm w/o CC/MCC	\$10,150	\$10,405	\$255	2.52%
659	Kidney & Ureter Procedures for Non-Neoplasm w MCC	\$17,128	\$17,583	\$455	2.66%
660	Kidney & Ureter Procedures for Non-Neoplasm w CC	\$9,277	\$9,516	\$239	2.57%
661	Kidney & Ureter Procedures for Non-Neoplasm w/o CC/MCC	\$6,841	\$7,014	\$173	2.52%

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IO Ablation: Lung					
163	Major Chest Procedures w MCC	\$31,888	\$33,016	\$1,128	3.54%
164	Major Chest Procedures w CC	\$16,964	\$17,512	\$548	3.23%
165	Major Chest Procedures w/o CC/MCC	\$12,300	\$12,639	\$339	2.76%
166	Other Respiratory System O.R. Procedures w MCC	\$24,369	\$24,554	\$185	0.76%
167	Other Respiratory System O.R. Procedures w CC	\$11,967	\$11,993	\$26	0.21%
168	Other Respiratory System O.R. Procedures w/o CC/MCC	\$8,800	\$8,931	\$131	1.49%
IO Ablation: Prostate					
665	Prostatectomy w MCC	\$19,518	\$20,058	\$540	2.76%
666	Prostatectomy w CC	\$11,147	\$11,472	\$325	2.91%
667	Prostatectomy w/o CC/MCC	\$6,395	\$6,578	\$183	2.87%
707	Major Male Pelvic Disorders w CC/MCC	\$12,345	\$12,676	\$331	2.68%
708	Major Male Pelvic Disorders w/o CC/MCC	\$9,586	\$9,833	\$247	2.58%
IO Ablation: Breast					
579	Other Skin, Subcutaneous Tissue & Breast Procedures w MCC	\$18,818	\$20,738	\$1,920	10.20%
580	Other Skin, Subcutaneous Tissue & Breast Procedures w CC	\$10,304	\$11,400	\$1,096	10.64%
581	Other Skin, Subcutaneous Tissue & Breast Procedures w/o CC/MCC	\$8,098	\$9,079	\$981	12.11%
584	Breast Biopsy, Local Excision & Other Breast Procedures w CC/MCC	\$11,764	\$12,112	\$348	2.96%
585	Breast Biopsy, Local Excision & Other Breast Procedures w/o CC/MCC	\$11,199	\$11,471	\$272	2.43%

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IO Ablation: Other					
500	Soft Tissue Procedures w MCC	\$20,272	\$21,033	\$761	3.76%
501	Soft Tissue Procedures w CC	\$11,216	\$11,567	\$351	3.13%
502	Soft Tissue Procedures w/o CC/MCC	\$8,554	\$8,789	\$235	2.75%
614	Adrenal & Pituitary Procedures w CC/MCC	\$15,341	\$15,758	\$417	2.72%
615	Adrenal & Pituitary Procedures w/o CC/MCC	\$10,118	\$10,386	\$268	2.65%
625	Thyroid, Parathyroid & Thyroglossal Procedures w MCC	\$18,262	\$18,729	\$467	2.56%
626	Thyroid, Parathyroid & Thyroglossal Procedures w CC	\$10,620	\$10,900	\$280	2.63%
627	Thyroid, Parathyroid & Thyroglossal Procedures w/o CC/MCC	\$7,596	\$7,800	\$204	2.69%
628	Other Endocrine, Nutritional & Metabolic O.R. Procedures w MCC	\$23,770	\$24,263	\$493	2.08%
629	Other Endocrine, Nutritional & Metabolic O.R. Procedures w CC	\$15,084	\$15,466	\$382	2.53%
630	Other Endocrine, Nutritional & Metabolic O.R. Procedures w/o CC/MCC	\$9,043	\$9,293	\$250	2.77%
736	Uterine & Adnexa Procedures, Ovarian or Adnexal Malignancy w MCC	\$27,370	\$28,096	\$726	2.65%
737	Uterine & Adnexa Procedures, Ovarian or Adnexal Malignancy w CC	\$13,229	\$13,572	\$343	2.59%
738	Uterine & Adnexa Procedures, Ovarian or Adnexal Malignancy w/o CC/MCC	\$9,491	\$9,733	\$242	2.55%
739	Uterine & Adnexa Procedures, Non-Ovarian & Non-Adnexal Malignancy w MCC	\$24,564	\$25,217	\$653	2.66%
740	Uterine & Adnexa Procedures, Non-Ovarian & Non-Adnexal Malignancy w CC	\$11,570	\$11,880	\$310	2.68%
741	Uterine & Adnexa Procedures, Non-Ovarian & Non-Adnexal Malignancy w/o CC/MCC	\$8,224	\$8,440	\$216	2.63%
742	Uterine & Adnexa Procedures, Non-Malignancy w CC/MCC	\$11,036	\$11,330	\$294	2.66%
743	Uterine & Adnexa Procedures, Non-Malignancy w/o CC/MCC	\$7,278	\$7,470	\$192	2.64%

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IO Embolization					
270	Other major cardiovascular procedures w/ MCC	\$33,305	\$34,205	\$900	2.70%
271	Other major cardiovascular procedures w/ CC	\$22,912	\$23,511	\$599	2.62%
272	Other major cardiovascular procedures w/o MCC or CC	\$17,282	\$17,727	\$445	2.57%
356	Other Digestive System O.R. Procedures w MCC	\$27,583	\$28,407	\$824	2.99%
357	Other Digestive System O.R. Procedures w CC	\$14,486	\$14,959	\$473	3.27%
358	Other Digestive System O.R. Procedures w/o CC/MCC	\$8,606	\$8,896	\$290	3.36%
405	Pancreas Liver and Shunt Procedures w MCC	\$36,833	\$37,836	\$1,003	2.72%
406	Pancreas, Liver and Shunt Procedures w CC	\$18,492	\$18,998	\$506	2.74%
407	Pancreas, Liver and Shunt Procedures w/o CC/MCC	\$13,601	\$13,967	\$366	2.69%
423	Other Hepatobiliary or Pancreas O.R. Procedures w MCC	\$26,861	\$27,603	\$742	2.76%
424	Other Hepatobiliary or Pancreas O.R. Procedures w CC	\$14,665	\$15,062	\$397	2.71%
425	Other Hepatobiliary or Pancreas O.R. Procedures w/o CC/MCC	\$9,920	\$10,173	\$253	2.55%
435	Malignancy of Hepatobiliary System or Pancreas w MCC	\$11,266	\$11,562	\$296	2.63%
436	Malignancy of Hepatobiliary System or Pancreas w CC	\$7,200	\$7,396	\$196	2.72%
437	Malignancy of Hepatobiliary System or Pancreas w/o CC/MCC	\$5,749	\$5,908	\$159	2.76%
Nerve Ablation for Pain					
073	Cranial & Peripheral Nerve Disorders w MCC	\$9,316	\$9,581	\$265	2.84%
074	Cranial & Peripheral Nerve Disorders w/o MCC	\$6,546	\$6,720	\$174	2.66%
091	Other Disorders of Nervous System w MCC	\$10,598	\$10,886	\$288	2.71%
092	Other Disorders of Nervous System w CC	\$6,338	\$6,521	\$183	2.88%
093	Other Disorders of Nervous System w/o CC/MCC	\$5,022	\$5,158	\$136	2.71%

* FY2021 FR calculated rates assume the hospital submits quality data and is a meaningful EHR user (Update = 2.4 Percent)

** FY2022 FR calculated rates assume the hospital submits quality data and is a meaningful EHR user (Update = 2.0 Percent)