EOM SOCIODEMOGRAPHIC DATA ELEMENTS GUIDE

Version 2.5

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Introduction

This document is designed to guide Enhancing Oncology Model (EOM) participants in the collection and reporting of beneficiary sociodemographic data.

EOM is a Center for Medicare & Medicaid Innovation alternative payment model designed to promote high-quality person-centered care, promote better care coordination, improve access to care, reduce costs, and improve outcomes for Medicare fee-for-service beneficiaries with cancer who receive cancer treatment. EOM builds on lessons from the Oncology Care Model (OCM) and shares certain features with OCM, including episode-based payments that financially incentivize physician group practices (PGPs) to improve care and lower costs. EOM participants are oncology PGPs that prescribe and administer cancer therapy for included cancer types. The model is centered on 6-month episodes of care triggered by the receipt of an Initiating Cancer Therapy for an included cancer type. Seven cancer types are included in the model:

- Breast Cancer[1]
- Chronic Leukemia
- Lung Cancer
- Lymphoma
- Multiple Myeloma
- Prostate Cancer[1]
- Small Intestine/Colorectal Cancer

The model aims to improve quality of care for all EOM beneficiaries.[2,] Beneficiary sociodemographic factors influence health outcomes.[3,4]

[1] Low-risk breast cancer and low-intensity prostate cancer are not included in EOM. For the purposes of EOM, low-risk breast cancer is defined as breast cancer treated with only long-term oral endocrine chemotherapy; and low-intensity prostate cancer is defined as prostate cancer treated with either androgen deprivation and/or anti-androgen therapy without any other chemotherapy.

[2] Brooks-LaSure, C., Fowler, E., Seshamani, M. & Tsai, D. (2021). Innovation at the Centers for Medicare and Medicaid Services: A Vision for the Next 10 Years. Health Affairs. Retrieved from: https://www.healthaffairs.org/content/forefront/innovation-centers-medicare-and-medicaid-services-vision-next-10-years.

[3] American Association for Cancer Research. (2020). AACR Cancer Disparities Progress Report 2020. Philadelphia, PA. Retrieved from: https://cancerprogressreport.aacr.org/wp-content/uploads/sites/2/2020/09/AACR_CDPR_2020.pdf

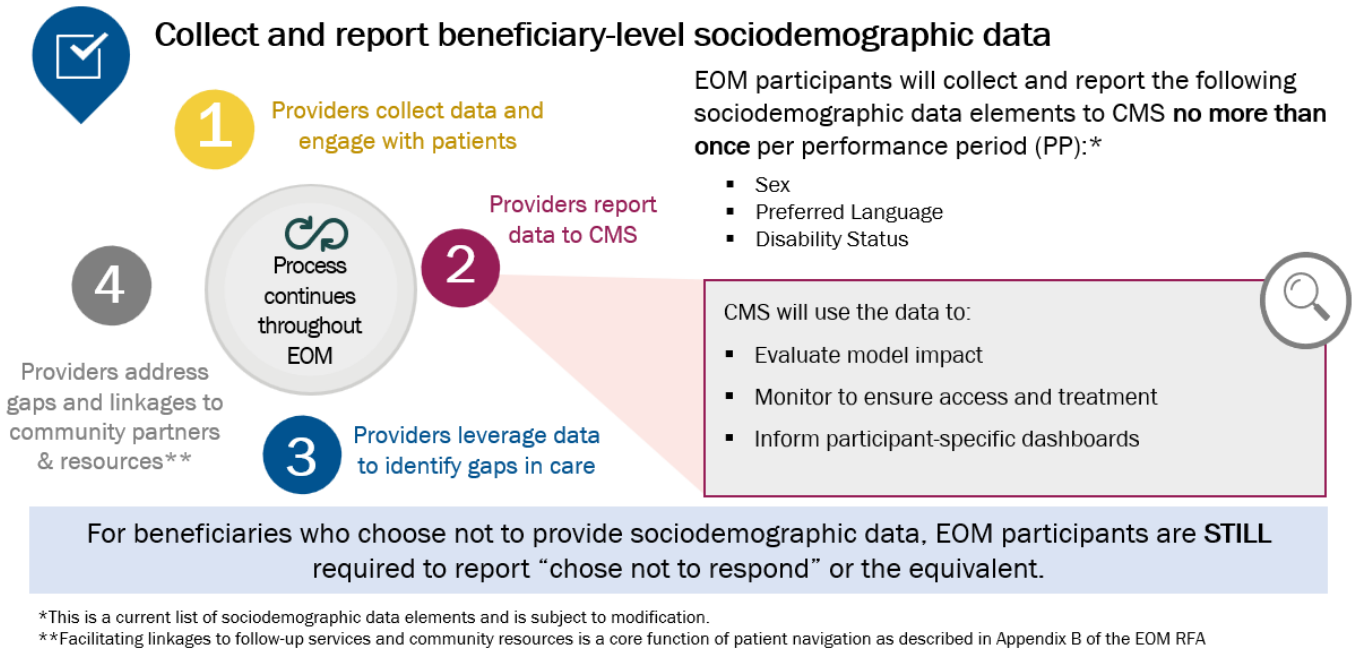
[4] Jemal, A., Siegal, R.L., Ma, J., Islami, F., DeSantis, C., Sauer, A.G., Simard, E.P., Ward, E.M. (2015). Inequalities in Premature Death from Colorectal Cancer by State. Journal of Clinical Oncology. Retrieved from: Inequalities in Premature Death From Colorectal Cancer by State | Journal of Clinical Oncology (ascopubs.org)

This document provides guidance on the details, terminologies, and definitions necessary for the required collection and reporting of EOM sociodemographic data elements (SDE) from EOM beneficiaries. EOM participants will have two reporting options: 1) a 'low-tech' reporting approach which utilizes a standardized Excel template, referred to as the Health Data Reporting (HDR) submission template, and 2) a 'high-tech' reporting approach that is based on Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR)®.

As detailed in Figure 1, EOM participants are required to collect and report beneficiary-level sociodemographic data on their EOM-attributed beneficiaries. The following sections of this guide provide more detail about the collection and reporting of EOM SDEs.

- **Section 1** lists the SDEs required for collection and reporting on attributed beneficiaries and details the beneficiary attribution methodology.
- **Section 2** provides the technical requirements for collecting and reporting the data, including the secure data portal overview.
- **Section 3** lists additional resources for EOM participants.

Figure 1. Collecting SDEs



*This is a current list of sociodemographic data elements and is subject to modification.
**Facilitating linkages to follow-up services and community resources is a core function of patient navigation as described in Appendix B of the EOM RFA

Section 1: SDEs

This section provides an overview of how beneficiary sociodemographic data collection and reporting is part of the EOM data collection strategy; lists the SDEs participants are required to collect from EOM-attributed beneficiaries and report to CMS; and describes the methodology by which eligible beneficiaries will be attributed to EOM participants.

1.1 Beneficiary Sociodemographic Data as Part of the EOM Data Collection Strategy

Collecting standardized patient demographic and language data across care settings is an important first step toward improving population health.[5] EOM participants are required to collect beneficiary-level SDEs from EOM-attributed beneficiaries who have not opted out of sharing such data pursuant to Section 11.4 of the Participation Agreement, and to report data collected to CMS no more than once per model performance period (PP).

The SDEs reported to CMS will be used for monitoring and evaluation activities. CMS may also use the data to inform participant dashboards through the Expanded Data Feedback Reporting (eDFR) application Data Feedback Tool (DFT). Collecting and reporting beneficiary SDEs will inform CMS about the model's generalizability and will provide guidance for EOM participants to help identify gaps in care, which participants are encouraged to consider as data to inform strategies for using data for continuous quality improvement.

EOM participants are expected to collect and report sociodemographic data. While CMS believes in the importance of collecting complete and accurate data to inform model monitoring and evaluation activities, to avoid discouraging beneficiaries from accessing care from EOM participants, **EOM-attributed beneficiaries are not required to share sociodemographic data with their EOM practitioner(s) or with CMS**. Beneficiaries can choose to disclose some, all, or none of these data elements. *EOM participants are expected to ask every EOM beneficiary for this information; however, there is no penalty should a beneficiary choose not to disclose some or all the information.*

As noted in the description for each data element in Table 2, if there are no data to report (e.g., the beneficiary chooses to not share), the guidance is to select the appropriate "non-answer option" for each required data element. The appropriate selection is noted for each data element in the description tab of the HDR submission template, as well as the USCDI v3 column in Appendix C. For example, non-response options can range from "choose not to disclose" to "unknown" for "sex" or leaving as blank for preferred language. EOM participants should use their best judgment for this scenario where this is no available data for attributed beneficiaries. If the patient has opted out of sharing all sociodemographic data, the guidance is still to select the appropriate "non-answer option" for each required data element.

[5] Center for Medicare and Medicaid Services (CMS). Office of Minority Health (OMH*). Inventory of Resources for Standardized Demographic and Language Data Collection*. Retrieved from: https://www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf

If beneficiaries do not wish to share their sociodemographic data with their EOM practitioner or CMS, they can indicate they would like to opt-out to their EOM practitioner. When the participant reports the SDE data to CMS (in the EOM HDR application), they should indicate that the beneficiary opted out of sharing sociodemographic data by reporting the appropriate non-answer option for each required data element.

As a reminder, separate from the SDE data opt-out, EOM beneficiaries may also opt-out of beneficiary claims data sharing, which beneficiaries can do by calling 1-800-Medicare. EOM participants will not see claims data through the EOM eDFR application for beneficiaries who have opted out via 1-800-Medicare.

1.2 Beneficiary SDEs to be Collected and Reported to CMS

The U.S. Department of Health and Human Services Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) developed US Core Interoperability (USCDI) standards to establish a set of structured health data classes and elements that allow interoperable health information exchange. This baseline language enables data integration across different healthcare systems.

ASTP/ONC finalized USCDI v3 in July 2022 as part of the Standards Version Advancement Process. In the January 9, 2024 ASTP/ONC HTI-1 final rule, USCDI v3 was named as the new baseline standard within the ASTP/ONC Health IT Certification Program beginning January 1, 2026. USCDI v3 is also based on the Health Level 7 (HL7) US Core Implementation Guide (IG) 6.1.0. We note that the Systematized Nomenclature of Medicine (SNOMED) codes are unchanged.

Moving to USCDI v3 ahead of the official certification program deadline allows EOM participants to quickly benefit from its improvements. USCDI v3 simplifies data elements of interest to EOM and provides the standards to collect disability data, which advances high-quality care. To foster seamless data collection and integration, EOM aligned the demographic data elements collected for PP2 and subsequent performance periods with the USCDI v3.

As data are collected from beneficiaries, we note that the Centers for Disease Control and Prevention (CDC) provide alternative "preferred" plain language options that can be used to describe these concepts to beneficiaries. Plain language is included in the EOM SDE Sample Template and will be included in the HDR submission template. The tables in ***Appendix B*** show the differences between USCDI v2 and v3 language and the optional language provided by the CDC, now included in the SDE sample template.

The SDEs EOM participants are **required** to collect, and report include:

- Sex
- Preferred Language
- Disability Status[6]

[6] Disability status is required for PP3 and subsequent performance periods.

CMS is waiving the requirements for EOM participants to report the following SDEs for PP1-PP3 initial and true-up reporting:

- Race
- Ethnicity
- Gender Identify
- Sexual Orientation

Beginning in PP4 and beyond, EOM participants are only required to collect and report on the **sex, preferred language, and disability status** data elements until otherwise specified by CMS.

Disability status was finalized as part of USCDI v3 in July 2022. There are multiple ways that disability status can be captured under the USCDI.

As part of a CMS Innovation Center initiative to advance the collection of disability status data, EOM will be including six well-tested questions endorsed by the Office of the Assistant Secretary for Planning and Evaluation and the CDC, among others, to support meeting the Affordable Care Act requirements under Section 4302 to collect standardized demographic data.[7] These six questions have been used as part of the American Community Survey and many other national surveys over the years.[8] Given this question set has been widely used and tested, EOM is requiring the collection and reporting of these data as part of EOM SDEs. Disability status collection was optional in PP2; however, disability status is required starting in PP3 and all performance periods thereafter. EOM participants' collection of these data will inform and define the standard for collecting disability status, both at CMS and more broadly. As such, how these data are collected, and specifically what data are collected may evolve over time based on CMS priorities and EOM participant experience and insight into this important data collection effort.

Disability status is a patient-reported demographic characteristic. Documentation of SDEs is necessary for providing high-quality. For some people with disabilities, their disability is a part of their identity and may affect how others perceive or interact with them, making it valuable to collect this information.[9,10]

Table 2 in **Section 2.2** below describes the SDEs to be collected and the response options. The list of preferred languages is shown in ***Appendix A***. More resources and information about how to collect SDEs is included in ***Appendix C***.

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[7] Office of the Assistant Secretary for Planning and Evaluation (ASPE). (2011). *HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status*. Retrieved from https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability

[8] See footnote 12.

[9] c. (2022). Documenting Disability Status in Electronic Health Records. Implementation Guide. Retrieved from: https://www.disabilityequitycollaborative.org/wp-content/uploads/2022/10/221010_-DEC-IMPLEMENTATION-GUIDE.pdf;

[10] Morris, M. A. & Samiento, C. (October 2023, In press). Documentation of Disability Status and Accommodation Needs in the Electronic Health Record: A Qualitative Study of Health Care Organizations' Current Practices. Retrieved from: https://www.jointcommissionjournal.com/article/S1553-7250(23)00250-7/fulltext

1.3 Identifying EOM-attributed Beneficiaries

EOM participants are required to report SDEs on EOM-attributed beneficiaries on a semi-annual basis, within 30 days of attribution data being made available in the HDR application or via a FHIR API for each performance period. Since attribution is retrospective, CMS identifies the beneficiaries that require sociodemographic data reporting after episodes are complete. It is recommended that participants collect sociodemographic data during the course of care delivery to be prepared for later reporting. The criteria below can help practices identify potential EOM-attributed beneficiaries prior to attribution.

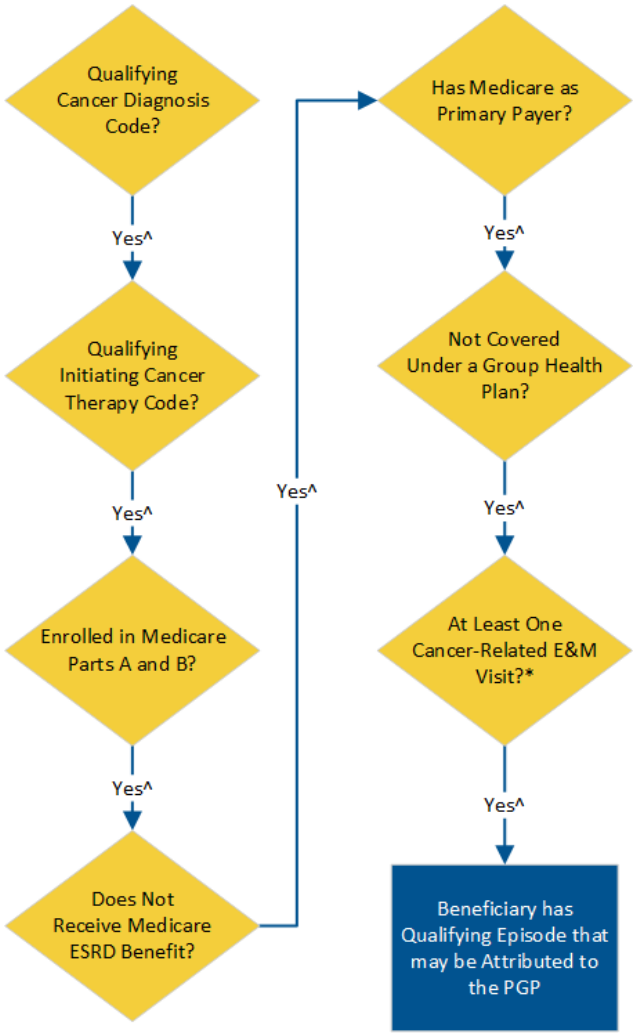
1. Identify patients who have a qualifying cancer diagnosis code.
    a. A list of qualifying ICD-10-CM diagnosis codes utilized within EOM for episode identification is located in the "EOM Technical Payment Resources" document on the "Cancer Type Mapping" tab.
    b. Of the patients with a qualifying cancer diagnosis code, identify those that have a qualifying initiating cancer therapy code, which may include Healthcare Common Procedure Coding System (HCPCS) Codes or National Drug Code (NDC) Codes. A list of qualifying initiating cancer therapies and codes can be found in the "EOM Initiating Therapies List" document (available on the EOM website) for the performance period in the "HCPCS" Codes or "NDC" Codes tabs.[11]
2. Of the patients identified above with a qualifying cancer diagnosis code, a beneficiary must meet the following requirements for all 6 months of the episode (or in the event the beneficiary dies during the episode, until the beneficiary's death) for that episode to be eligible for inclusion in EOM:
    a. Beneficiary is enrolled in Medicare Parts A and B, AND
    b. Beneficiary does not receive the Medicare End Stage Renal Disease benefit,[12] AND
    c. Beneficiary has Medicare as his or her primary payer, AND
    d. Beneficiary is not covered under Medicare Advantage or any other group health program, AND
    e. Beneficiary received an initiating cancer treatment for cancer, AND
    f. Beneficiary has at least one qualifying evaluation and management (E&M) visit during the 6 months of the episode:
        i. A qualifying E&M visit is defined as having an HCPCS code in the ranges 99201-99205 or 99211-99215, a cancer diagnosis included in the "EOM Technical Payment Resources" document on the "Cancer Type Mapping" tab

[11] The EOM Initiating Cancer Therapies List is updated for each EOM performance period. Participants must use the performance period specific list when determining potential eligibility for an episode. Receipt of this qualifying Initiating Cancer Therapy code triggers the beginning of an episode. Once an episode has begun, it will last for 6 calendar months.
[12] ESRD status is determined using information in the Medicare Enrollment Database

available on the EOM website, and billed by a Taxpayer Identification Number (TIN) with at least one oncology provider in the performance period.[13]

ii. Oncology providers are those with a specialty code of Hematology/Oncology or Medical Oncology as described in Section 1.1. in "EOM Payment Methodology" document.

Figure 2: Identification of Potential EOM-attributed Beneficiaries



^ If any of these criteria is answered "No," the patient does not qualify as a potential EOM-attributed beneficiary.

[13] When determining attribution, each episode is attributed to the TIN that provided the first qualifying E&M service during the episode if this TIN also provided at least 25% of the total qualifying E&M services for the episode. If the TIN that provided the first qualifying E&M service did not render at least 25% of the total qualifying E&M services, then the attribution is based on E&M plurality, and the episode is attributed to the TIN providing the largest proportion of qualifying E&M services during the performance period. Participants are only required to report on beneficiaries attributed to their TIN.

Section 2: SDE Collection and Reporting Technical Requirements

This section describes the data collection and reporting options for the SDEs to be reported by EOM participants for their attributed beneficiaries each performance period.

EOM participants are required to report all SDEs for each EOM-attributed beneficiary. Two reporting options are available for EOM participants to report their data: the low-tech option (HDR submission template) and the high-tech (FHIR API) option. Participants will have an opportunity to gain familiarity with both reporting options prior to the beginning of each reporting period.

Participants may use both the low-tech and high-tech options for reporting (e.g., SDE data may be submitted via the low-tech option and Clinical Data Element (CDE) data may be submitted via the high-tech option or vice versa). However, data cannot be combined across reporting methods for a single beneficiary and data type (SDE or CDE). When using either the low-tech or high-tech option, data is not combined across submissions for the same beneficiary (i.e., portions of data from one submission for a single beneficiary are not combined with portions of data from a different submission for the same beneficiary). The last successful submission for each beneficiary will be the data recorded in the HDR, for both SDE and CDE.

The EOM Reporting Timelines and Frequently Asked Questions (FAQs) resource is available in EOM Connect. This document includes information on SDE, CDE, and quality measure reporting requirements, EOM data submission timeframes, and available tools and resources. More information on the reporting process can be found in the Health Data Reporting (HDR) User Guide, and the EOM FAQ located in EOM Connect.

2.1 EOM HDR Application

EOM participants use a centralized reporting platform called the Innovation Support Platform (ISP). The EOM HDR application, part of the ISP, is a web-based data submission and collection tool that EOM participants use to submit data, including practice-level quality measures, beneficiary-specific CDEs, and beneficiary-specific SDEs. The HDR User Guide is available in EOM Connect.

Participants reporting via the low-tech (HDR submission template) option will submit their CDE data on the HDR application. Participants reporting via the high-tech (FHIR API) option are encouraged to access the HDR application to view the completion status of their FHIR submissions.

2.2 Low-tech and High-Tech Reporting Options

Participants and their vendors must report all SDEs for each EOM-attributed beneficiary using either the low-tech (HDR submission template) or high-tech (FHIR API) option.

2.2.1 HDR Submission Template (Low-Tech)

The low-tech reporting approach utilizes a standardized Excel template, the HDR submission template, which can be downloaded via the HDR application during the reporting period. The HDR submission template contains two tabs for reporting data: one for SDE and one for CDE.

This reporting option allows EOM participants to leverage the SDE tab of the HDR submission template, which is pre-populated with the list of attributed beneficiaries for reporting SDEs. The HDR submission template is designed for EOM participants who may not have the ability to send SDE data conformant with the HL7 FHIR US Core IG, via a FHIR API. The pre-populated HDR submission template will be available via download from the HDR application and must be used to submit data. Participants who have used the sample HDR submission template to collect data will need to move the data into the HDR submission template downloaded from the HDR for the attributed beneficiaries. Please ensure you download the template for the correct performance period. Submission of data using the sample HDR submission template or any format other than the official pre-populated template will not be accepted by the EOM HDR application. [14]

Note: Beneficiary Date of Birth is pre-populated in the HDR submission template based on Medicare enrollment data and is provided for reference to help EOM participants match attributed beneficiaries when reporting SDEs. If the Beneficiary Date of Birth pre-populated in the HDR submission template is not accurate, (e.g., inaccurate information was in claims data), please correct it when reporting the SDE data for that beneficiary by updating the prefilled values for Beneficiary Date of Birth.

2.2.2 HDR Submission Template (Low-Tech)

The high-tech reporting option approach is based on the HL7 FHIR and leverages the HL7 FHIR US Core IG, where there is detailed guidance for submitting SDE data via the EOM Cancer Patient Profile. This reporting option allows for the reporting of SDEs directly from the EOM participant's electronic health record (EHR) system via a FHIR API. Reporting via FHIR API enables the electronic sharing of healthcare data across systems. This approach enables different healthcare systems, such as hospitals and specialty clinics, to share patient data seamlessly and securely. By using FHIR API, EOM participants can use different healthcare applications to "talk" to each other more easily, which improves interoperability and coordination of oncology care.

EOM participants are expected to ask every EOM beneficiary for their sociodemographic information. Please refer to Section 1.1 for additional information on reporting guidance for when there are no data to report (i.e., the beneficiary chose not to share).

[14] Note: Although EOM participants are not required to submit SDEs until after they receive attribution lists, they are encouraged to start collecting SDEs before the lists are available. Participants can begin to collect data using the EOM SDE "Sample" Template (available in EOM Connect). The sample template is made available prior to the reporting period and does not include any prefilled data described under 'low-tech' option. This will further support participants as a tool to help prepare for your data submission and should only be used as a reference. If you choose to submit data via the EOM HDR application 'low-tech' option, be sure to submit the official HDR submission template. To access the official template, you must download it from the HDR. This version contains the prefilled data discussed above as this official copy has and contains all the necessary metadata to ensure successful validation and submission. The SDE "Sample" Template is for reference only.

2.3 EOM Performance Periods and Data Reporting Windows

As noted in section 1.3, EOM participants will report SDEs on EOM-attributed beneficiaries on a semi-annual basis, within 30 days of attribution data being made available in the EOM HDR application for each performance period. CMS expects that the attribution lists for a performance period will be available within 90 days after the end of the performance period.

EOM participants will be required to report sociodemographic data on beneficiaries attributed to their PGP for each performance period. Specific due dates will be communicated to EOM participants in a timely manner. Each performance period consists of the episode initiation date and end date as shown in Table 1.

Note:

- **Cohort 1:** Reporting of sociodemographic data is required to begin PP1, with initial reporting in Fall 2024 and True-up reporting in Fall 2025.
- **Cohort 2:** Reporting of sociodemographic data is required to begin PP5, with initial reporting in Fall 2026 and True-up reporting in Fall 2027.

Table 1: Performance Periods and Episodes

Cohort 1 Performance Period	Cohort 2 Performance Period	Episode Initiation Dates	Episode End Dates	Reporting Timeline
1	N/A	7/1/2023–12/31/2023	12/31/2023–6/29/2024	Initial Reporting: Fall 2024* True-up Reporting: Fall 2025*
2	N/A	1/1/2024–6/30/2024	6/30/2024–12/29/2024	Initial Reporting: Spring 2025* True-up Reporting: Spring 2026*
3	N/A	7/1/2024–12/31/2024	12/31/2024–6/29/2025	Initial Reporting: Fall 2025* True-up Reporting: Fall 2026*
4	N/A	1/1/2025–6/30/2025	6/30/2025–12/29/2025	Initial Reporting: Spring 2026* True-up Reporting: Spring 2027*
5	5	7/1/2025–12/31/2025	12/31/2025–6/29/2026	Initial Reporting: Fall 2026 True-up Reporting: Fall 2027

Cohort 1 Performance Period	Cohort 2 Performance Period	Episode Initiation Dates	Episode End Dates	Reporting Timeline
6	6	1/1/2026–6/30/2026	6/30/2026–12/29/2026	Initial Reporting: Spring 2027 True-up Reporting: Spring 2028
7	7	7/1/2026–12/31/2026	12/31/2026–6/29/2027	Initial Reporting: Fall 2027 True-up Reporting: Fall 2028
8	8	1/1/2027–6/30/2027	6/30/2027–12/29/2027	Initial Reporting: Spring 2028 True-up Reporting: Spring 2029
9	9	7/1/2027–12/31/2027	12/31/2027–6/29/2028	Initial Reporting: Fall 2028 True-up Reporting: Fall 2029
10	10	1/1/2028–6/30/2028	6/30/2028–12/29/2028	Initial Reporting: Spring 2029 True-up Reporting: Spring 2030
11	11	7/1/2028–12/31/2028	12/31/2028–6/29/2029	Initial Reporting: Fall 2029 True-up Reporting: Fall 2030
12	12	1/1/2029–6/30/2029	6/30/2029–12/29/2029	Initial Reporting: Spring 2030 True-up Reporting: Spring 2031
13	13	7/1/2029–12/31/2029	12/31/2029–6/29/2030	Initial Reporting: Fall 2030 True-up Reporting: Fall 2031

*Note: Cohort 2 reporting of sociodemographic data is not required for PP1, PP2, PP3 or PP4.

2.4 SDEs and Guidance

Table 2 illustrates the data collection and reporting options for each of the SDEs to be reported by EOM participants for their EOM-attributed beneficiaries for each performance period. EOM participants will have access to the HDR submission template within the EOM HDR application which will be pre-populated with key information for each attributed beneficiary for the performance period.

The SDE tab of the HDR submission template must be used for participants using the "low-tech" option to complete SDE reporting for attributed beneficiaries or may be used as a reference for those using the "high-tech" FHIR API[15] option.

[15] EOM participants submitting SDEs via a FHIR API will be provided directions to query the CMS FHIR server to receive their attributed beneficiary list and the relevant information indicated in section 2.2 that will be pre-populated in the EOM HDR template. Additional information about accessing this information is available in the EOM IG.

The data elements which will be pre-populated for each EOM Participant and attributed beneficiary include the following:

- EOM-ID
- MBI
- Beneficiary first name
- Beneficiary last name
- Date of birth

The subsequent SDEs are required to be reported (as applicable for the attributed cancer type) by the participant for each EOM-attributed beneficiary: preferred language (***Appendix A***), sex, and disability status.

Table 2: SDEs EOM Participants Are Required to Collect and Report

Data Element Label	Data Element Name	Data Element Guidance
EOM-PGP-ID	EOM-ID	This data element will be **pre-populated** (e.g., EOM-ID, Format = EOM-PGP-XXXX).
MBI	Medicare Beneficiary Identifier (MBI)	This data element will be **pre-populated** (e.g., MBIs must be 11 characters. The 1st, 4th, 7th, 10th, and 11th characters will always be numbers. The 2nd, 5th, 8th, and 9th characters will always be upper-case letters, except for S, L, O, I, B, and Z. The 3rd and 6th characters will be letters or numbers).
first_name	Beneficiary first name	This data element will be **pre-populated** (e.g., beneficiary's first name).
last_name	Beneficiary last name	This data element will be **pre-populated** (e.g., beneficiary's last name).
date_of_birth	Date of birth	This data element will be **pre-populated** (e.g., date format must be numeric **YYYY-MM-DD**). If this prefilled information from claims is not correct, please update with the correct date of birth.
Sex	Sex	Answer options include: **Patient sex unknown, Female, Male, and Asked but declined.** If a beneficiary chooses not to disclose, please select 'Asked but declined'.

Data Element Label	Data Element Name	Data Element Guidance
preferred_language[16]	Preferred language	One preferred language can be chosen from a list of 183 language options using this code set ***(See Appendix A).*** If a beneficiary chooses not to disclose, the field may be left blank.
disability_status[17]	This SDE was not required to be collected or reported in PP1 but is optional for PP2 and will be required in subsequent performance periods.	Disability Status is defined by the six distinct data elements described below. Response options for the following questions include: **Yes/No, Asked but unknown, or Asked but declined.** If a beneficiary chooses not to disclose, please select 'Asked but declined.'
	disability_status_hearing	Are you deaf, or do you have serious difficulty hearing?
	disability_status_seeing	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
	disability_status_concen	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
	disability_status_walking	Do you have serious difficulty walking or climbing stairs?
	disability_status_grooming	Do you have difficulty dressing or bathing?
	disability_status_errands	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

[16] Based on ISO 639-1 language codes in accordance with HL7 US Core IG guidance.

[17] For data collection via a FHIR API, we will use a base Observation resource to capture disability status. This requires a value for Observation.status. For EOM, this will be required to be set to "final". This also requires a value for Observation.category based on the Observation Category value set. For EOM, this will be required to be set to "survey" using LOINC panel https://loinc.org/69919-9 for the disability status questions and the LOINC list https://loinc.org/LL5605-2 for answers.

Section 3: Additional EOM Resources

CMS EOM Website

- https://innovation.cms.gov/innovation-models/enhancing-oncology-model

EOM Connect:

- CMS IDM Login

CMS.gov (EOM eDFR and HDR)

- https://portal.cms.gov

EOM Support:

- EOM@cms.hhs.gov
- 1-888-734-6433 option 3

Appendix A: Beneficiary Preferred Language Reporting Options

Abkhazian	Chichewa, Chewa, Nyanja	Guarani	Inuktitut
Afar	Chinese	Gujarati	Inupiaq
Afrikaans	Church Slavic, Old Slavonic	Haitian, Haitian Creole	Irish
Akan	Chuvash	Hausa	Italian
American Sign Language (ASL)	Cornish	Hebrew	Japanese
Albanian	Corsican	Herero	Javanese
Amharic	Cree	Hindi	Kannada
Arabic	Croatian	Hiri Motu	Kanuri
Aragonese	Czech	Hungarian	Indonesian
Armenian	Danish	Icelandic	Interlingua
Assamese	Divehi, Dhivehi, Maldivian	Ido	Interlingue, Occidental
Avaric	Dutch, Flemish	Igbo	Inuktitut
Avestan	Dzongkha	Greek, Modern	Inupiaq
Aymara	English	Greenlandic, Kalaallisut	Irish
Azerbaijani	Esperanto	Guarani	Italian
Bambara	Estonian	Gujarati	Japanese
Bashkir	Ewe	Haitian, Haitian Creole	Javanese
Basque	Faroese	Hausa	Kannada
Belarusian	Fijian	Hebrew	Kanuri
Bengali	Finnish	Herero	Kashmiri
Bislama	French	Hindi	Kazakh
Bosnian	Fulah	Hiri Motu	Kikuyu, Gikuyu
Breton	Gaelic, Scottish Gaelic	Hungarian	Kinyarwanda
Bulgarian	Galician	Icelandic	Kirghiz, Kyrgyz
Burmese	Ganda	Ido	Komi
Catalan, Valencian	Georgian	Igbo	Kongo
Central Khmer	German	Indonesian	Korean
Chamorro	Greek, Modern	Interlingua	Kuanyama, Kwanyama
Chechen	Greenlandic, Kalaallisut	Interlingue, Occidental	Kurdish

Lao	Norwegian	Sindhi	Turkmen
Latin	Norwegian Bokmål	Sinhala, Sinhalese	Twi
Latvian	Norwegian Nynorsk	Slovak	Uighur, Uyghur
Limburgan, Limburger, Limburgish	Nuosu, Sichuan Yi	Slovenian	Ukrainian
Lingala	Occitan	Somali	Urdu
Lithuanian	Ojibwa	South Ndebele	Uzbek
Luba-Katanga	Oriya	Southern Sotho	Venda
Luxembourgish, Letzeburgesch	Oromo	Spanish, Castilian	Vietnamese
Macedonian	Ossetian, Ossetic	Sundanese	Volapük
Malagasy	Pali	Swahili	Walloon
Malay	Pashto, Pushto	Swati	Welsh
Malayalam	Persian	Swedish	Western Frisian
Maltese	Polish	Tagalog	Wolof
Manx	Portuguese	Tahitian	Xhosa
Maori	Punjabi, Panjabi	Tajik	Yiddish
Marathi	Quechua	Tamil	Yoruba
Marshallese	Romansh	Tatar	Zhuang, Chuang
Moldavian, Moldovan, Romanian	Rundi	Telugu	Zulu
Mongolian	Russian	Thai	
Nauru	Samoan	Tibetan	
Navajo, Navaho	Sango	Tigrinya	
Ndonga	Sanskrit	Tonga (Tonga Islands)	
Nepali	Sardinian	Tsonga	
North Ndebele	Serbian	Tswana	
Northern Sami	Shona	Turkish	

Appendix B: USCDI v2 to v3 Mapping

Data Element	USCDI v2	USCDI v3
Sex	Male (M) (248153007) Female (F) (248152002) Unknown (UNK)	Male (248153007) Female (248152002) Patient sex unknown (184115007) Asked but declined (asked-declined)
Preferred Language[18]	Language codes unchanged	Language codes unchanged
Disability Status	not applicable	Are you deaf, or do you have serious difficulty hearing? (69856-3) Are you blind, or do you have serious difficulty seeing, even when wearing glasses? (69857-1) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (69858-9) Do you have serious difficulty walking or climbing stairs? (69859-7) Do you have difficulty dressing or bathing? (69860-5) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping? (69861-3)

[18] If a beneficiary declines to provide a preferred language, the field may be left blank. EOM participants should use their best judgement when there is no available data for attributed beneficiaries for required data elements.

		Answer Codes: LA33-6 – Yes LA32-8 – No data absent reason codes: Asked but unknown Asked but declined

Note: Please note that some links included in Appendix B are only accessible if you sign up for a free account.

Appendix C: Additional Resources for Collecting SDE Data

Resources	Description
Culturally Responsive Outreach	This resource was adapted from a Medicare Current Beneficiary Survey (MCBS) Resource and helps define culturally responsive research and identifies techniques for outreach and gaining cooperation with patients from diverse cultural backgrounds. This resource is available in EOM Connect on the Resource page of the Innovation Center Portal for EOM participants.
Identifying and Meeting the Language Preferences of Health Plan Members	A webinar discussing the strategies that health plans can use to meet and assess diverse language preferences.
Data on Race, Ethnicity, and Language Largely Incomplete for Managed Care Plan Members	This article presents findings from assessing REAL data availability in commercial, Medicaid, and Medicare managed care plans using the Healthcare Effectiveness Data and Information Set.
Providing Language Services to Diverse Populations: Lessons from the Field	This resource discusses several innovative approaches to provide language assistance services to people with limited English proficiency based on the findings of case studies conducted with a variety of health care organizations.
Mathematica 2023 Compendium of Disability Data Collection Methods | Center for Research on Disability	An easily accessible source of research on the methodological issues associated with collecting data from or about people with disabilities.
Disability Data Advocacy Toolkit	The aim of this toolkit is to contribute to the growing global dialogue on the importance of data on persons with disabilities, specifically to provide some basic knowledge on data collection, analysis, and use of data for evidenced based advocacy to influence policy and decision makers.
The Future of Disability in America	The report offers recommendations in the areas of disability monitoring, disability research, access to health care and other support services, and public and professional education.
Washington Group 2015 Video Series	This video series, presented by Mitchell Loeb from the National Center for Health Statistics, provides background on the six-item short set of questions designed by the Washington group.
Think Cultural Health	This website features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services, or CLAS.

2016 National Ambulatory Medical Care Survey Supplement on Culturally and Linguistically Appropriate Services for Office-based Physicians	This material provides documentation for users of the public use micro-data file for the 2016 National Ambulatory Medical Care Survey Supplement on Culturally and Linguistically Appropriate Services for Office-based Physicians (National CLAS Physician Survey).

Note: Although the resources in Appendix C are not endorsed by CMS, they serve as examples that EOM participants can utilize to collect SDE data. There are many more resources available online than are listed here, some of which may be more accessible based on local or state resources. In addition to the sources above, CMS encourages EOM participants to develop community partnerships to help identify and address SDEs. Practices are encouraged to share any resources not included in the above table with CMS so that they may be included in future updates.

Appendix D: Acronyms and Abbreviations

Acronym	Literal Translation
ASTP/ONC	Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology
CDE	Clinical Data Element
CLAS	The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
DFT	Data Feedback Tool
EOM	Enhancing Oncology Model
EDFR	Expanded Data Feedback Reporting
E&M	Evaluation and Management
FHIR	Fast Healthcare Interoperability Resources
HCPCS	Healthcare Common Procedure Coding System
HDR	Health Data Reporting
HL7	Health Level Seven
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IG	Implementation Guide
ISP	Innovation Support Platform
LOINC	Logical Observation Identifiers Names and Codes
MBI	Medicare Beneficiary Identifier
NDC	National Drug Codes
PGP	Physician Group Practice
RFA	Request for Applications
SDE	Sociodemographic Data Elements
SNOMED	Systemized Nomenclature of Medicine
TIN	Taxpayer Identification Number
USCDI	United States Core Data for Interoperability

Revision History

Version	Revision Date	Description of Change
1.0	June 1, 2023	Initial Version
1.1	July 11, 2023	• Appendix A Beneficiary Preferred Language Reporting Options: Added English, Esperanto, Estonian, Ewe, Faroese, Fijian, and Finnish
2.0	November 29, 2023	• Section 1 SDEs: Added details on Disability Status data collection • Section 2 SDE Collection and Reporting Technical Requirements: Updated • Section 3 Additional EOM Resources: Updated • Appendix A Beneficiary Preferred Language Reporting Options: Updated the order of languages in Appendix A • Appendix B Beneficiary Expanded Ethnicity Reporting Options: Updated the order of ethnicities
2.1	January 31, 2024	• Section 1.2 Beneficiary SDEs to be Collected and Reported to CMS: Added details on sociodemographic data element guidance to align with the US Core Interoperability (USCDI) version 3 (v3) • Section 2.3 SDEs and Guidance: Updated guidance • Appendix C USCDI v2 to v3 Mapping: Added resource for USCDI v2 to v3 Mapping • Appendix D Alternate Plain-Text Language for Sexual Orientation and Gender Identity (SOGI): Added resource for alternate plain-text language for SOGI

Version	Revision Date	Description of Change
2.2	June 5, 2024	• Introduction: Updated • Figure 1: Updated • Section 2.1 EOM HDR Application: Updated reporting option guidance • Table 1: Updated format and added reporting timeline • Table 2: Updated format • Appendix E Additional Resources for Collecting SDE Data: Added list of resources for collecting SDEs. • Appendix F Applying Cultural Responsiveness: Added resource for cultural responsiveness • Appendix G Acronyms and Abbreviations: Added resource for acronyms and abbreviations throughout document • Full document: Updated header format throughout the document
2.3	November 22, 2024	• Introduction: Updated • Figure 1: Updated • Section 2 SDE Collection and Reporting Technical Requirements: Updated • Appendix E Additional Resources for Collecting SDE Data: Updated
2.4	May 30, 2025	• Introduction: Updated • Figure 1: Updated • Figure 2: Updated • Section 1.1 Beneficiary Sociodemographic Data as Part of the EOM Data Collection Strategy: Updated • Section 2 SDE Collection and Reporting Technical Requirements: Updated • Appendix for Beneficiary Expanded Ethnicity Reporting Options: Removed • Appendix for Alternate Plain-Text Language for Sexual Orientation and Gender Identity (SOGI): Removed • Appendix C Additional Resources for Collecting SDE Data: Updated

Version	Revision Date	Description of Change
2.5	November 25, 2025	• Introduction: Updated • Table 2: Updated • Section 2: Updated • Appendix A: Updated • Appendix B: Updated • Revision History: Moved to end of guide