

EOM SOCIODEMOGRAPHIC DATA ELEMENTS GUIDE

Version 2.1

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Revision History

Revision #	Revision Date	Description of Change
1.0	6/01/2023	Initial Version
1.1	7/11/2023	Appendix A: Beneficiary Preferred Language Reporting Options (added English, Esperanto, Estonian, Ewe, Faroese, Fijian, and Finnish)
2.0	11/29/2023	<ol style="list-style-type: none"> 1. Updated Section 1. Additional details on Disability Status data collection 2. Updated Section 2. 3. Updated Section 3. 4. Updated the order of languages in Appendix A. 5. Updated the order of ethnicities in Appendix B.
2.1	1/31/2024	<ol style="list-style-type: none"> 1. Updated section 1.2 with additional details on sociodemographic data element guidance to align with the US Core Interoperability (USCDI) version 3 (v3). 2. Updated section 2.3. SDEs and Guidance. 3. Added Appendix C. USCDI v2 to v3 Mapping 4. Added Appendix D. Alternate-Plain Text Language for Sexual Orientation and Gender Identity (SOGI)

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EOM Introduction and Rationale for Sociodemographic Data Elements (SDE) Collection and Reporting

This document is designed to guide Enhancing Oncology Model (EOM) participants in collecting and reporting beneficiary sociodemographic data as part of EOM health equity strategies.

EOM is a Center for Medicare & Medicaid Innovation (Innovation Center) alternative payment model designed to promote high-quality, person-centered care, advance health equity, promote better care coordination, improve access to care, reduce costs, and improve outcomes for Medicare fee-for-service (FFS) 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 chemotherapy for cancer, and the model is centered on 6-month episodes of care triggered by receipt of an initiating cancer therapy for an included cancer type. Seven cancer types are included in the model:

1. breast cancer¹
2. chronic leukemia
3. lung cancer
4. lymphoma
5. multiple myeloma
6. prostate cancer¹
7. small intestine / colorectal cancer

In alignment with the Centers for Medicare & Medicaid Services' (CMS') commitment to reducing health disparities and achieving health equity in CMS quality programs and within Innovation Center models, EOM is designed to advance health equity within all stages of model design, implementation and evaluation and aims to improve quality of care and equitable health outcomes for all EOM beneficiaries.^{2,3} Beneficiary sociodemographic factors influence health outcomes.^{4,5} Disparities in cancer care based on sociodemographic status can occur throughout the cancer diagnosis and treatment trajectory, including, but not limited to, the timing of the start of treatment, stage at diagnosis, representation and access to clinical trials, shared decision making with providers, medication adherence, hospitalizations and ICU admissions near the end of life, and enrollment in hospice.^{6,7,8,9}

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.

³ Centers for Medicare & Medicaid Services, Office of Minority Health (2021). Paving the Way to Equity: A Progress Report.

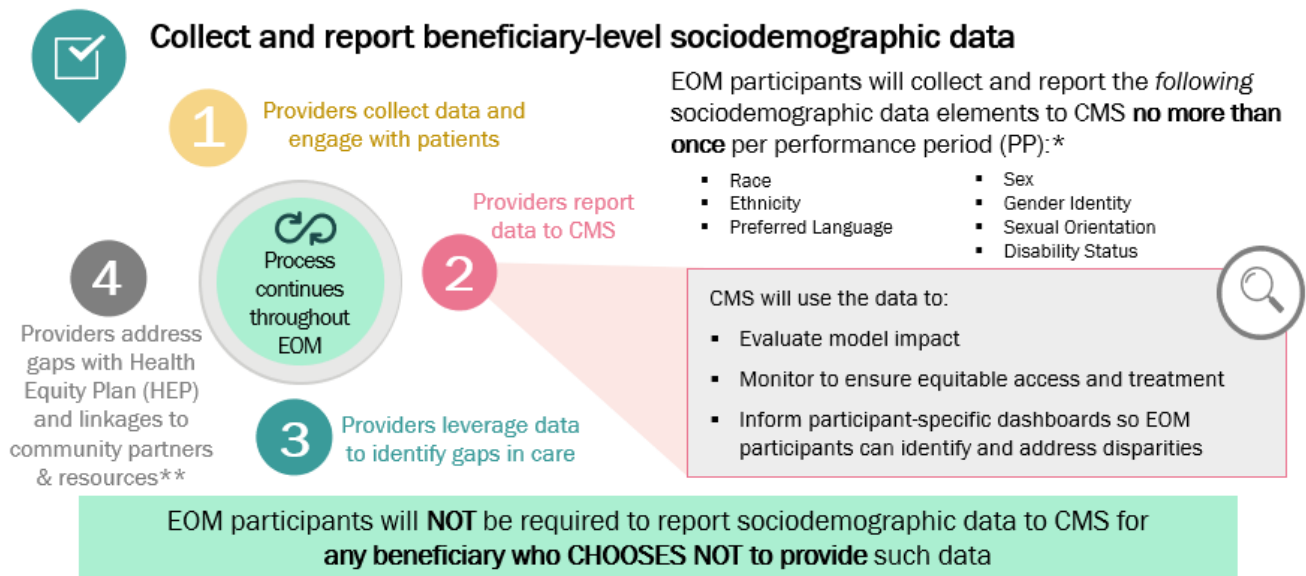
⁴ American Association for Cancer Research, "AACR Cancer Disparities Progress Report 2020."

⁵ 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.

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 sociodemographic data elements (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 as Part of the EOM Health Equity Strategy



*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

⁶ Green, A.K., Aviki, E.M., Matsoukas, K., Patil, S., Korenstein, D., & Blinder, V. (2018). Racial disparities in chemotherapy administration for early-stage breast cancer: a systematic review and meta-analysis. *Breast Cancer Research and Treatment*.

⁷ Smith, A.K., Earle, C.C., & McCarthy, E.P. (2008). Racial and Ethnic Differences in End-of-Life Care in Fee-for-Service Medicare Beneficiaries with Advanced Cancer. *Journal of the American Geriatrics Society*.

⁸ Ajewole, V.B. et al., (2021). Cancer disparities and black American representation in clinical trials leading to the approval of oral chemotherapy drugs in the United States between 2009 to 2019. *JCO Oncology Practice*.

⁹ AACR Cancer Disparities Progress Report. (2020). American Association for Cancer Research.

Section 1: SDEs

This section: 1) provides an overview of how beneficiary sociodemographic data collection and reporting is part of the EOM data collection strategy; 2) lists the SDEs participants are required to collect from EOM-attributed beneficiaries and report to CMS; and 3) 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

Under the terms of the Participation Agreement, EOM participants are required to collect beneficiary-level SDEs from EOM-attributed beneficiaries willing to share this information, and to report data collected to CMS no more than once per model performance period.

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 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 as they develop and iterate on their Health Equity Plan (HEP).

Collecting standardized patient demographic and language data across care settings is an important first step toward improving population health.

¹⁰ However, to avoid discouraging beneficiaries from accessing care from EOM participants, EOM-attributed beneficiaries are not required to share the sociodemographic data with their EOM practitioner(s) or with CMS. EOM participants are not required to report these data to CMS for any EOM-attributed beneficiary who chooses not to disclose them.

1.2 Beneficiary SDEs to be Collected and Reported to CMS

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

- race
- ethnicity
- sex
- gender identity
- sexual orientation
- preferred language
- disability status¹¹

In addition to these SDEs, the EOM-PGP-ID (EOM-PGP-XXXX), beneficiary first and last name, beneficiary Medicare Beneficiary Identifier (MBI), and beneficiary date of birth will be pre-

¹⁰ 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>

¹¹ Starting in Performance Period 2, disability status will be an optional SDE.

populated SDEs for all EOM-attributed beneficiaries, as part of the templates for submission that will be made available in the Health Data Reporting (HDR) application at the time of reporting.

Note: Beneficiary Date of Birth is pre-populated in the SDE Data Submission Template based on Medicare enrollment data and are provided for reference to help EOM Participants match attributed beneficiaries when reporting SDEs. Participants must still gather sociodemographic data directly from beneficiaries and report the accurate data as identified by the beneficiary as part of the submission of the SDEs. These data are collected via a separate SDE Data Submission Template or via a FHIR-based API leveraging the US Core IG Patient Resource. If the Beneficiary Date of Birth pre-populated in the SDE Data Submission Template is not accurate, (e.g., inaccurate information was in claims data), please be sure accurate information is included when reporting the SDE data for that beneficiary by updating the prefilled values for Beneficiary Date of Birth, if needed.

We have worked to align the demographic data elements being collected for Performance Period 2 under EOM with the US Core Interoperability (USCDI) version 3 (v3). The Office of the National Coordinator (ONC) finalized USCDI v3 in July 2022 as part of the Standards Version Advancement Process (SVAP). In the January 9, 2024 ONC [HTI-1 final rule](#), USCDI v3 is named as the [new baseline standard within the ONC Health IT Certification Program](#) beginning January 1, 2026. As the Innovation Center we are always working to move the industry forward. Moving to USCDI v3 from USCDI v2 ahead of the official certification program deadline allows EOM to benefit from the improvements made in this more recent version. USCDI v3 simplifies many of the data elements of interest to EOM and provides the standards to collect disability data, which are important to advancing quality, equitable care. There is a mapping document included as **Appendix C** to demonstrate any changes of the data elements from version 2 to version 3. For Performance Period 1, please continue to reference the EOM SDE Guide V2.0, available on EOM Connect, and the [SDE PP1 Sample Template](#) which aligns with the USCDI version 2. For Performance Period 2, please reference the [SDE PP2 Sample Template](#) which aligns with USCDI version 3.

While disability status was not a required SDE in Performance Period 1, it will be optional for Performance Period 2 and required in subsequent performance periods. Disability is a patient-reported demographic characteristic like race, ethnicity, preferred language, gender identity, sexual orientation, etc. Documentation of SDEs is necessary for providing high-quality and equitable care. For some people with disabilities, disability is a part of their identity, just like their race, ethnicity, sexual orientation, or gender identity, making it valuable to collect this information with other demographic information.¹²

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

¹² Disability Equity Collaborative. (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; 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](https://www.jointcommissionjournal.com/article/S1553-7250(23)00250-7/fulltext)

endorsed by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Centers for Disease Control (CDC) among others to support meeting the Affordable Care Act (ACA) requirements under Section 4302 to collect standardized race, ethnicity, sex, primary language, and disability status data.¹³ These six questions have been used as part of the American Community Survey (ACS) and many other national surveys over the years.¹⁴ Given this short question set has been widely used and tested, EOM is requiring the collection and reporting of these data as part of EOM SDEs. EOM participant's 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.

USCDI v3 is implemented based on the HL7 US Core Implementation Guide (IG) 6.1.0. This IG updates the plain language labels for a number of the Sexual Orientation and Gender Identity (SOGI) data elements. The SDE Data Submission Template is a tool to help EOM participants submit data via the HDR application. 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. Understanding the value of these preferred plain language options, these CDC plain language labels are included in the EOM SDE PP2 Sample Template and will be included in the SDE Data Submission Template. The tables in **Appendix D** show the differences between USCDI v2 and v3 language and the optional language provided by the CDC, now included in the template. We note that the SNOMED codes are unchanged.

Table 2 in **Section 2** below describes the SDEs to be collected and the response options. The list of preferred languages is shown in *Appendix A* and the list of expanded ethnicity categories is shown in *Appendix B*.

1.3 Identifying EOM-Attributed Beneficiaries

CMS requires EOM participants to report SDEs on EOM-attributed beneficiaries willing to share this information. **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 for each performance period.** Because attribution is retrospective, identification of which beneficiaries are attributed to each EOM participant and therefore, require SDE reporting by the EOM participant to occur after episodes are completed.

For that reason, CMS provides participants with a sample template for collection of SDE data in the HDR application. This is a sample template only; templates for submission will be made available in the HDR application at the time of reporting. The criteria below can help practices

¹³ 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-0>

¹⁴ See footnote 12.

identify potential EOM-attributed beneficiaries prior to the time that attribution files are available to participants.

1. Identify patients that 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 identified with a qualifying cancer diagnosis code, identify those that have a qualifying initiating cancer therapy code.
 - I. A list of qualifying initial cancer therapies and codes can be found in the “[EOM Initiating Therapies List Eff. Jan 2024 v1.0](#)” document (available on the [EOM website](#)) in the HCPCS Codes or NDC Codes tabs.

Note: 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.
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:
 - c. Beneficiary is enrolled in Medicare Parts A and B, AND
 - d. Beneficiary does not receive the Medicare End Stage Renal Disease (ESRD) benefit,¹⁵ AND
 - e. Beneficiary has Medicare as his or her primary payer, AND
 - f. Beneficiary is not covered under Medicare Advantage or any other group health program, AND
 - g. Beneficiary received an initiating cancer treatment for cancer, AND
 - h. Beneficiary has at least one qualifying evaluation and management (E&M) visit during the 6 months of the episode.
 - II. A qualifying E&M visit is defined as having a Healthcare Common Procedure Coding System (HCPCS) code in the ranges 99201-99205 or 99211-99215, a cancer diagnosis included in the “[EOM Technical Payment Resources](#)” document (available on the [EOM website](#)) on the “Cancer Type Mapping” tab, and billed by a taxpayer identification number (TIN) with at least one oncology provider in the performance period.
 - III. 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.

Note: 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 percent 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 percent 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

¹⁵ ESRD status is determined using information in the Medicare Enrollment Database

qualifying E&M services during the period. EOM 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 reporting platform and options for reporting SDEs, including the timeframe by EOM performance periods and associated reporting windows.

2.1 EOM Health Data Reporting (HDR) Application

EOM participants will use a centralized reporting platform, the Innovation Support Platform (ISP). The HDR application, part of the ISP, is a web-based data submission and collection tool that EOM participants will use to submit data, including practice-level quality measures, beneficiary-specific clinical data elements, and beneficiary-specific SDEs. A separate user manual for the HDR application will be available in EOM Connect will be available on the Resource page of the IC Portal and EOM Connect for EOM Participants in the future.

Two reporting options for SDEs are available for EOM participants to report data to the ISP:

- **Option 1- SDE Data Submission Template via EOM HDR Application:** This reporting option allows EOM participants to leverage (through the HDR application) a standardized Excel template (pre-populated with the list of attributed beneficiaries), referred to as the SDE Data Submission Template throughout this document for submission of SDEs. The SDE Data Submission Template is available to all EOM participants and is designed to accommodate EOM participants that may not have significant technical support or limited support from Health Information Technology vendors. The Excel template will be available via download from the HDR application. 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). For Performance Period 1, please continue to reference the EOM SDE Guide V2.0, available on EOM Connect, and the [SDE PP1 Sample Template](#) which aligns with the USCDI version 2. For Performance Period 2, please reference the [SDE PP2 Sample Template](#) which aligns with USCDI version 3. However, the official SDE Data Submission Template for reporting will be provided and pre-populated with the beneficiary's name and other identifiers for each attributed episode.
- **Option 2- HL7 Fast Healthcare Interoperability Resources (FHIR)-based Application Programming Interface (API):** This reporting option allows for the reporting of SDEs directly from the EOM participants Electronic Health Record (EHR) system via a FHIR API. Reporting via this method will leverage United States Core Data for Interoperability (USCDI) and specifically the HL7 FHIR US Core IG.

2.2 EOM Performance Periods and Data Reporting Windows

As noted above, 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. See **Table 1** below for detailed reporting dates. **EOM participants should not include non-attributed beneficiaries in the Excel template for reporting to the EOM HDR application as the file will be rejected.**

Table 1: Performance Periods and Episodes

Performance Period	Episode Initiation Dates	Episode End Dates
1	7/1/2023 – 12/31/2023	12/31/2023 – 6/29/2024
2	1/1/2024 – 6/30/2024	6/30/2024 – 12/29/2024
3	7/1/2024 – 12/31/2024	12/31/2024 – 6/29/2025
4	1/1/2025 – 6/30/2025	6/30/2025 – 12/29/2025
5	7/1/2025 – 12/31/2025	12/31/2025 – 6/29/2026
6	1/1/2026 – 6/30/2026	6/30/2026 – 12/29/2026
7	7/1/2026 – 12/31/2026	12/31/2026 – 6/29/2027
8	1/1/2027 – 6/30/2027	6/30/2027 – 12/29/2027
9	7/1/2027 – 12/31/2027	12/31/2027 – 6/29/2028

2.3 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 a template within the HDR application which will be pre-populated with key information for each attributed beneficiary for the performance period. This template can be used for participants using the “low-tech” option to complete reporting for attributed beneficiaries or as a reference for those using the “high-tech” FHIR API option to identify the attributed beneficiaries with cancer types which are required for reporting. 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: race and ethnicity, preferred language (*Appendix A*), sex, sexual orientation, gender identity, expanded ethnicity, and disability status (*Appendix B*).

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	<ul style="list-style-type: none"> This data element will be pre-populated (e.g., EOM ID, Format = EOM-PGP-XXXX).
mbi	Medicare Beneficiary Identifier (MBI)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> This data element will be pre-populated (e.g., beneficiary's first name).
last_name	Beneficiary last name	<ul style="list-style-type: none"> This data element will be pre-populated (e.g., beneficiary's last name).

Data Element Label	Data Element Name	Data Element Guidance
date_of_birth	Date of Birth	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Answer options include: Patient sex unknown, Female, Male, and Asked but declined. If a beneficiary chooses not to disclose, please select 'Asked but declined'.
preferred_language ¹⁶	Preferred Language	<ul style="list-style-type: none"> One preferred language can be chosen from a list of 183 language options using this code set (<i>See Appendix A</i>).
race ¹⁷	Beneficiary race	<ul style="list-style-type: none"> Answer options include: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander,

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

¹⁷ Based on the OMB race categories as defined by the OMB Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997, and supported by the US Core Data for Interoperability v3.

Data Element Label	Data Element Name	Data Element Guidance
		<p>White, Other Race, Asked but unknown, and Unknown.</p> <ul style="list-style-type: none"> • If a beneficiary chooses not to disclose, please select 'Asked but unknown'.
<p>ethnicity_base¹⁸</p>	<p>Beneficiary ethnicity</p>	<ul style="list-style-type: none"> • Answer options include: Hispanic or Latino, Not Hispanic or Latino, Asked but unknown, and Unknown. • If a beneficiary chooses not to disclose, please select 'Asked but unknown'.
<p>sex_orientation¹⁹</p>	<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Beneficiary identification of their emotional, romantic, sexual, or affectional attraction to another person. • Answer options include: Lesbian or gay, Heterosexual (not lesbian, gay, or bisexual), Bisexual, Other, Unknown, Asked but no answer. • If a beneficiary chooses not to disclose, please

¹⁸ Based on the OMB ethnicity categories as defined by the OMB Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997, and supported by the US Core Data for Interoperability v3.

¹⁹ This is based on the HL7 FHIR Value Set as defined by the US Core Data for Interoperability v3 - US Core Sexual Orientation using the [CDC preferred plain language](#) for the relevant SNOMED codes.

Data Element Label	Data Element Name	Data Element Guidance
		select 'Asked but no answer'.
gender_identity ²⁰	Gender Identity	<ul style="list-style-type: none"> • Beneficiary's internal sense of being a man, woman, both, or neither. • Answer options include: Male-to-Female (MTF)/Transgender Female/Trans Woman, Female-to-Male (FTM)/Transgender Male/Trans Man, Genderqueer, neither exclusively male nor female, Female, Male, Asked but unknown, Other. • If a beneficiary chooses not to disclose, please select 'Asked but unknown'.

²⁰ This is based on the HL7 FHIR Value Set as defined by the US Core Data for Interoperability v3 - US Core Gender Identity Extension using the [CDC preferred plain language](#) for the relevant SNOMED codes.

Data Element Label	Data Element Name	Data Element Guidance
ethnicity_expanded_x	Expanded beneficiary ethnicity	<ul style="list-style-type: none"> Based on the CDC expanded ethnicity categories, and includes 45 ethnicity category options (<i>See Appendix B</i>). A beneficiary can choose up to four ethnicity categories to best define their identity.
disability_status ²¹	<p>Data Element Name</p> <ul style="list-style-type: none"> This SDE was not required to be collected or reported in Performance Period 1 but is optional for Performance Period 2 and will be required in subsequent Performance Periods. 	<p>Description</p> <ul style="list-style-type: none"> Disability Status is defined by the 6 distinct data elements described below. Response options for the following questions include: Yes/No, Asked but unknown, Not Asked, or Asked but declined. If a beneficiary chooses not to disclose, please select 'Asked but declined'

²¹ For data collection via a FHIR-based API, we will use a simple 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:us-core** based on the [US Core Simple Observation Category value set](#). For EOM, this will be required to be set to “disability-status”.

Data Element Label	Data Element Name	Data Element Guidance
	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?

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	Bengali	Danish	German
Afar	Bislama	Divehi, Dhivehi, Maldivian	Greek, Modern
Afrikaans	Bosnian	Dutch, Flemish	Greenlandic, Kalaallisut
Akan	Breton	Dzongkha	Guarani
Albanian	Bulgarian	English	Gujarati
Amharic	Burmese	Esperanto	Haitian, Haitian Creole
Arabic	Catalan, Valencian	Estonian	Hausa
Aragonese	Chamorro	Ewe	Hebrew
Armenian	Chechen	Faroese	Herero
Assamese	Chichewa, Chewa, Nyanja	Fijian	Hindi
Avaric	Chinese	Finnish	Hiri Motu
Avestan	Church Slavic, Old Slavonic	French	Hungarian
Aymara	Chuvash	Western Frisian	Icelandic
Azerbaijani	Cornish	Fulah	Ido
Bambara	Corsican	Gaelic, Scottish Gaelic	Igbo
Bashkir	Cree	Galician	Indonesian
Basque	Croatian	Ganda	Interlingua
Belarusian	Czech	Georgian	Interlingue, Occidental
Inuktitut	Lingala	Nuosu, Sichuan Yi	Shona
Inupiaq	Lithuanian	Occitan	Sindhi
Irish	Luba-Katanga	Ojibwa	Sinhala, Sinhalese
Italian	Luxembourgish, Letzeburgesch	Oriya	Slovak
Japanese	Macedonian	Oromo	Slovenian
Javanese	Malagasy	Ossetian, Ossetic	Somali
Kannada	Malay	Pali	Southern Sotho
Kanuri	Malayalam	Pashto, Pushto	Castilian, Spanish
Kashmiri	Maltese	Persian	Sundanese
Kazakh	Manx	Polish	Swahili
Central Khmer	Maori	Portuguese	Swati
Kikuyu, Gikuyu	Marathi	Punjabi, Panjabi	Swedish
Kinyarwanda	Marshallese	Quechua	Tagalog

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Kirghiz, Kyrgyz	Mongolian	Moldavian, Moldovan, Romanian	Tahitian
Komi	Nauru	Romansh	Tajik
Kongo	Navajo, Navaho	Rundi	Tamil
Korean	North Ndebele	Russian	Tatar
Kuanyama, Kwanyama	South Ndebele	Northern Sami	Telugu
Kurdish	Ndonga	Samoan	Thai
Lao	Nepali	Sango	Tibetan
Latin	Norwegian	Sanskrit	Tigrinya
Latvian	Norwegian Bokmål	Sardinian	Tonga (Tonga Islands)
Limburgan, Limburger, Limburgish	Norwegian Nynorsk	Serbian	Tsonga
Tswana	Ukrainian	Volapük	Yiddish
Turkish	Urdu	Walloon	Yoruba
Turkmen	Uzbek	Welsh	Zhuang, Chuang
Twi	Venda	Wolof	Zulu
Uighur, Uyghur	Vietnamese	Xhosa	

Appendix B: Beneficiary Expanded Ethnicity Reporting Options

African	Japanese
African American	Korean
Alaskan Native	Laotian
American Indian	Madagascar
Arab	Malaysian
Asian Indian	Maldivian
Bahamian	Melanesian
Bangladeshi	Micronesian
Barbadian	Middle Eastern or North African
Bhutanese	Nepalese
Black	Okinawan
Burmese	Other Pacific Islander
Cambodian	Pakistani
Chinese	Polynesian
Dominican Islander	Singaporean
Dominican	Sri Lankan
European	Taiwanese
Filipino	Thai
Haitian	Tobogean
Hmong	Trinidadian
Indonesian	Vietnamese
Iwo Jiman	West Indian
Jamaican	

Appendix C: USCDI v2 to v3 Mapping²²

Data Element	USCDI v2	USCDI v3
Sex	Male (M) Female (F) Unknown (UNK)	Patient sex unknown (184115007) Female (248152002) Male (248153007) Asked but declined (asked-declined)
Sexual Orientation	Lesbian, gay, or homosexual (38628009) Straight or heterosexual (20430005) Bisexual (42035005) Something else, please describe (OTH) Don't Know (UNK) Choose not to disclose (ASKU)	Lesbian or gay (38628009) Heterosexual (not lesbian, gay or bisexual) (20430005) Bisexual (42035005) Other (OTH) Unknown (UNK) Asked but no answer (ASKU)
Gender Identity	Male (446151000124109) Female (446141000124107) Female-to-Male (FTM)/Transgender Male/Trans Man (407377005) Male-to-Female (MTF)/Transgender Female/Trans Woman (407376001) Genderqueer, neither exclusively male nor female (446131000124102) Additional gender category or other, please specify (OTH) Choose not to disclose (ASKU)	Male (446151000124109) Female (446141000124107) Female-to-Male (FTM)/Transgender Male/Trans Man (407377005) Male-to-Female (MTF)/Transgender Female/Trans Woman (407376001) Genderqueer, neither exclusively male nor female (446131000124102) Asked but unknown (ASKU) Other (OTH)
Preferred Language	Language codes unchanged	Language codes unchanged

²² Note: The changes from USCDI v2 to v3 are noted in purple and green in the table.

Data Element	USCDI v2	USCDI v3
Race	American Indian or Alaska Native (1002-5) Asian (2028-9) Black or African American (2054-5) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Asked but unknown (ASKU) Other (OTH) Unknown (UNK)	American Indian or Alaska Native (1002-5) Asian (2028-9) Black or African American (2054-5) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Other Race (2131-1) Asked but unknown (ASKU) Unknown (UNK)
Ethnicity	Hispanic or Latino (2135-2) Not Hispanic or Latino (2186-5) Asked but unknown (ASKU) Other (OTH) Unknown (UNK)	Hispanic or Latino (2135-2) Not Hispanic or Latino (2186-5) Asked but unknown (ASKU) Unknown (UNK)
Expanded Ethnicity	No code changes	No code changes
Disability Status	n/a	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)

		<p>Answer Codes:</p> <ul style="list-style-type: none">• LA33-6 – Yes• LA32-8 – No• data absent reason codes:<ul style="list-style-type: none">○ Asked but unknown○ Not asked○ Asked but declined
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Appendix D: Alternate Plain-Text Language for SOGI

Sexual Orientation

USCDI v2	USCDI v3	CDC Preferred USCDI v3 Language
Lesbian, gay, or homosexual (38628009)	Homosexual (38628009)	Lesbian or gay
Straight or heterosexual (20430005)	Heterosexual (20430005)	Heterosexual (not lesbian, gay, or bisexual)
Bisexual (42035005)	Bisexual (42035005)	Bisexual
Something else, please describe (OTH)	Other (OTH)	
Don't Know (UNK)	Unknown (UNK)	
Choose not to disclose (ASKU)	Asked but no answer (ASKU)	

Gender Identity

USCDI v2	USCDI v3	CDC Preferred USCDI v3 Language
Male (446151000124109)	Identifies as male gender (446151000124109)	Male
Female (446141000124107)	Identifies as female gender (446141000124107)	Female
Female-to-Male (FTM)/Transgender Male/Trans Man (407377005)	Female-to-male transsexual (407377005)	Female-to-Male (FTM)/Transgender Male/Trans Man
Male-to-Female (MTF)/Transgender Female/Trans Woman (407376001)	Male-to-female transsexual (407376001)	Male-to-Female (MTF)/Transgender Female/Trans Woman
Genderqueer, neither exclusively male nor female (446131000124102)	Identifies as non-conforming gender (446131000124102)	Genderqueer, neither exclusively male nor female
Additional gender category or other, please specify (OTH)	Other (OTH)	
Choose not to disclose (ASKU)	Asked but unknown (ASKU)	