We are providing this information in response to a CMS request.

The CMS Form 2728 items 8, 9, and 10 are:

- Ethnicity
- Country/Area of Origin or Ancestry
- Race

Federal guidelines, including the Equal Employment Opportunity Commission public notice in the Federal Register Volume 70, Number 227, indicate that the preferred method for collecting information related to ethnicity and race is self-identification. CMS has recently directed ESRD Networks to instruct providers that, whenever possible, they must document the patient’s self-reported ethnicity (field 8) and race (field 10) on the OMB 2728 Form.

Federal guidelines generally recommend a two-question format regarding race and ethnicity. Since there are three form locators related to ethnicity and race, a third question will be necessary if a respondent indicates that their ethnicity is Hispanic or Latino, or their race is Native Hawaiian or Other Pacific Islander, or American Indian/Alaska Native.

The following flow chart illustrates how facilities may collect this information from patients.
Question 1:
Are you Hispanic or Latino?

Yes
Select Hispanic or Latino for form locator 8.

No
Select Not Hispanic or Latino for form locator 8.

Question 1a:
What is your country or area of origin or ancestry?
Enter response in form locator 9.

Question 2:
What race or races would you identify yourself as being? 
White? Black or African American? American Indian or Alaska Native? Asian? Native Hawaiian or Other Pacific Islander?

American Indian or Alaska Native
Check appropriate box or boxes for form locator 10.

Native Hawaiian or Other Pacific Islander
Check appropriate box or boxes for form locator 10.

All other responses to Question 2
Check appropriate box or boxes for form locator 10.

Question 2a:
What principal tribe are you a member of?
Enter response in form locator 10.
In the event that a patient or patient’s family member is unable to self-report their ethnicity and/or race, providers should record this information on behalf of the patient, and acknowledge the absence of the patient’s self-reported ethnicity and race in the remarks area (field 53) by noting that “fields 8-10” were reported by _________.

**Background:**

The CMS Form 2728 (End Stage Renal Disease Medical Evidence Report | Medicare Entitlement and/or Patient Registration) is required in three different circumstances:

| **Initial** | For all patients who initially receive a kidney transplant instead of a course of dialysis.

For patients for whom a regular course of dialysis has been prescribed by a physician because they have reached that stage of renal impairment that a kidney transplant or regular course of dialysis is necessary to maintain life. (The first date of a regular course of dialysis is the date this prescription is implemented whether as an inpatient of a hospital, an outpatient in a dialysis center or facility, or a home patient. The form should be completed for all patients in this category even if the patient dies within this time period.) A patient will only have one Initial 2728.

| **Re-entitlement** | For beneficiaries who have already been entitled to ESRD Medicare benefits and those benefits were terminated because their coverage stopped 3 years post transplant but now are again applying for Medicare ESRD benefits because they returned to dialysis or received another kidney transplant.

For beneficiaries who stopped dialysis for more than 12 months, have had their Medicare ESRD benefits terminated and now returned to dialysis or received a kidney transplant. These patients will be reapplying for Medicare ESRD benefits. A patient may have multiple re-entitlement 2728s.

| **Supplemental** | Patient has received a transplant or trained for self-care dialysis within the first 3 months of the first date of dialysis and initial form was submitted. A patient will only have one Supplemental 2728, if needed. |