

Network 8, Inc.

# Memorandum

To: Network 8 Facilities  
From: Robert Bain, Information Systems Director  
Date: May 27, 2010  
Re: Self-Identification of Ethnicity and Race on Form 2728  
(Items 8, 9, and 10)

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

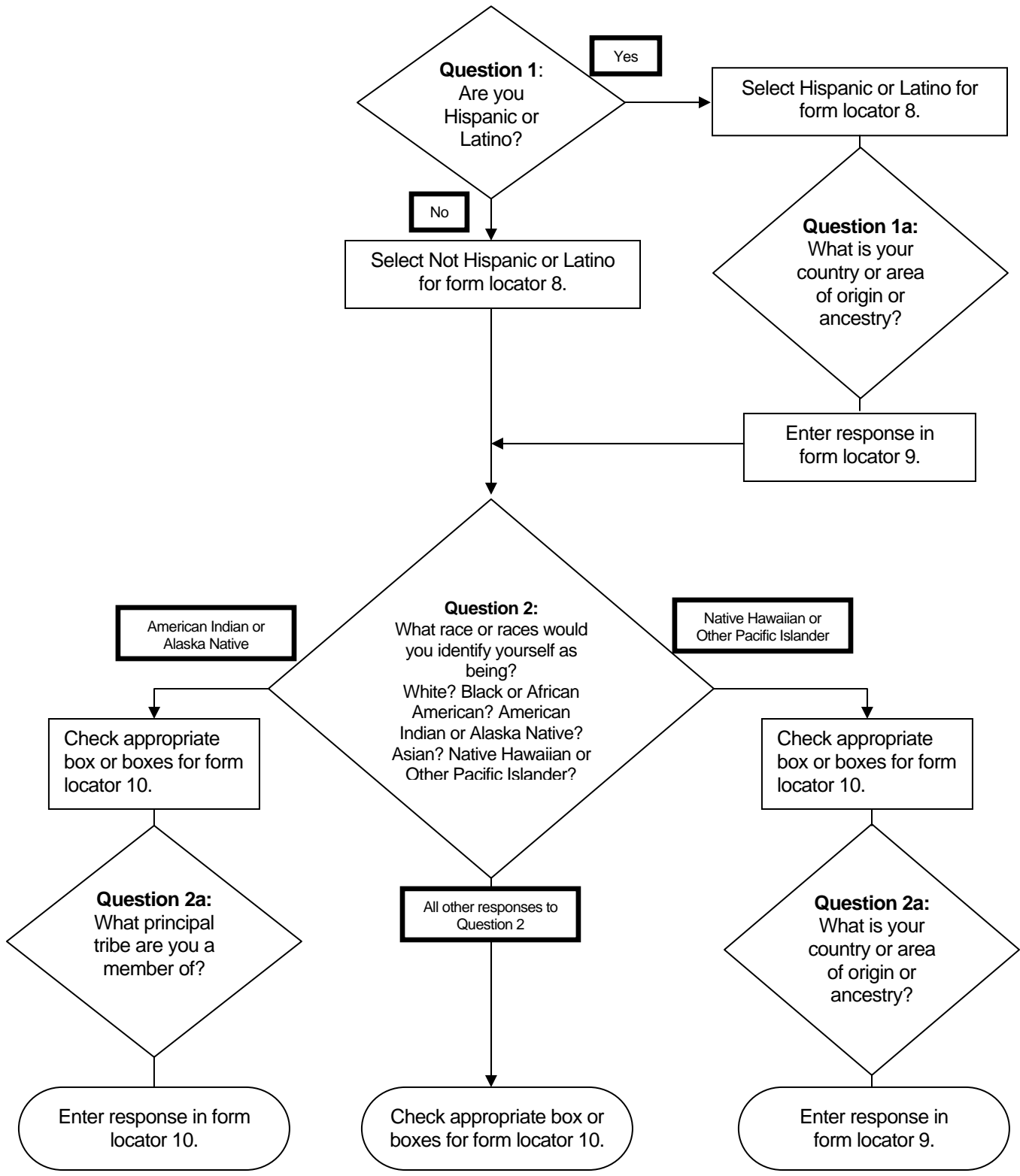
The CMS Form 2728 items 8, 9, and 10 are:

- 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.



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:

<p><b>Initial</b></p>	<p>For all patients who initially receive a kidney transplant instead of a course of dialysis.</p> <p>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.</p>
<p><b>Re-entitlement</b></p>	<p>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.</p> <p>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.</p>
<p><b>Supplemental</b></p>	<p>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.</p>