

Introduction and Instructions

The National Uniform Claim Committee (NUCC) is conducting the following survey to gather information about the current usage of the 1500 Health Insurance Claim Form (1500 Form), both as a paper form and as a print image. Information from this survey will be used by the NUCC in its general work on the professional claim and its data content. This survey is not an indication of any specific changes being considered for the 1500 Form.

The questions should take approximately 5-10 minutes to complete, although you may need to spend additional time compiling data on your use of 1500 Form prior to answering the questions. All responses are confidential. Your identity or the identity of your organization will not be published or released without your permission. We appreciate your feedback.

If you have any questions about this survey, please email nuccinfo@nucc.org.

Stakeholder Question

* 1. Which of the following best identifies your type of organization? Choose one. If your organization conducts functions of more than one category below, please complete the survey separately for each function. For example, a payer that has a clearinghouse will complete the survey twice, answering for the payer and the clearinghouse separately.

- Provider
- Billing Service
- Payer
- Clearinghouse

Provider Questions

This survey is asking about the use of the 1500 Health Insurance Claim Form (1500 Form). The term 1500 Form is being used in this survey to describe claims that are entered directly onto the paper form and forms that are created using an electronic template of the 1500 Form.

2. How do you submit claims for reimbursement? Choose all that apply.

- Directly to the payer
- Using a billing service
- Using a clearinghouse

3. How many claims do you submit per month using the 1500 Form?

- | | |
|-------------------------------------|--|
| <input type="radio"/> Less than 100 | <input type="radio"/> 5,001 – 10,000 |
| <input type="radio"/> 101 – 500 | <input type="radio"/> 10,001 – 25,000 |
| <input type="radio"/> 501 – 1,000 | <input type="radio"/> 25,001 – 50,000 |
| <input type="radio"/> 1,001 – 2,500 | <input type="radio"/> 50,001 – 100,000 |
| <input type="radio"/> 2,501 – 5,000 | <input type="radio"/> Greater than 100,000 |

4. Looking at the total number of claims you submit per month, what percentage are submitted using the 1500 Form compared to the total number submitted? For example, if in a month you submit a total of 1,000 claims and 500 are a 1500 Form, then the response is 50%.

- | | |
|------------------------------------|--------------------------------|
| <input type="radio"/> Less than 1% | <input type="radio"/> 51 – 75% |
| <input type="radio"/> 1 - 10% | <input type="radio"/> 76 – 99% |
| <input type="radio"/> 11 – 25% | <input type="radio"/> 100% |
| <input type="radio"/> 26 – 50% | |

5. How do you complete the 1500 Form? Choose all that apply.

- Handwritten
- Computer generated using a computer template, whether or not it is printed
- Typewritten
- Other (please specify)

6. Why do you use the 1500 Form to submit claims? Choose all that apply.

- Prefer to complete the 1500 Form
- Use for claims involving coordination of benefits
- Use for claims for specific services
- Use for workers' compensation, property and casualty, and auto claims
- Use for claims requiring an attachment of forms, invoices, reports, or other documents
- Use for an alternative payment model (An example of an alternative payment model is the Medicare Comprehensive Care for Joint Replacement)
- Exempt from submitting claims electronically, as defined by the Administrative Simplification Compliance Act
- Don't have the capability (IT system) to submit claims electronically using the HIPAA standard transaction

Other (please specify)

Billing Service Questions

This survey is asking about the use of the 1500 Health Insurance Claim Form (1500 Form). The term 1500 Form is being used in this survey to describe claims that are entered directly onto the paper form and forms that are created using an electronic template of the 1500 Form.

7. How many claims do you submit per month using the 1500 Form?

- Less than 1,000
- 1,001 – 10,000
- 10,001 – 25,000
- 25,001 – 50,000
- 50,001 – 100,000
- 100,001 – 500,000
- 500,001 – 1,000,000
- 1,000,001 – 2,500,000
- 2,500,001 – 5,000,000
- 5,000,001 - 10,000,000
- Greater than 10,000,000

8. Looking at the total number of claims you submit per month, what percentage are submitted using the 1500 Form compared to the total number submitted? For example, if in a month you submit a total of 10,000 claims and 5,000 are a 1500 Form, then the response is 50%.

- Less than 1%
- 1 - 10%
- 11 – 25%
- 26 – 50%
- 51 – 75%
- 76 – 99%
- 100%

9. How do you complete the 1500 Form? Choose all that apply.

- Handwritten
- Computer generated using a computer template, whether or not it is printed
- Typewritten
- Other (please specify)

10. Why do you use the 1500 Form to submit claims? Choose all that apply.

Use for claims involving coordination of benefits

Use for claims requiring an attachment of forms, invoices, reports, or other documents

Use for claims for specific services

Use for an alternative payment model (An example of an alternative payment model is the Medicare Comprehensive Care for Joint Replacement)

Use for workers' compensation, property and casualty, and auto claims

Don't have the capability (IT system) to submit claims electronically using the HIPAA standard transaction

Other (please specify)

Payer Questions

This survey is asking about the use of the 1500 Health Insurance Claim Form (1500 Form). The term 1500 Form is being used in this survey to describe claims that are entered directly onto the paper form and those using the 1500 print image.

11. Please identify the type of payer you are. Choose all that apply?

- Private/commercial payer
- Medicare
- Medicaid
- Federal program other than Medicare or Medicaid
- Workers' compensation, property and casualty, or auto insurance payer
- Other (please specify)

12. How many claims do you receive per month using the 1500 Form?

- Less than 1,000
- 1,001 – 10,000
- 10,001 – 25,000
- 25,001 – 50,000
- 50,001 – 100,000
- 100,001 – 500,000
- 500,001 – 1,000,000
- 1,000,001 – 2,500,000
- 2,500,001 – 5,000,000
- 5,000,001 - 10,000,000
- Greater than 10,000,000

13. Looking at the total number of claims you receive per month, what percentage are received as a 1500 Form compared to the total number received? For example, if in a month you receive a total of 1,000,000 claims and 100,000 are a 1500 Form, then the response is 10%.

- Less than 1%
- 1 - 10%
- 11 – 25%
- 26 – 50%
- 51 – 75%
- 76 – 99%
- 100%

14. How are the 1500 Forms completed? Choose all that apply.

- Handwritten
- Computer generated using a computer template, whether or not it is printed
- Other (please specify)

15. What claims do you receive using the 1500 Form? Choose all that apply.

- Primary claims
- Workers' compensation, property and casualty, auto claims
- Coordination of benefits
- Claims requiring an attachment of forms, invoices, reports, or other documents
- Claims for specific services
- Claims for an alternative payment model – An example of an alternative payment model is the Medicare Comprehensive Care for Joint Replacement
- Other (please specify)

Clearinghouse Questions

This survey is asking about the use of the 1500 Health Insurance Claim Form (1500 Form). The term 1500 Form is being used in this survey to describe claims that are entered directly onto the paper form and those using the 1500 print image.

16. How many claims do you receive per month using the 1500 Form?

- Less than 1,000
- 1,001 – 10,000
- 10,001 – 25,000
- 25,001 – 50,000
- 50,001 – 100,000
- 100,001 – 500,000
- 500,001 – 1,000,000
- 1,000,001 – 2,500,000
- 2,500,001 – 5,000,000
- 5,000,001 - 10,000,000
- Greater than 10,000,000

17. Looking at the total number of claims you receive per month, what percentage are received as a 1500 Form compared to the total number received? For example, if in a month you receive a total of 1,000,000 claims and 100,000 are a 1500 Form, then the response is 10%.

- Less than 1%
- 1 - 10%
- 11 – 25%
- 26 – 50%
- 51 – 75%
- 76 – 99%
- 100%

18. How many electronic claims do you convert to the 1500 Form per month to submit to payers?

- Less than 1,000
- 1,001 – 10,000
- 10,001 – 25,000
- 25,001 – 50,000
- 50,001 – 100,000
- 100,001 – 500,000
- 500,001 – 1,000,000
- 1,000,001 – 2,500,000
- 2,500,001 – 5,000,000
- 5,000,001 - 10,000,000
- Greater than 10,000,000

Conclusion

Please refer any general questions you may have about this survey to nuccinfo@nucc.org.

Thank you for taking time to complete the survey. Click "Done" when you are finished.

