

Student Abstract

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Title: Paying for Performance and Gaming the System: The Standardization of Nomenclature Since HIPAA

Abstract: By passing the Health Insurance Portability and Accountability Act (HIPAA) in 1996, Congress attempted to reduce the variability of coding requirements for providers and payers by compelling them to use a national classification system to facilitate the electronic transmission of health information. This process of standardization is unfinished and is rife with allegations of fraud, cost-shifting, and a lack of transparency. New classification systems, including pay-for-performance, are on the horizon. This poster assesses the impact of HIPAA on simplifying a highly complex and quickly evolving classification system for coding individual-level health information. Journal articles and other texts discussing the history and use of diagnostic and procedure codes for financing healthcare were analyzed. Journal articles proposing alternatives to the classifications currently used by Medicare and Medicaid were also analyzed. A case study of a public HIV/AIDS clinic is used to demonstrate how a new disease, and its accompanying diagnostic and treatment technology, is integrated into ground-level routines of service delivery. Healthcare providers must be familiar with the nomenclature both to avoid accusations of fraud and to game the system to provide optimum care for patients. They also struggle over divisions of labor when faced with implementing standards in daily practice. This analysis reveals that HIPAA is unable to rein in the uncertainty entrenched in our current healthcare information system. Continued efforts at standardization must take into account (1) how local adaptations to external mandates occur in practice, and (2) how efforts to standardize can have the paradoxical effect of generating additional uncertainties.