

**CLASSIFICATION APPEAL DECISION OF THE
OFFICE OF PERSONNEL MANAGEMENT
CHICAGO FIELD SERVICE OFFICE**

INCUMBENT: **[Appellant]**

REPRESENTATIVE: None

POSITION NUMBER: 15580

AGENCY CLASSIFICATION: Medical Records Clerk (OA)
GS-675-4

POSITION LOCATION: Department of Veterans Affairs
[Installation]
[Activity]
[City, State]

OFFICE OF PERSONNEL MANAGEMENT DECISION: Medical Records Clerk (OA)
GS-675-4

OPM DECISION NUMBER: C-0675-04-02

This appellate decision constitutes a certificate that is mandatory and binding on administrative, certifying, payroll, and accounting offices of the Government. It is the final administrative decision on the classification of the position, not subject to further appeal. It is subject to discretionary review only under the conditions and time limits specified in Part 511, Subpart F, of Title 5, U.S. Code of Federal Regulations.

/s/

FREDERICK J. BOLAND
CLASSIFICATION APPEALS OFFICER

4/22/97

DATE

INFORMATION CONSIDERED

- Appellant's memos dated February 10 and April 1, 1997.
- Copy of the official description of the appellant's position.
- Agency administrative report dated March 26, 1997.
- OPM series determination for the position, dated December 12, 1996.
- Audit of the appellant's position by telephone discussion of duties with her on April 7, 16, and 21, 1997.
- Telephone discussion of the position's duties with the appellant's supervisor on April 17, 1997.

EVALUATION CRITERIA

- OPM *Medical Records Technician, GS-675, Series* standard, dated November 1991.
- OPM *Office Automation Grade Evaluation Guide*, dated November 1990.

INTRODUCTION

The appellant disputes the grade level assigned to her position. She is assigned to position number 15580, which is located in the [Activity], [Installation], [City, State]. The appellant feels she was given insufficient credit for her work considering the supervisory controls (Factor 2) and guidelines (Factor 3) under which she operates, the complexity of her assignments (Factor 4), the scope and effect of her work (Factor 5), and the personal contacts (Factor 6) involved in performing her duties.

JOB INFORMATION

The appellant performs duties incident to the release of information contained in consolidated health records. She responds to requests from a variety of sources, including but not limited to insurance companies, doctors, lawyers and individuals requesting medical information. She reviews requests to ensure appropriate consents have been received, determines eligibility for release of information, abstracts information from the medical record, and accounts for the release of information. The appellant must use computers and other office automation technology in her work. She also maintains a cancer registry, a running log of home health care, and prepares documents for handicap permits, but by her estimate spends approximately 90 percent of her time handling release of information requests.

She is one of about 13 support staff in her section, which includes the appellant, two GS-5/6 Medical Records Technicians, a GS-4 Medical Records Clerk, two GS-3 File Clerks, two GS-4 Clerk/Typists, a GS-3 Telephone Operator, two GS-4 Telecommunication Equipment Operators, a GS-5 Program Assistant, and a GS-5 Secretary. The section is headed by a GS-7 Support Services Supervisor.

ANALYSIS AND FINDINGS

SERIES AND TITLE DETERMINATION

An OPM decision dated December 12, 1996, determined the position belonged to the Medical Records Technician, GS-675, series. The prescribed title for nonsupervisory positions below grade GS-5 in this series is *Medical Records Clerk*. The parenthetical title *Office Automation* is added because the position also requires significant knowledge of office automation systems and typing proficiency. The abbreviation *OA* may be used to prevent the title from becoming unnecessarily cumbersome. The appellant's position is properly titled *Medical Records Clerk (OA)*.

GRADE DETERMINATION

The appellant's Medical Records related duties are evaluated using the Medical Records Technician, GS-675, classification standard. Her office automation related duties are evaluated using the Office Automation Grade Evaluation Guide. Her automation duties, however, cannot be higher graded than the grade already assigned her Medical Records duties, unless they require knowledge of the capabilities, operating characteristics, and *advanced* functions of a variety of types of office automation software (e.g., database, spreadsheet, and word processing) and knowledge of how to integrate different software products (e.g., charts, graphics, spreadsheets, database records, etc.), which they do not. Consequently, they are not further evaluated in this decision.

The GS-675 series is written in Factor Evaluation System (FES) format. Under FES, work must be fully equivalent to the factor-level described in the standard to warrant credit at that level's point value. If work is not fully equivalent to the overall intent of a particular level described in the standard, a lower level and point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level.

FACTOR 1: KNOWLEDGE REQUIRED BY THE POSITION

This factor assesses the nature and extent of information or facts that employees must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply those knowledges.

The appellant does not dispute her agency's assignment of Level 1-3.

At Level 1-3, employees use knowledge of standardized medical records procedures, methods, and requirements to perform a full range of routine medical records clerical assignments. The appellant similarly employs such knowledge to respond to a full range of routine requests for release of patient information, to select and compile information from medical records, and to abstract information from medical records. The requests she typically handles involve standard forms or procedures that can be readily identified because of their routine nature. For example, her approximately 300 requests during the past month were for information such as progress notes, discharges, physical or other test results, x-rays, etc. She must exercise care and diligence in retrieving information (particularly when certified records are requested and pages must be numbered) and ensuring appropriate consent forms

have been executed. Nonroutine requests, however, are expected to be forwarded to her supervisor for resolution, as noted in her position description.

Unlike Level 1-4, where employees apply more extensive knowledge to resolve nonstandard procedural problems, the appellant's correspondence, summaries of medical information, and application of Privacy Act requirements do not typically depart from the routine. That is, even with increasing workloads and automated systems, the nature of her work (identifying the information to be retrieved from records, determining whether it may be released, and abstracting an appropriate summary, if necessary) still largely involves her adherence to standard operating procedures and guidelines, from which she rarely departs.

We evaluate this factor at Level 1-3 and assign 350 points.

FACTOR 2: SUPERVISORY CONTROLS

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. Responsibility of the employee depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review, e.g., close and detailed review of each phase of the assignment, detailed review of the finished assignment, spot-check of finished work for accuracy, or review only for adherence to policy.

The appellant believes Level 2-3 credit appropriate, based upon the independence with which she works. She states that she establishes the overall goals and priorities of her position in compliance with VA rules, regulations, and laws. She also indicates that she is responsible for correcting and handling all problems that may arise on a daily basis and does not refer information requests to her supervisor unless a lawsuit is pending.

As at Level 2-2, the information requests the appellant handles are governed by standard operating procedures and instructions. Unlike Level 2-3, her requests do not typically involve special problems and conflicting requirements where standard procedures do not apply. The appellant typically processes standard, recurring requests using accepted practices, previous experience, and long standing work policies. Although standardized work such as hers may appear to be performed with a high level of independence, it is the work itself that is closely defined and prescribed. Whether or not her supervisor observes her day-to-day work, the quantity, quality, and deadlines applicable to it and the specific procedures and work methods that the appellant uses are still controlled by standard operating procedures and previous supervisory instructions. Regardless of her knowledge of program objectives, alternatives, local priorities, and operating policies, the appellant may not normally deviate from standard operating procedures on any significant matter. The manner in which she works is essentially dictated by instructions and guidelines that leave virtually no room for exercising more than Level 2-2 independence.

We evaluate this factor at Level 2-2 and credit 125 points.

FACTOR 3: GUIDELINES

This factor covers the nature of guidelines and the judgment needed to apply them.

In support of her claim to higher credit, the appellant references her position description, which states that she uses considerable judgment in employing the extensive guidelines applicable to her work. She also notes that in her work it is important to keep up-to-date with new diseases, treatments, or experimental drugs as this information may need to be released for requests.

As at Level 3-2, the appellant follows well-established procedures in responding to information requests covering a variety of written medical records references and regulatory requirements. The judgment she exercises is largely limited to deciding which guidelines are most pertinent to processing a particular request.

Unlike Level 3-3, the appellant does not regularly resolve problems or face situations where she must rely on analysis and judgment rather than specific guides in determining how to respond to requests for information, as already noted under Factor 2.

We evaluate this factor at Level 3-2 and credit 125 points.

FACTOR 4: COMPLEXITY

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

The appellant feels higher credit is warranted because she believes that in order to release medical information, she must perform qualitative and quantitative analyses. She notes that she ensures medical records are properly documented, signed, transcribed, filed, and available to meet Joint Commission standards.

In response to our request for work samples, the appellant provided copies of three standardized letters that she routinely attaches to requested documents when they are sent to the requesting party. She indicates that most of the time a basic cover letter is appropriate for responses. When there is a question regarding the release of sensitive information, the appellant contacts the physician who makes the determination. If an attorney makes a request, the appellant notifies the VA district counsel and provides duplicate copies of documents. Where clarification is needed regarding the type of information desired, the appellant contacts the requestor.

As at Level 4-2, the appellant follows standard procedures in responding to information requests of limited complexity. She corrects, or sends back for correction, medical records that do not adhere to prescribed coding and documentation methods, as expected at Level 4-2.

Unlike Level 4-3, her work does not involve, among other things, the evaluation of many facts and conditions regarding access to medical information, but rather is typically limited to factual

determinations regarding consent forms and the like. Also unlike Level 4-3, her work does not involve the analysis and interpretation required to correct complicated inconsistencies or discrepancies in records.

We evaluate this factor at Level 4-2 and credit 75 points.

FACTOR 5: SCOPE AND EFFECT

This factor covers the relationship between the nature of the work (i.e., the purpose, breadth, and depth of the assignment) and the effect of work products or services both within and outside the organization. Only the effect of properly performed work is considered.

In support of her claim to higher credit, the appellant notes records are not always easily accessible and must be retrieved from archived records or from other facilities and indicates that released information must meet VA and JACHO standards.

As at Level 5-2, the purpose of the appellant's work is to apply specific rules and procedures to determine what medical information may be released. Unlike Level 5-3, it does not typically entail the resolution of nonroutine problems.

As at Level 5-2, the appellant's work affects the accuracy and timeliness of the release of medical information. Unlike Level 5-3, her work does not directly affect the medical record keeping system.

We evaluate this factor at Level 5-2 and credit 75 points.

FACTOR 6: PERSONAL CONTACTS AND FACTOR 7: PURPOSE OF CONTACTS

The Medical Records Technician standard treats Factors 6 and 7 together. Contacts credited under Factor 6 must be the same contacts considered under Factor 7. Factor 6 (Levels 1 to 2) includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Levels of this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities). Factor 7 (Levels A to B) addresses the purpose of personal contacts, which may range from factual exchange of information to situations involving significant or controversial issues and differing viewpoints or objectives.

Personal Contacts

The appellant claims higher credit based upon her contacts with insurance companies, lawyers, courts, mortuaries, police, detectives, health home care facilities, and veterans and their families as well as the potential liability involved in the release or failure to release medical information.

The standard credits contacts made in person, rather than through the mail or other written means. It also considers only properly performed work, rather than the consequence of error. The appellant's personal contacts involve individuals outside the agency, such as patients, their representatives, and others who may call or visit. As at Level 2, the contacts occur in a moderately structured setting.

The contacts are routine, but require the appellant to explain procedures and requirements that the caller may be unfamiliar with or not understand.

We evaluate Contacts at Level 2.

Purpose of Contacts

The appellant believes her work involves more than the exchange of factual information and notes that it includes verifying information, maintaining records, abstracting information, and various other steps.

While her work clearly involves more than information exchange, its purpose is to provide factual information to parties submitting requests for release of medical information, as indicated at Level A. Unlike Level B, its purpose is not to coordinate work efforts and to solve technical problems.

We evaluate Purpose at Level A.

We evaluate this factor at Level 2A and credit 45 points.

FACTOR 8: PHYSICAL DEMANDS

This factor covers the requirements and physical demands placed upon the employee by the work assignment. This includes physical characteristics and abilities and physical exertion involved in the work.

Level 8-1 work is sedentary and presents no special physical demands. Level 8-2 work involves considerable walking, stooping, bending, and climbing. The appellant's work is sedentary and free of special physical demands.

We evaluate this factor at Level 8-1 and credit 5 points.

FACTOR 9: WORK ENVIRONMENT

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required.

Level 9-1 work is in an office setting. Level 9-2 work, though not described in the standard, involves moderate safety risks or discomforts that require special precautions. The appellant's work is performed in an office setting and requires no special safety precautions.

We evaluate this factor at Level 9-1 and credit 5 points.

Factor Level Point Summary

Factor	Level	Points
1	1-3	350
2	2-2	125
3	3-2	125
4	4-2	75
5	5-2	75
6 & 7	2A	45
8	8-1	5
9	9-1	5
	Total	805

The table above summarizes our evaluation of the appellant's work. As shown on page 8 of the standard, a total of 805 points falls within the GS-4 grade range (655 - 850).

DECISION

The proper classification of the appellant's position is Medical Records Clerk (OA), GS-675-4.