

**CLASSIFICATION APPEAL DECISION
U.S. OFFICE OF PERSONNEL MANAGEMENT
CHICAGO OVERSIGHT DIVISION**

APPELLANT: **[Appellant]**

POSITION NUMBER: 3868-0

AGENCY CLASSIFICATION: Accounts Receivable Assistant, GS-503-6

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

OFFICE OF PERSONNEL
MANAGEMENT DECISION: **Voucher Examiner, GS-540-5**

OPM decision number: C-0540-05-01

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. This certificate must be implemented no later than the beginning of the sixth pay period following the date of the decision.

/s/

FREDERICK J. BOLAND
CLASSIFICATION APPEALS OFFICER

7/31/97

DATE

Information Considered

- ▶ Appellant's letter dated September 29, 1996, and earlier correspondence.
- ▶ Agency letter dated August 1, 1996, and its enclosures, including the appellant's reasons for appeal.
- ▶ Copy of the official description of the appellant's position.
- ▶ Copy of the official description of the appellant's supervisor's position.
- ▶ Copy of the appellant's performance standards.
- ▶ Copy of the organization chart for the [activity], dated March 1995.
- ▶ Telephone interview with the appellant's supervisor on November 27, 1996.
- ▶ Telephone interview with the [Installation]Coordinator on February 3, 1997.
- ▶ Telephone interviews with the appellant on December 16, 1996, January 24, April 9, and July 24, 1997.

Evaluation Criteria

- ▶ OPM position classification standard for the *Voucher Examining, GS-540, Series*, dated December 1980.

Introduction

The appellant contests the grading of her position. She is assigned to position number 3868-0, classified May 6, 1996, as an Accounts Receivable Assistant, GS-503-6. The position is located in the [Activity], [Installation], [City and State]. She feels her agency failed to adequately recognize the independence with which she works and the complexity of the subject matter with which she deals (Factors 2 and 4 of the standard). She agrees that the official position description accurately reflects her major duties.

Job Information

The appellant is one of about four employees in her section. The section includes a GS-301-11 [Installation] Coordinator, a GS-503-7 Accounts Receivable Assistant, a GS-530-6 Agent Cashier, and the appellant. The appellant receives technical guidance from the [Installation] Coordinator.

Under the [Installation] Program, Medical Centers attempt to recover the cost of health care rendered to veterans who are not entitled as VA beneficiaries, were found to be able to pay the costs of their care, or have private health plans; eligible veterans who have claims against third parties or employers; veterans of allied governments with whom agreements have been made; active duty

personnel in the Armed Services; humanitarian cases; and employees of other Federal agencies who receive treatment as approved by the Secretary of Veterans Affairs.

The appellant estimates that most of her time (about 75 percent) is devoted to three main areas detailed under the major duties section of her position description. Under these areas she:

- Reviews [installation] case information to determine the course of action to recover debts. Gathers pertinent information and may seek Central Office guidance before making a decision. Negotiates acceptable monthly payment plan and prepares promissory note with full explanation and documentation. Determines through correspondence or personal contact with the veteran and through financial information whether inability to pay is temporary or permanent and may suspend collection action or refer action to Counsel. Completes fully documented case for referral.
- Determines if collection action is to be pursued, if compromise should be solicited, if suspension should be recommended, or if referral should be made to enforce collection. Reviews payments to assure proper credit. Follows up on partial payments.
- Responds to telephonic, written or personal inquiries from a variety of sources concerning debts resulting from patient care.

She further notes that her work requires contact, mainly via the telephone, with a variety of health insurance companies and veterans service organizations. She estimates that the majority (about 80 percent) of her contacts involve dealings with insurance companies and the remainder with veterans and veteran service organizations.

Analysis and Findings

Series and Title Determination

The appellant's primary duties are most closely related to voucher examining, since they involve gathering, reviewing, and following up on billing documentation submitted to prove the Government's entitlement to reimbursement for the medical care it has provided. The Voucher Examining, GS-540, series covers, among other things, the examination for accuracy, legality, compliance with regulations, and justification of vouchers, invoices, claims, and other requests for payment for services provided by the Government.

The appellant's position description notes that she audits all types of complex vouchers dealing with the collection of indebtedness due the [Installation], reviews all billings to ensure they are complete and accurate, and addresses all follow-up collection requirements. She indicates that this requires her to examine vouchers for conformity to policy and guidelines to ensure they are complete and accurate in terms of insurance coverage. (For example, insurance coverage may include tort insurance, workers compensation coverage, or private health insurance. Tort insurance and workers compensation cases, however, are referred to Counsel for disposition.) She states in her appeal letter, "My primary responsibility is to evaluate vouchers to be certain that they conform to policy and

guidelines insuring the vouchers are complete and accurate." Our interviews with her confirm that the underlying purpose of her work and contacts with insurance companies and veterans relates to establishing the necessary proof to support reimbursement, even though more of her time is occupied with follow-up on vouchers already submitted to insurance companies rather than with an initial intensive examination of vouchers. Her follow-up relates to examining functions concerned with securing missing facts, forms, signatures, etc., or otherwise providing the necessary proof to obtain payment and, therefore, is covered by the GS-540 series.

As is typical of voucher examining, her work requires knowledge of bookkeeping terminology, forms, methods, techniques, and procedures to ensure proper documentation and coding of vouchers. She must understand the relationship between items and forms or ledgers, account numbering, supporting documents and invoices, receipts and bills, code numbers, etc. She must be able to compute interest and administrative charges on appropriate debts and maintain records on amounts due. She must have an understanding of the accounts receivable system, but this is incidental to her voucher examining knowledge and no higher graded, as is her use of computers to keep track of funds obtained through billing.

The prescribed title for non-supervisory positions in the GS-540 series is *Voucher Examiner*.

Grade Determination

Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions. (Temporary assignments of sufficient duration, though, are sometimes recognized in accordance with agency discretion by temporary promotion if higher graded duties are involved, by formal detail, or by performance awards.)

The Voucher Examining standard is in Factor Evaluation System (FES) format. This system requires that credit levels assigned under each factor relate to only one set of duties and responsibilities. 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.

As at Level 1-2, the appellant exercises a knowledge of bookkeeping terminology, forms, methods, techniques, and procedures to ensure proper documentation and coding of expenses and uses skill in arithmetic to arrange facts and figures into repetitively used formulas or to prorate bills.

As at Level 1-3, she performs a full range of standard clerical assignments requiring considerable training and experience to resolve recurring problems in examining and obtaining payment on vouchers. She follows standard operating procedures to determine allowability of charges, to ensure supporting paperwork is complete and correct, and to rectify documentation insufficiencies. Her follow-up with insurance companies similarly adheres to standard procedures in determining allowability of charges under insurance policies, entitlement of the [Installation] to reimbursement, the proper manner of establishing debt and recovering payment, and the computation of valid charges based upon applicable policy riders, exemptions, benefits, co-payments, deductibles, and related factors such as coverage of service-connected treatments. As at Level 1-3, the vouchers she works with are complicated by a number of factors such as partial payments, variety of kinds of supporting papers, and policies that vary from one to another as to coverage, terms, provisions, and conditions.

Unlike Level 1-4 Examiners, the appellant does not resolve a wide range of non-standard problems. e.g., those associated with vouchers submitted under the provisions of non-standard contracts that are not repetitively encountered. Level 1-4 Examiners exercise knowledge of an extensive body of regulations, rules, procedures, and practices to complete voucher examining assignments having a wide variety of complicating conditions and requiring extended training and experience to properly resolve. For example, some Level 1-4 Examiners resolve exceptions and appeals on a variety of types of vouchers. They review vouchers appealed due to disputes on the application of guidelines when the objections raised are sound enough to warrant more than a routine reply. Level 1-4 Examiners must exhaust all existing regulations, precedents, and records, such as pay contract records or obsolete or superseded regulations for up to ten years in the past. They must exercise ingenuity in securing missing documents after previous searches by others of all normal channels prove fruitless; study regulations, case material, records, and documentation to establish validity of complaints or exceptions; and study precedents, which may be in the form of letters, directives, GAO reports, and Comptroller General's decisions, to ensure they are applicable to the issue at hand, and often to ensure that agency guides and procedures are true interpretations of the Federal regulations from which they are derived.

Little of the appellant's work requires such knowledge. She indicates that she does not handle appeals and that non-standard problems are referred to others for resolution. If problems with insurance company payments cannot be readily resolved, she refers the case to Counsel for review. While the appellant follows-up on unpaid vouchers, it is to ascertain the reason for non-payment, partial payment, or overpayment of vouchers and to provide clarifying information or additional supporting documentation where such is readily available, typically through standard citations that address common insurance company mistakes. For example, work samples that she submitted at our request indicate her correspondence with insurance companies involves such matters as:

- admonishing Blue Cross for mixing provisions of two separate contracts [the VA Limited Hospital contract and the Federal Employees Health Benefits (FEHB) contract] to artificially reduce its share of the payment by using differing allowances and deductibles to its advantage,

- advising Chiquita Brands of the VA's independent right of reimbursement from an insured's health plan regardless of the insured's submission of a claim under his signature,
- refunding DCA Health Care for outpatient services later deemed to be service-connected,
- refunding overpayment of the Part A deductible on inpatient services,
- requesting Blue Cross to reconsider vouchers that could not be submitted with the appropriate forms on time because of computer problems,
- advising a veteran requesting exemption from his co-payment obligations to complete the Financial Status Report form required for hardship waivers, and
- advising a veteran regarding his need to pay a deductible refunded to Bankers Life Casualty Company because his hospital stays overlapped the same benefit period.

Such work is amply precedented and largely depends upon securing readily available forms and information, rather than the development of information from sources not normally available, as at Level 1-4.

We evaluate this factor at Level 1-3 and credit 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 claims she exercises considerable judgment and works independently of any specific supervision. She states, "I work under the direct supervision of the Chief of Fiscal Service who usually has no specific knowledge of the details of [activity] functions or requirements." She also claims that she resolves questions and problems by reference to written materials and seeks her supervisor's advice only regarding "out of the ordinary" issues or consults the [Installation] Coordinator when she cannot resolve an issue on her own.

As at Level 2-2 of the standard, the appellant resolves problems independently for recurring work assignments. She researches a complex set of rules and regulations to ensure that payments and

refunds are appropriate. Her referral of non-standard problems to her supervisor is appropriate for Level 2-2 work. Her work otherwise lends itself to following standard procedures and instructions as well as clearly applicable precedents. Standardized work like the appellant's may appear to be performed with a high level of independence when, in fact, it is the work itself that is closely defined and prescribed.

Some Examiners may also work more independently than others because, over a period of time, they develop a knowledge of program objectives, alternatives, local priorities, and operating policies. Although they receive less instruction from the supervisor, the supervisor still controls the tasks to be done, the quantity, quality, and deadlines, and the specific procedures and work methods to use. Deviations from standing orders still must be approved by the supervisor. Therefore, these Examiners, like the appellant, do not have an opportunity to perform under less than general supervision.

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.

The appellant follows standard operating procedures and her supervisor's instructions and refers to VA regulations and manuals, GAO law manuals, and Department of Justice and Comptroller General decisions. As at Level 3-2, she uses judgment to determine the appropriate procedure, instruction, or clear precedent to follow when examining vouchers and explaining to insurance companies and individuals the [Installation's] entitlement to reimbursement and the proof supporting its position. Situations to which these guidelines cannot be directly applied or cases involving unusual circumstances are referred to her supervisor or others for resolution.

Unlike Level 3-3, the appellant does not work from guidelines that do not completely cover the problems she is expected to resolve. She is not expected to interpret guidelines in order to resolve exceptions, appeals, and similar non-standard problems. She refers issues concerning insurance companies' refusal to pay to the [Installation] Coordinator because they normally concern policy issues outside her scope.

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 claims her job is more complex than what the agency has acknowledged. She refers to the wide range of various types of insurance policies, which include policy riders, exemptions, benefits, co-payments, and deductibles to support her case. She also cites her contacts with health insurance companies and the different coding and billing practices that distinguish the VA from the

private sector, and the sensitive financial issues she must review in verifying a veteran's financial status to determine ability to pay.

Much of the appellant's work involves Level 4-2 complexity. However, a substantial portion of her time is devoted to resolving questions arising from the variability of policy provisions, documentation requirements, bases of payment, veterans' entitlement to VA medical treatment, etc., as is characteristic of Level 4-3. Though the vouchers she examines are all of one class, some require substantial analysis, such as collections of balances for the same length of stay and certain co-payments and refunds, present significantly greater complexity than found at the next lower level, and demand evaluation and interpretation of the issues, facts, and circumstances surrounding a case in order to determine what services should be billed, to whom, the proper amount due the Government, and the feasibility of collecting.

We evaluate this factor at Level 4-3 and credit 150 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.

Scope

As at Level 5-2, the purpose of the appellant's work relates to executing rules, regulations, and procedures by determining the accuracy of vouchers examined; determining whether the vouchers examined are complete as to supporting papers and pertinent facts; selecting and correctly applying material in guidelines; selecting possible sources for and obtaining necessary information; determining whether or not the vouchers examined are proper; and composing the necessary correspondence, explanations, etc., required for collection. We evaluate Scope at Level 5-2.

Effect

As at Level 5-2, the appellant's work affects the timeliness, accuracy and acceptability of the cost recovery program, of which it is one part. We evaluate effect at Level 5-2.

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

Factor 6: Personal Contacts

This factor includes face-to-face contacts and telephone 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). Contacts credited under Factor 6 must be the same contacts considered under Factor 7.

The appellant indicates that her contacts are primarily with private health insurance companies for the purpose of discussing their denial of payment or incorrect payment amounts. She also works with

Medical Records Technicians in the [section] of the VA Hospital to resolve questions on billings sent to her. Additional telephone contacts are with veterans who have received health care, veteran service organizations, etc.

Such contacts equate to Level 6-2, which may be within the agency but outside the immediate organization, or external with the public or contractors.

We evaluate this factor at Level 6-2 and credit 25 points.

Factor 7: Purpose of Contacts

This factor 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. Contacts credited under Factor 7 must be the same contacts credited under Factor 6.

As at Level 7-2, the purpose of the appellant's internal contacts is to plan and coordinate efforts to resolve billing and collection problems. Her external contacts are consistent with Level 7-1's purpose, namely, to exchange factual information.

We evaluate this factor at Level 7-2 and credit 50 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. 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. 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	4-3	150
5	5-2	75
6	6-2	25
7	7-2	50
8	8-1	5
9	9-1	5
	Total:	910

The preceding table summarizes our evaluation of the appellant's work. As shown on page 19 of the standard, a total of 910 points falls within the GS-5 grade range (855 - 1100).

Decision

The proper classification of the appellant's position is Voucher Examiner, GS-540-5.