

U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeal and FLSA Programs

San Francisco Oversight Division
120 Howard Street, Room 760
San Francisco, CA 94105-0001

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [The appellant et al.]

Agency classification: Voucher Examiner (OA)
GS-540-6

Organization: [The appellants' organization]
Department of Veterans Affairs
Medical Center

OPM decision: Voucher Examiner (OA)
GS-540-6

OPM decision number: C-0540-06-01

Carlos A. Torrico
Classification Appeals Officer

August 24, 2001
Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

Appellant:

[The appellants' addresses]

Agency:

[The appellants' servicing personnel office]
Department of Veterans Affairs
Medical Center

Ms. Ventris C. Gibson
Deputy Assistant Secretary
for Human Resources Management (05)
Department of Veterans Affairs
810 Vermont Avenue, NW
Room 206
Washington, DC 20420

Introduction

On January 3, 2001 the San Francisco Oversight Division of the U.S. Office of Personnel Management (OPM) received a classification appeal from [names of the appellants]. They work in the [appellants' organization and location] Department of Veterans Affairs (DVA) Medical Center. Their positions are currently classified as Voucher Examiner (OA), GS-540-6. However, they believe the positions should be titled as "Program Assistant" and classified in the Miscellaneous Clerk and Assistant Series, GS-303, and graded at the GS-7 level. They also believe that their work covers several other series discussed later in this decision, which should also be considered in our review. Prior to appealing to OPM, [name of one of the appellants] filed an appeal with the Department of Veterans Affairs. In a letter to her dated November 3, 2000, the agency sustained the current classification. All of the appellants have selected [name of one of the appellants] to represent them for purposes of this appeal. We have accepted and decided their appeal under section 5112 of title 5, United States Code (U.S.C.).

General issues

This decision is based on a thorough review of all information furnished by the appellants and their agency. In addition, in order to gather more information about the duties of the positions, an OPM representative conducted separate telephone interviews with [name of one of the appellants] and the appellants' supervisor.

The appellants and their supervisor have certified that the appellants' official position description (PD) [number] accurately describes their duties and responsibilities. However, they mention that it is outdated regarding the organizational location of the positions and that of their supervisor. Our fact-finding disclosed that due to a recent reorganization, the appellants are now assigned to the [appellants' organization] and work for the Chief, [name of supervisor's organization], of that office. Therefore, the agency should correct the PD to reflect that information.

The appellants compare their duties and responsibilities to other GS-6 level positions in the [appellant's organization] which they believe are less complex than the work they do, thus they contend that their jobs should be higher graded. They also make various statements about their increased volume of work. In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of their positions. By law, we must make that decision solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellants' positions to others as a basis for deciding their appeals. In addition, volume of work cannot be considered in determining the grade of a position (*the Classifier's Handbook*, Chapter 5).

Position information

Eligible veterans may receive health care services delivered at DVA facilities such as DVA medical centers and clinics. Agency regulations also allow eligible veterans to receive health care services through private (non-DVA) health care providers at DVA expense. These services are provided through what are called Fee Basis programs.

The appellants are the primary resource for claimants (veterans) and vendors (providers) seeking services or payment/reimbursement for services provided under Fee Basis programs. Fee Basis programs include inpatient and outpatient medical and psychiatric care, dialysis, nursing care, pharmacy services, radiation therapy, specialty care treatments such as pain management or transplants, compensation and pension, and state home programs.

Some Fee Basis programs are assigned to specific appellants. For example, claims from the State Veterans' Home located in [name of city and state] (the DVA reimburses the state home the per diem for eligible veterans residing at the home); or claims for Fee Basis radiation therapy, provided through contract with the [name of university]. These programs are assigned to specific appellants because their unique nature or specialized requirements make it desirable to have one primary individual responsible for the day-to-day management of the program. Other appellants must be cross-trained in the assigned programs, so there is no discontinuation of service due to staffing shortages. The appellants share mutual responsibilities in other Fee Basis programs. Workload in these programs is distributed among appellants alphabetically, by the last name of the patient.

The appellants are responsible for managing their share of these programs on an ongoing basis. They are fully responsible for developing and processing requests for authorization of Fee Basis services, for examining vouchers (claims for payment), certifying those vouchers for payment, and entering/submitting those certified vouchers into a centralized automated system. They are also responsible for researching issues to resolve problems that may arise with regard to services provided or received under the Fee Basis programs, such as basic eligibility or veteran status, service connected disability, compensation and pension, vouchers rejected by the automated financial system, etc. In connection with these duties, they prepare correspondence to all parties involved, including letters transmitting adverse decisions or requests for additional information.

The appellants deal with claims for both *authorized* and *unauthorized* services. *Authorized* services are usually approved in advance in accordance with DVA mandated time frames, e.g., 72 hours for inpatient hospital care and 15 days for outpatient care. Eligible veterans may receive *authorized* services one episode at a time, e.g., authorization for treatment in a private hospital's emergency room, or for defined time periods such as dialysis authorized for one year at a time, or a certain number of home nurse visits. *Unauthorized* services may include those that are either not approved in advance, or those provided veterans whose eligibility for the services has not been determined or verified.

Some Fee Basis programs are managed on a *contract* basis. Radiation therapy (RT) is an example as it is provided on a fee basis through a contract with the [name and location of university]. Once the appropriate DVA medical center clinicians (Tumor Board) determine that a patient requires radiation therapy, a consultation (consult) sheet is prepared by the authorizing physician and forwarded to the Fee Basis group (appellants). The appellants prepare the paperwork authorizing the Fee Basis treatment and alert the [university] medical center where the treatment is provided. [Name of university] in return prepares the bills for the treatments and sends them to the Fee Basis program section at the medical center where the appellants examine the voucher to assure the charges are appropriate and then certify the vouchers for payment.

Other contracted services include pain management, transplants, contract hospitals, and special studies.

Other health care services provided through Fee Basis programs are *non-contract*. An example would be veterans who present themselves at a community (non-DVA) hospital emergency room for treatment or at their local hospital seeking admission. Once the Fee Basis program staff (appellants) are contacted (by the admitting or treatment-providing facility, the veteran, family members, Veterans' Service Officers, etc.), they begin the cycle of determining/verifying eligibility and applying program criteria, assembling the fee records, authorizing the service (including coordination with appropriate DVA and non-DVA medical center officials). When the provider submits the claim, the appellant(s) examine it to assure the bills are for the services authorized and at the appropriate rate, and certify the voucher for payment.

The results of our interviews, the appellants' position description, and other material of record furnish more information about their duties and responsibilities and how they are performed.

Series, title and standard determination

The agency has classified the appellants' positions in the Voucher Examining Series, GS-540, but the appellants believe that because of the variety of their duties, the jobs should be assigned to the Miscellaneous Clerk and Assistant Series, GS-303. In describing their duties, they contend that they perform work not only covered by the GS-540 series, but also the GS-303, the Claims Clerical Series, GS-998, Medical Records Technician Series, GS-675, and Contact Representative Series, GS-962, all of which they believe their agency failed to consider and evaluate. While we recognize that the appellants' perform a variety of work containing elements of several different series, our fact-finding disclosed that aside from the GS-540 series, they do not perform the full scope of work in any one of the other specific series cited above.

As defined in the Job Family Standard for Clerical and Technical Accounting and Budget Work, GS-0500C (dated December, 1997, and republished in HRC-7, July 1999), positions in the Voucher Examining Series, GS-540, administer, supervise, or perform work consisting of the examination for accuracy, adequacy of documentation or citations, compliance, with regulations, and justification of vouchers, invoices, claims, and other requests for payment for (1) goods and services provided to or by the Government; (2) satisfaction of breach of contract or default in fulfilling contractual obligations; (3) reimbursement of expenditures made by beneficiaries for such purposes as medical and domiciliary care and treatment, burial expenses, and education or training; (4) reimbursement of expenditures for travel and transportation; (5) other transactions, when such examination of the request for payment is not classifiable in another series. Employees in this series examine vouchers to verify requests made against the record of what was authorized. They compare requests and statements against various authorizing documents, with receipt, delivery, inspection or acceptance certificates, or with other available papers and records. They compare the performance required by the transaction authorized with the actual performance reported to detect any possible omission of performance. Voucher examiners must know the procedures and regulations required to examine and process invoices, vouchers, and related documents. They also must know applicable schedules, instructions and procedures, travel regulations, commercial practices, general terms and provisions of standardized forms of

Government contracts, etc. Both the appellants and their supervisor agree that the appellants perform most of the duties described above, and we concur. Their work primarily consists of examining claims and invoices for payment of contract and non-contract services provided to veterans under the Fee Basis program, which takes 50 percent of their work time. Our review disclosed that knowledge of voucher examining is the paramount knowledge required for the position (the most important type of subject matter knowledge or experience). In addition, the reason for the position's existence, and management's intent for establishing the position, is to authorize and process claims and invoices for payment of health care services delivered to veterans by non-DVA providers. They work in a combined organization [name of organization] devoted to financial matters including claims processing, bill payments, and related contacts with providers and patients. The normal lines of promotion and recruitment sources to fill vacant positions are through the voucher examining or related occupations, and sources of recruitment are usually from lower graded examiners or admissions clerks. For all of the preceding reasons the appellants' positions are best assigned to the Voucher Examining Series, GS-540.

We find that the appellants do not perform the full scope of work in the other series previously mentioned. Their work does not fall within the Claims Clerical Series, GS-998, in that they do not perform clerical work in the examination, review, or development of claims by or against the Federal government. In addition, the standard for the GS-998 series (dated June 1966, reissued in HRCD-7, July 1999) specifically excludes positions concerned with clerical examining work requiring knowledge of fiscal laws and regulations and typically involving determinations of amounts of money properly payable and the validation of requests for such payment.

The appellants' duties do not fall within the full scope of work performed by positions classified in the Medical Records Technician Series, GS-675. While they need to have some knowledge of medical terminology to process claims and invoices, they are not required to process and maintain medical records and assemble, analyze, code, abstract, report and maintain the patient's complete medical information as described in the standard for the GS-675 series (dated November 1991, reissued in HRCD-7, July 1999). Rather, they use selected information from medical records primarily for fiscal purposes to facilitate payment by the DVA for health care services provided to veterans.

Their work is not typical of positions classified in the Miscellaneous Clerk and Assistant Series, GS-303. According to the definition for the GS-303 series (dated January 1979, reissued in HRCD-7, dated July 1999), that series includes positions the duties of which are to perform or supervise clerical, assistant, or technician work for which no other series is appropriate. The GS-303 standard specifically excludes positions that involve work which requires knowledge of specialized processes or subject matter for which a specific series exists. It directs that such positions should be classified in the appropriate specific series. We have found that the Voucher Examining Series, GS-540, specifically applies to the appellants' positions. Therefore, their positions do not meet the requirements for classification in the GS-303 series.

In addition to examining claims and vouchers, the appellants spend the remaining 50 percent of their work time providing general information to interested parties on DVA regulations pertaining to veteran eligibility for agency inpatient and outpatient medical or psychiatric care, compensation and pension, dialysis, nursing care, pharmacy, radiation therapy, specialty care

treatments, State home programs, mostly as they relate to non-DVA health care services. As the principal contacts for patients and vendors under the Fee Basis programs, they respond to verbal and written inquiries from a variety of individuals regarding entitlements and payment for health care services. While these duties resemble in many aspects work performed in positions classified in the Contact Representative Series, GS-962, the appellants do not perform the full scope of that type of work. As described in the classification standard for the GS-962 series (dated April 1971, reissued in HRCD-7, July 1999) work in that series includes positions that primarily involve personal contacts with the public for the purpose of (1) providing information on rights, benefits, privileges, or obligations under a body of law; (2) explaining pertinent legal provisions, regulations, and related administrative practices and their application to specific cases; and (3) assisting individuals in developing needed evidence and preparing required documents, or in resolving errors, delays, or other problems in obtaining benefits or fulfilling obligations. The work requires (1) a high degree of skill in oral communication; and (2) a good working knowledge of, and ability to apply governing laws, regulations, precedents, and agency procedures. The appellants provide information on their assigned programs, but not to the extent of explaining pertinent legal provisions or related administrative practices, or assisting individuals in developing evidence and preparing required documents.

For all of the above reasons, the appellants' positions are classified in the GS-540 series and titled *Voucher Examiner*. The parenthetical title of *Office Automation* or *OA* is added to the basic title because their positions require significant knowledge of office automation systems and a fully qualified typist. Positions in the GS-540 series are evaluated by reference to the grading criteria in the Job Family Standard for Clerical And Technical Accounting and Budget Work, GS-0500C. In addition to evaluating their voucher examining duties by application of the preceding standard, the appellants spend a significant portion of their work time in contact with veterans explaining and answering inquiries about their programs. Therefore, we have evaluated their duties for contacting veterans and explaining certain benefits and procedures by cross-series comparison to the grading criteria in the standard for the Contact Representative Series, GS-962.

Grade determination

Evaluation of voucher examining duties

The Job Family Standard for Clerical and Technical Accounting and Budget Work, GS-0500C, uses the Factor Evaluation System (FES) system which employs nine factors. Under the FES, each factor level description in a standard or guide describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor level description in any significant aspect, it must be credited at a lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. Our evaluation with respect to the nine factors follows.

Factor 1, Knowledge required by the position, Level 1-3, 350 points

The appellants' work exceeds Level 1-2 (page 13) as described in the standard. At that level, the work requires knowledge of the basic and commonly used accounting, budget, or other financial management procedures, methods, and techniques associated with clerical types of duties to

perform routine and repetitive tasks while learning how to perform the full range of such tasks found in the work area.

At Level 1-3 (pages 13-16) the work requires knowledge of a body of standardized regulations, requirements, procedures, and operations associated with clerical and technical duties related to the assigned support function. This includes, for example, knowledge of the various steps and procedures required to perform a full range of accounting, budget or financial management support duties related to recurring or standardized transactions. Knowledge of various accounting, budget, or other financial processing procedures to support transactions that involve the use of different forms and the application of different procedures (e.g., knowing how to process an action involving multiple documents) is included. Under this level, the work also may require knowledge of one or more automated databases associated with specific accounting, budget, or other financial management function sufficient to: input a large range of standard information or adjustments, understand recurring error reports and take corrective action, and generate a variety of standard reports. Knowledge required at Level 1-3 also includes knowledge of the structure and content of accounting, budget, or other financial management related documents to investigate and resolve routine or recurring discrepancies, check documents for adequacy, or perform comparable actions that are covered by established procedures; and/or knowledge of frequently used and clearly stated regulations and rules to determine if a transaction is permitted or to respond to recurring questions from agency personnel, clients, and others.

The appellants' knowledge overall favorably compares to Level 1-3. Like that level they apply thorough knowledge of a variety of steps and procedures to process the full range of claims filed under the Fee Basis program. They must have a practical working knowledge of veteran entitlement and eligibility requirements, of medical terminology and coding, and of the procedures necessary to authorize pay/reimbursement for care and treatment of veterans. Like Level 1-3 they apply knowledge of standardized rules and regulations to claims transactions. However, unlike Level 1-3 these are sometimes not fully applicable to the nonstandard transactions that they process. Each program area under Fee Basis (in and outpatient medical, psychiatric, dental, compensation and pension, dialysis, nursing care, pharmacy, radiation therapy, specialty care treatments and state home programs) is governed by its own rules. Similar to Level 1-3, the appellants apply knowledge of one or more automated databases in order to enter and access data. They must respond to, correct and reconcile errors, or data entries "rejected" by the centralized data processing center. They access veterans' service and medical records and, in some cases, initiate compilation of administrative records. They also extract information from various systems for use in compiling management reports, verifying payments made under contractual terms, and keeping track of accounts payable ledgers for specific accounts. They are responsible for monitoring the status of funds in assigned control points, and for alerting the management and budget authority of the status of the funds.

The appellants' positions do not meet Level 1-4 (pages 16-18). Unlike that level their work does not require an in-depth or broad knowledge of a body of accounting, budget, or other financial management regulations, practices, procedures, and policies related to the specific financial management functions. However, they do deal with some nonstandard procedures and

transactions but these do not require extensive knowledge of accounting or budget regulations as described at this level.

This factor is credited at Level 1-3 and 350 points are assigned.

Factor 2, Supervisory controls, Level 2-3, 275 points

At Level 2-2 (page 20) the supervisor provides general standing instructions on recurring assignments by indicating what is to be done, applicable policies, procedures and methods to follow, data and information required, quality and quantity of work expected, priority of assignments, and deadlines. The supervisor provides additional, specific instructions for new, difficult, or special assignments including suggested procedures, sources of information including the location and type of written material needed. The supervisor assures that finished work and methods used are technically accurate and in compliance with established instructions, methods, procedures, and deadlines. While some employees at this level work more independently than others, their work is limited or controlled by readily applicable instructions or procedures that specifically describe how the work is done and the kind of adaptations or exceptions that can be made.

At Level 2-3 (page 21), the supervisor assigns work with standing instructions on objectives, priorities, and deadlines, and provides guidance for unusually involved situations. The supervisor may assign work according to a standardized control system such as batched work, caseload level, or other defined structure and provide general instructions about timeliness, objectives, and relative priorities for doing the work. Employees at this level independently process the most difficult procedural and technical tasks or actions and handle problems and deviations in accordance with instructions, policies, previous training, or accepted practices. They independently determine the types and sources of information needed to complete transactions, determine the nature and extent of deviations from established requirements, and whether standard techniques and methods are appropriate for assignments. Completed work is evaluated for overall technical soundness and conformance to agency policies, legal, or system requirements. It may be sampled in a quality review system and/or spot checked for results and conformity to established requirements. The methods used are seldom reviewed in detail.

The appellants' positions favorably compare to Level 2-3, which is the highest level for this factor described in the standard. The supervisor assigns work through standardized control systems including batched work, assignment by alphabetical order, and some limited direct program assignments, e.g., radiation therapy and State Veterans Home. Like Level 2-3, the supervisor specifies the objectives and priorities of assignments and is available to discuss unusually involved situations. The appellants independently perform the work, handling problems and deviations in accordance with instructions, training, and accepted practices. Depending on the particular Fee Basis service, they exercise judgment to independently determine the appropriate type of information needed to complete each transaction, including reviewing, selecting and applying the proper eligibility criteria related to the furnished service. They resolve discrepancies, inconsistencies, and other problems related to the processing and payment of Fee Basis services. In contrast to Level 2-2 where readily applicable instructions specifically describe how the work is done, the appellants' work sometimes involves deviating

from established processing instructions and requirements based on a thorough review of the medical service needed, eligibility criteria, and the availability of contracted care. Like Level 2-3 they process the most difficult transactions which are characteristic of the Fee Basis program, including determining veteran eligibility and assessing whether the specified contracted health care service was provided. They maintain the records of all Fee Basis transactions from initial eligibility and coverage determinations through provision and payment of medical services. Their work is reviewed and spot checked by the supervisor in the same manner as described at Level 2-3.

This factor is evaluated at Level 2-3 and 275 points are credited.

Factor 3, Guidelines, Level 3-2, 125 points

At Level 3-2 (page 22), employees use a number of established procedures and specific guidelines in the form of agency policies and procedures, Federal codes and manuals, specific related regulations, precedent actions, and processing manuals readily available for doing the work. The guidance is clearly applicable to most transactions. The number and similarity of guidelines and work situations require the employee to use judgment to identify and select the most appropriate procedures to use, choose from among several alternatives, or decide which precedent action to follow. There may be omissions in guidelines and the employee is expected to use some judgment and initiative to handle aspects of the work not completely covered.

At Level 3-3 (page 22), which is the highest level for this factor described in the standard, the guidelines are the same as level 3-2 but because of the complicating nature of the assignments, they may lack specificity, frequently change, or are not completely applicable to the work requirements, circumstances or problems. When completing transactions, the employee may have to rely on experienced judgment to fill in the gaps, identify sources of information, and make working assumptions about what transpired. At this level, the employee uses judgment to interpret guidelines, adapt procedures, decide approaches, and resolve specific problems. This includes, for example, using judgment to reconstruct incomplete files, devise more efficient methods for procedural processing, gather and organize information for inquiries, or resolve problems referred by others.

While the appellants' guidelines in some aspects compare to Level 3-3, overall they do not fully meet that level. Like both Levels 3-2 and 3-3, the appellants use a variety of guides such as DVA regulations, VHA manuals, medical center policy statements and memoranda, Medicare and Medicaid guidance, pharmaceutical product cost manuals, dictionaries, correspondence manuals, and medical coding books. Like Level 3-3, certain guidelines lack specificity and sometimes are not completely applicable to a particular transaction. However, unlike Level 3-3 such situations do not result in the degree of adaptation and interpretation characteristic of the higher level where the employee uses judgment to reconstruct incomplete files, devises more efficient procedures, or resolves problems referred by others. Like Level 3-2, because of the number of related guides and transactions processed, the appellants use judgment to select the most appropriate procedure, and when guidelines lack information on a particular process they are expected to use initiative to resolve the matter. However, that effort does not equate to Level 3-3 where, given a lack of guidance, the employee relies on judgment to fill in gaps, identifies

the sources of information, and makes working assumptions about what transpired. In addition, in contrast to Level 3-3, we found no indication that the appellants analyze the results of applying guidelines and recommend the kinds of changes discussed at the higher level.

This factor is evaluated at Level 3-2 and 125 points are assigned.

Factor 4, Complexity, Level 4-2, 75 points

Level 4-2 (page 23) describes work performing related procedural tasks in processing accounting, budget, or other financial management transactions. Processing a transaction may require verifying codes and other information; reconciling balances; using standard formulas to calculate and/or verify calculations; assembling appropriate forms and reports; entering data into automated file systems; distributing documents to appropriate personnel; and answering routine procedural inquiries.

At Level 4-3 (pages 23-24), the work involves performing various accounting, budget, or financial management support related duties or assignments that use different and unrelated processes, procedures, or methods. The use of different procedures may result because transactions are not completely standardized; deadlines are continually changing; functions assigned are relatively broad and varied; or transactions are interrelated with other systems and require extensive coordination with other personnel. The employee makes recommendations or takes actions (e.g., determine eligibility for deductions, entitlements, or claims, verify factual data, or make other financial determinations) based on a case-by-case review of the pertinent regulations, documents, or issues involved in each assignment or situation.

While the complexity of the appellants' work contains some limited aspects of Level 4-3, overall it falls short of that level and favorably compares to Level 4-2. Similar to Level 4-3, they sometimes process claims that are not completely standardized and involve a case-by-case review of pertinent regulations and documents. However, unlike that level, the procedures and methods used for processing transactions are related. In contrast to Level 4-3, the complexity of their work does not encompass continually changing deadlines, broad and varied assigned functions, or transactions interrelated with other systems requiring extensive coordination with other personnel. Like Level 4-2 they make decisions on how to sort documents, locate and assemble supporting information, and make corrections based on their knowledge of the Fee Basis program. Their decisions include determining veteran eligibility for entitlements and whether a specific service is covered under medical contract, verifying prices charged and codes applied, allowances provided, etc. In doing so they may rely on previous or similar cases or samples.

This factor is evaluated at Level 4-2 and 75 points are assigned.

Factor 5, Scope and Effect, Level 5-2, 75 points

At Level 5-2 (page 25) the purpose of the work is to apply specific rules, regulations, or procedures to perform a full range of related accounting, budget, or financial management clerical or technical tasks, duties, and assignments that are covered by well-defined program

procedures and regulations. The employee completes standard clerical transactions in the functional area by reviewing documents for missing information, searching records and files, verifying and maintaining records of transactions; and answering routine procedural questions. The work affects the adequacy and efficiency of the accounting and budget, or financial management function and can affect the reliability of other analysts and specialists in related functions. It may also affect the accuracy of further processes performed by personnel in various organizations, and impacts the reliability of the organization's financial support services provided to users, customers, etc.

At Level 5-3 (pages 25-26) the purpose of the work is to apply conventional practices to treat a variety of problems in accounting, budget or financial management transactions. Issues might result, for example, from insufficient information about the transaction, a need for more efficient processing procedures or requests to expedite urgently needed cases. The work affects the quality, quantity, and accuracy of the organization's records, program operations, and service to clients. For example, the effect of the work ensures the integrity of the overall general ledger, its basic design and the adequacy of the overall operation of the accounting system and various operating programs; the amount and timely availability of money to pay for services; the economic well-being of employees being serviced; or compliance with legal and regulatory requirements. The standard notes that only a few positions will be evaluated at this level.

The appellants' positions exceed Level 5-2 in some respects, but overall do not meet the scope of work characteristic of Level 5-3. In contrast to Level 5-2, due to the complexity of their assignments the prescribed procedures and methods used to evaluate and process transactions are sometimes not fully applicable to the work. In addition, some Fee Basis transactions are not completely standardized. However, like Level 5-2 the appellants review documents for missing information including searching other records and files, and verify and maintain records of information concerning the program area. Similar to Level 5-2, their work can affect the reliability of the work of other DVA employees performing functions related to a variety of other veterans' benefits and entitlements. Unlike level 5-3, the appellants are not concerned with applying conventional practices to treat a variety of problems in accounting, budget or financial management transactions. The focus of their work is on administering the Fee Basis program, rather than resolving a variety of issues related to those financial areas previously mentioned. Moreover, their efforts do not affect the quality, quantity, and accuracy of the organization's records, program operations, and client services to the degree described at Level 5-3.

This factor is evaluated at Level 5-2 and 75 points are assigned.

Factor 6, Personal Contacts, & Factor 7, Purpose of Contacts, Levels 6-3/7-a, 80 points

Personal contacts - Appellants initiate and respond to contacts with veterans, their family members, veterans' representatives such as Veterans Service Officers, congressional staff, ambulance companies, physicians representing veterans, contract personnel from contract medical facilities, private hospitals, clinics, doctors' offices, other DVA staff, and others seeking information about entitlement to, or payment for health care services provided under the Fee Basis program. This equates with Level 3 on page 26 of the standard, which describes contacts with members of the general public, such as persons in their capacities as representatives of

others such as attorneys or accountants, contractors, public action groups, or congressional staff members making inquiries on behalf of constituents.

Purpose of the contacts - Appellants exchange information, explain eligibility and entitlements, authorize payment of claims, and resolve procedural delays or problems. This best equates with level a, described on page 27 of the standard, where the purpose is to obtain, clarify, or provide information related to Fee Basis assignments. This may involve answering a simple question or explaining more technically oriented subject matter, such as providing factual information, interpreting processing procedures, or similar information about a claim.

Factors 6 and 7 are evaluated at Levels 6-3 and 7-a with a total of 80 points credited.

Factor 8, Physical Demands, Level 8-1, 5 points

The appellants' positions meet Level 8-1 (page 27) which is the only level for this factor described in the standard. Like that level their work requires some physical effort, such as standing, walking, bending, or sitting. However, there are no special physical demands.

This factor is evaluated at Level 8-1 and 5 points are assigned.

Factor 9, Work Environment, Level 9-1, 5 points

The appellants' positions meet Level 9-1 (page 27) which is the only level for this factor described in the standard. Like that level they work in an office setting involving everyday risks or discomforts. Normal safety precautions are required.

We have evaluated the appellants' voucher examining duties as follows:

Factor Point Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6 & 7. Personal contacts/Purpose	6-3/7-a	80
8. Physical demands	8-1	5
9. Work environment	9-1	5
Total points:		990

The appellant's duties total 990 points which falls in the GS-5 range (855-1100). Therefore, in accordance with the grade conversion table on page 28 of the standard, their voucher examining duties are graded at the GS-5 level.

Evaluation of contact duties

As previously mentioned, because the appellants spend about 50% of their time contacting veterans and others to explain and answer inquiries about the Fee Basis program, we have evaluated that portion of their work by cross-series comparison to the grading criteria in the standard for the Contact Representative Series, GS-962.

The GS-962 standard uses two factors to evaluate the grade of positions: (1) Nature of contacts, and (2) Level of responsibility. Nature of contacts covers (a) the scope and complexity of the program on which information is provided and the technical knowledges required, (b) the degree of development and analysis of information required to answer inquiries or resolve problems, (c) the extent of counseling and assistance provided to individuals, and (d) the nature and extent of contacts with other organizations. Level of responsibility covers (a) the nature of the guidelines applied; (b) the degree of judgment, initiative, persuasiveness, or ingenuity required; and (c) the nature of supervisory and administrative controls over the work of the contact representative. The two factors are discussed below and applied to the appellants' duties at the appropriate grade levels.

Nature of contacts

As described on pages 8-10 of the GS-962 standard, the contact representative at the GS-6 level completes contacts (i.e., conducts telephone or personal interviews, searches records or guidelines to determine answers or resolve problems, and provide full explanations in response to specific inquiries) relating to agency programs that involve the characteristics below:

A body of law and regulations that covers one or two distinct types of benefits or obligations; is relatively stable in basic coverage and requirements, but includes amendments or precedent decisions that affect specific provisions. The GS-6 employee must be able to explain the impact of such changes on the way the criteria are applied, or the way specific benefits or obligations are computed. Criteria must be interpreted in light of individual circumstances or that include several qualifying conditions that may affect the individual's status. Such criteria require the GS-6 employee to question the individual or his representative to obtain information needed to establish his status under the program or needed to compute the benefit or obligation that applies. GS-6 level contact representatives go beyond the specific inquiry by explaining specific conditions or actions that could affect the individual's status or change the benefits or obligations due, and explain the individual's responsibility for reporting such changes.

At the GS-6 level problems are resolved through established procedures such as reviewing records or contacting others to learn the status of pending actions; tracing missing documents; entering new information or corrections into the individual's record; and contacting other agencies or organizations to request expedited action on a case or information from their records required to support a case. The GS-6 level contact representative must explain to the individual such matters as extended processing time on a case; the need for supporting documents; and/or delays or recomputations that result from discrepancies or omissions in information provided by the individual or his representative.

The nature of the appellants' contacts favorably compares to the GS-6 level. The program they support covers a distinct type of benefit for inpatient and outpatient health care where benefits are provided on a fee basis. Although the program is relatively stable, changes and/or amendments to DVA regulations (sometimes resulting from changes in law), can affect certain provisions of the program. When such changes occur, the appellants are responsible for making the types of contacts described above to obtain and give information to veterans, resolve problems, and make appropriate contacts with veterans and others.

The appellants' work does not entail the nature of contacts described at the GS-7 level (pages 10-12) of the GS-962 standard, which relates to agency programs that involve administering a variety of benefits or obligations that are closely related. At the GS-7 level, the mixture of benefits, deadlines, reporting requirements, exemptions, and optional choices that apply to individuals requires the contact representative to give more consideration to alternatives and special circumstances than at the GS-6 level. The information provided by the appellants to clients concerning the Fee Basis program does not encompass the level of complexity or options typical of the higher level.

Level of responsibility

As described on page 10 of the GS-962 standard, the GS-6 contact representative provides direct responses to specific inquiries regarding the program of benefits, services, or obligations administered by the agency. This involves applying procedural guidelines to individual cases and interpreting the effects of such precedents as legal rulings; decisions on earlier cases rendered by courts or administrative bodies; or rules, regulations, and key decisions. Supervisors explain the application of new decisions and rulings in general terms. Contact representatives exercise their own judgment in determining the effects of such rulings on individual cases.

At the GS-7 level of responsibility (pages 12-13), contact representatives go beyond providing specific information in response to questions and inquiries. GS-7 level employees help the individual understand the full range of alternatives open to him under the agency program of benefits or obligations so he can decide on a course of action, and they contact other action offices to aid the individual in resolving problems. Thus, work at the GS-7 level requires greater judgment and resourcefulness in developing a different approach or line of questioning for each contact situation.

The appellants' level of responsibility best equates to the GS-6 level. They are responsible for full responses to specific inquiries involving the Fee Basis program administered by the medical center. Unlike the GS-7 level they are not responsible for counseling veterans or others as to eligibility requirements, entitlements or other aspects of DVA administered programs available to the client. In contrast to the GS-7 level, they do not contact other DVA offices to aid individuals in resolving problems.

With both Nature of contacts and Level of responsibility evaluated at the GS-6 level, the appellants' contact duties are assessed at that level.

Summary

By application of the grading criteria in the Job Family Standard for Clerical and Technical Accounting and Budget Work, GS-0500C, we find that the appellants' voucher examining duties meet the GS-5 level. However, by cross-series comparison to the grading criteria in the standard for the Contact Representative Series, GS-962, their contact duties and responsibilities equate to the GS-6 level. Therefore, the position is graded at the GS-6 level.

Decision

The appellants' positions are properly classified as Voucher Examiner (OA), GS-540-6.