

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Atlanta Field Services Group
75 Spring Street, SW., Suite 1018
Atlanta, GA 30303-3109

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

Appellant: [appellant]

Agency classification: Program Support Clerk (OA)
GS-303-6

Organization: [organization]
[organization]
[organization]
[name] Veterans Affairs
Medical Center
Department of Veterans Affairs
[location]

OPM decision: GS-303-6
(Title at agency discretion)

OPM decision number: C-0303-06-08

/s/ Virginia L. Magnuson

Virginia L. Magnuson
Classification Appeals Officer

December 8, 2003

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]

[address]

[location]

[name]

Supervisory Human Resources Specialist

[name] VA Medical Center

Department of Veterans Affairs

P.O. Box 4000

[location]

Deputy Assistant Secretary for

Human Resources Management (05)

Department of Veterans Affairs

810 Vermont Avenue, NW., Room 206

Washington, DC 20420

Introduction

On August 28, 2003, the Atlanta Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant]. She is employed as a Program Support Clerk (OA), GS-303-6, in the [organization], [organization], [organization], [name] Veterans Affairs Medical Center, Department of Veterans Affairs (VA), [location]. The appellant requests that her position be classified in the Medical Record Technician Series, GS-675. We received the complete administrative report from the agency on September 19, 2003. We have accepted and decided her appeal under section 5112 of title 5, United States Code (U.S.C.).

General issues

The appellant makes various statements about her agency's evaluation of her position. In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of her position. By law, we must make that decision solely by comparing her current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Therefore, we have considered the appellant's statements only insofar as they are relevant to making that comparison.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and the agency, including information obtained from telephone interviews with the appellant and her supervisor and the position description of record.

Position information

The appellant is assigned to a standard position description, number [#]. Both the appellant and her supervisor certified the accuracy of the position description.

The appellant works in the medical center's business office performing data validation, billing and customer service duties associated with the Medical Care Cost Recovery (MCCR) Program. The MCCR Program was established by the VA following legislation authorizing recovery of reasonable costs of care for treatment of certain categories of veterans who were covered by private medical insurance. For approximately 60 percent of her time, the appellant performs data validation of outpatient encounters where the patient is covered under a third party health plan. She analyzes medical record documentation using patient encounter software in the agency's integrated data system. She reviews for billable and non-billable services and adds, deletes, and sequences codes for outpatient procedures and diagnoses to ensure coding meets guidelines for billing purposes. She ensures that that all conditions for which care was given have been documented by the provider in the proper sequence of importance and that all operations and procedures are related to the clinical diagnosis recorded

For approximately 40 percent of her time, the appellant prepares and completes billable claims documentation in the VISTA system for CHAMPVA, humanitarian, and active duty patients and Office of Workers' Compensation Programs (OWCP) and tort cases. This requires use of billing software, determinations of billable charges and insurance coverage, entry of billing information,

revenue data codes or data validation, and all necessary coordination and follow-up. The appellant also responds to a variety of customer inquiries from patients, service providers, insurance carriers, veterans' service organizations, and others relating to insurance entitlements, deductibles, means tests, pharmacy, long-term care and other co-payments, billing collections, and other patient business concerns.

The Medical Care Cost Fund (MCCF)/Data Validation Coordinator, a registered nurse, provides supervision. The appellant independently plans and carries out duties, keeping the supervisor informed of results through periodic briefings. The appellant's work is spot checked for accuracy to ensure compliance with established policies and procedures. The appellant may discuss unique or unprecedented coding or billing problems with the supervisor.

The position description contains more information about the appellant's duties and responsibilities and how they are performed. It is incorporated by reference into this decision.

Series and title determination

The agency classified the appellant's position in the Miscellaneous Clerk and Assistant Series, GS-303, and titled it as Program Support Clerk (OA). The appellant believes her position should be classified in the GS-675 series.

The record shows that the appellant's data validation, billing and follow-up, and customer services duties are all equal in importance for business office operations. The data validation and associated coding are performed for a majority of the appellant's time. However, the knowledge and skills the appellant uses to perform the work relate to the overall MCCR process, a broader function which includes the medical records review and data validation and coding work. The work requires analyzing patient records for appropriateness of billing, identifying and verifying insurance coverage and entitlements; billing for services and follow-up processes; researching billing and insurance information; responding to billing inquiries and complaints from patients, family members, staff, and other involved persons or groups; and coordinating actions with insurance providers and agency offices. It includes interpreting the provisions of individual or group health plans, explaining issues such as deductibles, co-payments, length of stay, implication of service connected medical disability on billing, and other matters relating to billing and insurance reimbursement.

The GS-675 series includes technical support work in connection with processing and maintaining medical records for compliance with regulatory requirements in support of medical records programs. It also covers positions that review, analyze, code, abstract, and compile, or extract medical records data. The work requires a practical knowledge of medical record procedures and references and the organization and consistency of medical records. It also requires a basic knowledge of human anatomy, physiology, and medical terminology. While the appellant's work requires comparable medical records skills and knowledge, it also requires knowledge of complex policies, directives, and regulations of the business office and the skills necessary to perform billing functions and provide information for the day-to-day operation of the business office.

In determining the appropriate series for this position, we considered the Claims Assistance and Examining Series, GS-998. It covers one-grade interval administrative support positions that

examine, review, develop, adjust, reconsider, or recommend authorization of claims by or against the Federal Government. It requires knowledge of claims processing procedures and claims requirements. The GS-998 series includes examining and developing claims cases for adjudication including determining and verifying entitlement to benefits and answering inquiries about benefits or procedures for filing claims. While this series covers the entitlement work, e.g., service connection of disease or injury requiring treatment and entitlements relative to medical bills, performed by the appellant, it does not cover the appellant's data validation and full scope of her billing duties and responsibilities or require the associated integrated body of knowledge of VA medical records and billing intrinsic to the appellant's position. The GS-998 series also does not fully cover the work that the appellant performs.

Some of the appellant's duties relate to voucher examining, since they involve examining billing documents or actions for accuracy, adequacy of documentation, and compliance with regulations. The Voucher Examining Series, GS-540, 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. Some employees review, examine, and process vouchers for billing various types of patient care to private insurance companies and perform other third-party collection, billing, and accounting tasks. While the billing aspects of the appellant's work normally would be covered by the GS-540 series, the work encompasses a greater body of knowledge relating to entitlements and medical record data validation not covered by this series. Therefore, the appellant's position is not allocated to the GS-540 series.

No specialized classification series covers the paramount duties and responsibilities assigned to the appellant's position. In considering career progression, there is no obvious line of career progression to non-leadership GS-7 positions within the business office. Possible recruitment sources for the appellant's position are varied and include lower grade employees in the business office in medical records and medical support, claims, and general clerical and technical positions.

The GS-303 series covers clerical, assistant, or technician work that is not classifiable in any other series. It includes processing or maintaining records or documents that represent the transactions or business of an organization, and includes positions for which no other series is appropriate. It requires an employee to apply practical knowledge of regulations and precedent cases in carrying out specific procedures and established methods. Positions classified in the GS-303 series involve specialized work and may include mixtures of work that cannot be identified with an established series.

Because the appellant's position involves a mixture of work covered by several different series, no single one of which is primary or paramount, her position is properly placed in GS-303 series. The GS-303 series does not specify titles. Therefore, the agency may designate an appropriate title by following the guidance in the Introduction to the Position Classification Standards. The agency titled the position as a Program Support Clerk (OA). The parenthetical designation, Office Automation, is added to a position's title when the position requires significant knowledge of office automation systems (e.g., computer hardware and software) and a fully qualified typist to perform word processing duties. The appeal record identifies the need for knowledge of office automation systems and a qualified typist. Thus, addition of the parenthetical title is appropriate.

Standard determination

There are no published grade-level criteria for the GS-303 series. The *Introduction to the Position Classification Standards* states that when there is no directly applicable position classification standard, a position should be classified using criteria that are comparable in scope and difficulty and that describe similar subject matter and functions. The agency used the Grade Level Guide for Clerical and Assistance Work (Guide). Clerical work covered by the Guide often includes the use of personal computers as tools in completing tasks. The computer operations tasks are considered necessary but incidental tasks and only require separate evaluation if they appear to be of equal or greater difficulty than the clerical or assistant tasks.

The Job Family Position Classification Standard for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-0600 (GS-600 JFS), is used to separately evaluate the data validation work in the position.

Grade determination

Evaluation using the Guide

The Guide describes the general characteristics of each grade level from GS-1 through GS-7 and uses two criteria for grading purposes: *Nature of assignment* (which includes the knowledge required and complexity of the work) and *Level of responsibility* (which includes supervisory controls, guidelines, and contacts). It distinguishes between clerical and assistance work and provides separate criteria for each where appropriate. Since the appellant's position primarily performs clerical functions requiring knowledge of the clerical requirements and processes involved in maintaining the functional programs of the business office, the clerical criteria is appropriate for use. The agency evaluated both factors at GS-6. The appellant did not contest the agency's determination. After careful review of the record, we concur.

Evaluation using the GS-600 JFS

The GS-600 JFS is a Factor Evaluation System (FES) position classification standard covering two distinct occupations. Under the FES, positions are evaluated on the basis of their duties, responsibilities, and the qualifications required in terms of nine factors common to nonsupervisory General Schedule (GS) positions. Nine different classification factors are identified for evaluation. Each factor has several levels that equate to higher degrees of difficulty or complexity, and each has a corresponding point value assigned. The total of points for all nine factors is compared to a grade conversion chart in the standard to arrive at a final grade. Some of the factor level definitions in the GS-600 JFS have separate criteria for each covered series. The agency used the Medical Records Technician criteria. The appellant does not dispute the agency's factor level determinations. After carefully reviewing the record, we concur. A summary of factor level determinations follows.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-2	125
3. Guidelines	3-3	275
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. and 7. Personal contacts and Purpose of contacts	2B	75
8. Physical demands	8-1	5
9. Work environment	9-1	5
<i>Total</i>		985

A total of 985 points falls within the GS-5 range, 855 to 1100 points, according to the GS-600 JFS grade conversion table.

Summary

The specialized clerical work equates to GS-6. The medical records technician duties equate to GS-5.

Decision

The appellant's position is properly classified as GS-303-6. Selection of an appropriate title is at the agency's discretion with the parenthetical title *Office Automation* which recognizes the position's requirement of competitive keyboard skills.