

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

Appellant: [appellant's name]

Agency classification: Patient Relations Assistant
GS-303-7

Organization: Admissions Unit
Health Administration Section
Business Office
[installation]
U.S. Department of Veterans Affairs
[location]

OPM decision: Medical Support Assistant
GS-679-5

OPM decision number: C-0679-05-05

Jeffrey E. Sumberg
Deputy Associate Director
Center for Merit System Accountability

1/29/08

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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).

Since this decision lowers the grade of the appealed position, it is to be effective no later than the beginning of the sixth pay period after the date of this decision, as permitted by 5 CFR 511.702. The applicable provisions of parts 351, 432, 536, and 752 of title 5 CFR must be followed in implementing the decision. If the appellant is entitled to grade retention, the two-year retention period begins on the date this decision is implemented. The servicing human resources office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action to the U.S. Office of Personnel Management office that accepted the appeal.

Decision sent to:

[appellant's name]
[appellant's address]

Human Resources Officer
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Introduction

On January 31, 2007, the Philadelphia Oversight and Accountability Group, formerly the Philadelphia Field Services Group, of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant's name]. His position is currently classified as Patient Relations Assistant, GS-303-7, which the appellant believes should be classified as either a Patient Relations Assistant, GS-303-8, with a target grade of GS-303-9, or to the GS-301 Miscellaneous Administration and Program series and assigned a GS-7/9/11 grade progression. The appellant's position is located in the Admissions Unit, Health Administration Section, Business Office, at the [installation], U.S. Department of Veterans Affairs (VA), in [location]. We received the complete agency administrative report on March 7, 2007, and have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

We conducted a telephone audit with the appellant on July 24, 2007, and a telephone interview with his immediate supervisor on July 26, 2007. In addition, an OPM representative conducted an on-site audit with the appellant and interviewed his supervisor on August 27, 2007. In reaching our classification decision, we have carefully considered all of the information obtained from the interviews, as well as the written information furnished by the appellant and his agency, including the position description (PD) of record.

Background

There are four employees assigned to PD number [number] including the appellant. The agency states this PD was last updated in October 2006 and the changes added some lower graded work to the position to more efficiently and effectively use available staff. The appellant does not dispute his assigned duties and responsibilities are accurately described in the PD, and his immediate supervisor certified the PD as accurate on March 2, 2007.

After this appeal was filed and accepted by OPM, the appellant was detailed to the Compensation and Pension Unit from the Admissions Unit. However, both the appellant and his supervisor state this detail is temporary, and he is still officially assigned to the Admissions Unit on the previously cited PD.

General Issues

The appellant makes various statements about his agency's review and evaluation of his position and compares it to others which he states perform similar work. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). In adjudicating this appeal, our responsibility is to make our own independent decision on the proper classification of his position. We cannot compare the appellant's position to others as a basis for deciding his appeal. Since our decision sets aside any previously issued agency decision, any actions previously taken by the agency in their review of the appellant's position are not germane to this classification appeal process.

A PD is the official record of the major duties and responsibilities assigned to a position or job by an official with the authority to assign work. A position is the work made up of the duties and

responsibilities performed by an employee. Position classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities assigned by management and performed by the employee (5 CFR 511.607(a)(1) and 609). An OPM appeal decision classifies a real operating position, and not simply the PD. Therefore, this decision is based on the actual work assigned to and performed by the appellant.

Like OPM, the appellant's agency must classify positions based on comparison to OPM standards and guidelines. However, the agency also has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions. If the appellant considers his position so similar to others that they all warrant the same classification, he may pursue the matter by writing to his agency headquarters human resources office. In doing so, he should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as his, the agency must correct its classification to be consistent with this appeal decision. Otherwise, the agency should explain to him the differences between his position and the others.

The appellant mentioned the large amount of work he performs in support of his assertion the position warrants a higher grade. However, volume of work cannot be considered in determining the grade of a position (*The Classifier's Handbook*, chapter 5).

Position Information

The VAMC provides medical, surgical, psychiatric, rehabilitative, and skilled nursing care services. It includes three Community Based Outpatient Clinics (CBOCs) and is part of Veterans Integrated Service Network [number]. The facility treats approximately 33,000 patients annually of which 4,000 receive inpatient services. The VAMC currently has 371 hospital beds including 40 for psychosocial residential treatment programs and 170 nursing home beds.

The appellant applies established, specific, and directly applicable policies, practices, and standard operating procedures (SOPs) to complete a wide range of specialized clerical and administrative support functions. He determines and documents veteran's initial eligibility for hospitalization, ambulatory care, nursing home care, dental care, and treatment-related travel; explains criteria, provides information to and/or answer questions from veterans regarding such matters; processes and schedules first-time admissions or outpatient treatments using the appointment management software package; coordinates activities with medical and clerical staff of clinics and inpatient wards; ensures the accuracy of data entries; and maintains systems integrity of stored patient data. The appellant reviews veteran discharge papers/documentation to verify service dates and enrolls the individual in the VA Registry databank if they meet established criteria. Unusual situations are resolved based on the shared experience of coworkers, or referred to the supervisor or the Health Eligibility Center (HEC) in Atlanta, GA. The HEC exercises final authority over all eligibility decisions including those involving exceptions to established eligibility rules. The appellant spends 45 percent of his time performing these duties.

In addition to the position's primary/core eligibility duties, the appellant and each of the other employees on the PD is assigned continuing responsibility for a particular functional area such as Agent Orange registry, decedent affairs, patient transfers from other facilities, and dental consults. Each is trained to perform all the functions to provide management flexibility and ensure sufficient staff coverage to meet operational requirements.

For 35 percent of his time, the appellant processes patient transfers in accordance with established SOPs. He coordinates as needed with social workers from other facilities to obtain all necessary application forms and medical information and then provides this information to the appropriate social worker, service chief and/or attending physician at the VAMC for decision/action. The appellant may also need to coordinate follow-on activities for transfer such as occasionally checking on bed availability and/or determining eligibility and arranging for the patient's travel to the VAMC.

The appellant processes Master Patient Index (MPI) corrections, decedent affairs actions, telephone consents, Agent Orange registry duties, dental consults, personal data exchange actions, and other miscellaneous clerical/administrative support work 20 percent of his time.

The appellant serves as a designated daytime point of contact (POC) for issues related to MPI corrections, while the primary MPI POC works the night shift. The appellant completed an initial half-day formal training class, then a half-hour on-line course and quiz to do this work. He states his MPI corrections work is the most complex work he performs because of the overall importance of official patient file information to the VA mission and the exacting, tedious nature of the work to ensure accuracy. The appellant reviews patient data, verifies its accuracy, and makes computer entries to correct noted problems. Most actions take a half hour or less to complete and involve misspelling of names, incorrect date of birth or other such data element errors. About once a week he encounters changes requiring coordination with his counterparts at other VAMCs or contacting the patient to verify the data is correctly entered into the system. Changes occasionally involve reviewing, validating, and/or correcting data on up to 15 separate screens and may take a half day or longer to resolve including the time needed to contact others for information. The supervisor is informed of such patient data errors.

The appellant emphasized the difficulty of working on catastrophic errors where the files of two different veterans are mistakenly merged. However, the night shift MPI POC is primarily responsible for dealing with these actions. The appellant contacts and coordinates with individuals/activities as needed during the day shift to assist in the process. The HEC is primarily responsible for ensuring accurate patient records/systems data and is the only office that can override existing entries to execute corrections for catastrophic errors. The HEC also provides guidance and assistance to VA employees performing MPI duties, as needed. After informing the supervisor, the appellant may notify the HEC of possible catastrophic errors or the need to merge duplicate records. The HEC occasionally directs a particular VAMC to take the lead to coordinate and resolve patient record problems when a veteran has received services at multiple VAMCs. The appellant states this has occurred once or twice in the last year and a half at the VAMC.

For decedent affairs, the appellant obtains necessary information upon notification of a patient's death from the physician who signs the death certificate, completes the official record in accordance with established requirements, and explains the death benefits to the family. The selected funeral home then contacts the VAMC, and the body is released by the Pathology and Laboratory Medicine Service upon completion of the required signed paperwork.

As directed, the appellant listens to and records telephone consents; i.e., conversations between a VA doctor and legal next of kin to obtain permission to perform medical procedures when the patient is unable to legally give his/her own consent. While the appellant stays on the line during the telephone consent, he has no legal responsibility in the process and only records the conversation to later give it to the VAMC Transcription unit for them to process and upload the recording in the patient's official record.

For veterans meeting Agent Orange and/or Persian Gulf registry requirements, the appellant makes an appointment in the appropriate registry and, after the completion of the examination, enters/codes information from the physician into the proper database following established guidance.

The appellant processes compensation and pension actions as requested by the [location] Regional VA Office. He makes an appointment for the veteran with the proper medical service, notifies the veteran, and transmits the case file electronically from the regional office to the designated physician. The final decision is then made by the regional office upon receipt of the required medical information from the physician.

The appeal record, including the official PD, contains descriptive information about the major duties and responsibilities assigned to and performed by the appellant, and we incorporate it by reference into our decision. However, the description of the work in the PD, as discussed in this appeal decision, overstates the difficulty and responsibility of the work performed.

Series, title, and standard determination

The agency classified the position to the GS-303, Miscellaneous Clerk and Assistant series, which covers clerical, assistant, or technician work not classifiable in any other series. The position classification flysheet for the GS-303 series excludes from coverage any position, including the appellant's position, that involves work requiring knowledge of specialized processes or subject matter for which a specific series exists and states that such positions should be classified in the appropriate specific series.

The GS-679 Medical Support Assistance series covers one-grade interval administrative support work performed in connection with the care and treatment given to patients in wards, clinics, or other such units of a medical facility. Employees in this series perform record keeping duties, determine patient eligibility for treatment and paid travel expenses, complete and route requests for patient activities and treatment procedures, receive and direct patients and visitors, answer routine questions, review patient documentation and files and record a variety of medical data; schedule appointments for patients with other medical services, and provide miscellaneous support to the medical staff of the unit to which assigned. The work requires a practical

knowledge of computerized data entry and information processing systems, the medical facility's organization and services, basic rules and regulations governing visitors and patient treatment, and a practical knowledge of the standard procedures, medical records, and medical terminology of the activity supported. Medical Support Assistants are commonly considered chief sources of information and play an important role in accomplishing the role of the organization to which they are assigned. The appellant's assigned duties and responsibilities, as described above, are directly and completely covered by the GS-679 series. The position is properly classified to the GS-679 series and titled Medical Support Assistant.

Grade determination

The GS-679, Medical Support Assistance series, is one of two series specifically covered by the Job Family Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600. The JFS uses the Factor Evaluation System (FES) method of position classification. Grades are determined by comparing a position's duties, responsibilities, and qualification requirements with the nine FES factors. A point value is assigned to each factor based on a comparison of the position's duties and responsibilities with the factor-level descriptions in the standard. The points assigned to an individual factor level mark the lower end of the range for that factor level. To warrant a given level, the position must fully equate to the overall intent of the factor-level description. If the position fails in any significant aspect to fully satisfy a particular factor-level description, the point value for the next lower level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level. The total points assigned are converted to a grade level by use of a grade conversion table in the JFS.

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts that a worker must understand to do acceptable work and extent of the skills needed to apply this knowledge. To be used as a basis for selecting a level under this factor, knowledge must be required *and* applied.

At Level 1-3, the highest level described in the JFS for medical support assistance work, employees use extensive knowledge of a body of rules, procedures, and operations of the medical center; the facility's records system, regulations, administrative policies; and professional service procedures applicable to a variety of issues. They give instructions to patients and arrange appointments, assemble patients' charts, record physicians' orders, retrieve laboratory reports, and other relevant patient data. They organize patient records to research records and extract medical information. Employees review records for completeness, accuracy, and consistency with medical facility requirements and record data involving outpatient appointments, inpatient admissions, and discharge and transfer information using the medical facility's record system.

The appellant's position meets but does not exceed Level 1-3. He applies general knowledge of medical terminology, procedures, services, and the medical center to carry out assignments for both normal and emergency situations. He also uses knowledge of the Veterans Information Systems Technical Administration system and the Computerized Patient Records system to

ensure entry and completion of patient records. The work requires knowledge of the internal organization of patient records and the relationship of their parts in order to maintain records and search for information. As at Level 1-3, the appellant inputs information and orders provided by veterans, the regional VA office, or a physician; reviews records to determine completeness; verifies specific items of information such as treating specialty and doctor; and contacts other departments to obtain missing forms or authorizations. He prints completed records and assembles patient records and charts, schedules patients for appointments and services and performs other clerical/administrative work of the unit relevant to patient care treatment. Therefore Level 1-3 is credited for 350 points.

Factor 2, Supervisory controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's level of independence and personal responsibility, and how the work is reviewed or controlled.

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

In contrast, at Level 2-3 the supervisor makes assignments by defining the overall objectives, priorities, and deadlines and assists with unusual situations. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices.

The position meets Level 2-2. The appellant performs most tasks independently according to established procedures and/or previous experience. Written guidance and direction regarding what needs to be done is readily available covering both normal and emergency situations, and the supervisor provides instruction on non-recurring or changes in assignments and procedural changes. Unusual issues/problems are referred to the supervisor. The supervisor spot checks work for compliance with procedures and established requirements for the handling of patient information, and reviews record merger computer entries for accuracy. The work does not approach the degree of independence envisioned at Level 2-3 as the appellant does not control the setting of priorities or deadlines; nor does he adjust or alter the timing or sequence of work. The work cycle is generally determined by patients' admissions and their schedules, and new/unique situations are referred to the supervisor for resolution or direction. Therefore, Level 2-2 is credited for 125 points.

Factor 3, Guidelines

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

At Level 3-2, employees use procedural and regulatory guidelines that specifically cover the assigned work. They must choose the most appropriate guidelines, references, and procedures to use from a number of similar guidelines and work situations and, as necessary, make minor deviations or adapt the guidance to specific cases/situations. As described at this level, the guidelines available to the appellant cover most aspects of his work including how to handle emergency situations, are directly applicable to particular functions, and the nature of his assigned duties present little opportunity for him to exercise judgment in deciding to deviate from, or adapt them to specific cases.

At Level 3-3, the highest level described in the JFS, guidelines consist of a variety of technical manuals, technical instructions, medical facility regulations, regulatory requirements, and established procedures and are not completely applicable to some of the duties or have gaps in specificity. Employees use discretion and initiative to decide on the appropriate course of action to correct deficiencies, adapt and interpret guidelines in order to apply them to specific cases or problems, and may develop approaches to apply new regulatory requirements or adapt to new technology. As previously described, the appellant's work does not meet Level 3-3. Therefore, Level 3-2 is credited for 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.

At Level 4-2, employees perform several related procedures. They compile, record, review, select, and interpret medical data and information incidental to a variety of patient care and treatment activities. Employees decide what needs to be done by choosing from various options that require recognition of and differences among a few easily recognizable alternatives, and respond to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

At Level 4-3, the highest level described in the JFS, employees perform different, varied, and unrelated medical record processes and methods, including reviewing the work of other employees to verify compliance with regulatory requirements. They determine the relevance of many facts and conditions such as information contained in the record, legal, and regulatory requirements and other variables and determine the appropriate action from many alternatives. Employees identify and analyze medical records problems and issues and determine their interrelationships and the appropriate methods and techniques needed to resolve them.

As at Level 4-3, the appellant's work involves a variety of clerical and administrative functions that facilitate patient care and treatment. He serves as initial POC for veterans at the medical center to provide information and explain the criteria, processes, and forms involved in determining eligibility for services and meeting VA documentation requirements. He compiles, records, and reviews medical data and initiates forms for the authorization of procedures or services and schedules and coordinates initial veteran appointments. In addition to his core entitlement work he must be knowledgeable of, and ready to perform, a variety of specialized

functions relating to special registries, transfers, decedent affairs, and the maintenance/correction of MPI data. While he does not review the work of other employees to verify compliance with established requirements, he does review and evaluate veteran-provided documentation including forms they have filled out to ensure they are complete and properly prepared. He also reviews and corrects patient MPI data problems resulting from previous input errors and/or those involving inconsistent or duplicative data entry. Considering the overall demands on the position, including the requirement to perform a variety of functions on demand to ensure operational coverage, the work warrants credit at Level 4-3. Therefore, Level 4-3 is credited for 150 points.

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work; i.e., purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization.

At Level 5-2, the highest level in the JFS for medical support work, employees perform receptionist and general recordkeeping duties; give patients instructions on test preparation, diets, and procedural requirements; and record physicians' orders. The work affects accuracy and acceptability of further processes, including patient care.

As at Level 5-2, the appellant's work includes receptionist and recordkeeping duties and involves inputting systems data, preparing orders, and forwarding information to the appropriate services or offices for action. He provides information and responds to questions from veterans regarding VA medical, dental and transportation entitlements and ensures all required forms and instructions are prepared for the admission and initial treatment. The appellant follows-up with other center departments or medical centers to provide and obtain information, properly documents transfers, and schedules appointments for veterans applying for compensation and benefits. Typical of Level 5-2, the work impacts efficiency by ensuring patients have their necessary paperwork and/or have fully completed the required forms in a timely manner. The work generally affects accuracy and acceptability of further processes or services. Therefore, Level 5-2 for 75 points is credited.

Factor 6, Personal contacts, and Factor 7, Purpose of contacts

These factors assess face-to-face as well as telephone contacts with persons not in the supervisory chain. The levels of these factors 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.

Factors 6 and 7 are interdependent. The personal contacts that serve as the basis for the level selected for Factor 7 must be the same contacts as those that are the basis for the level selected for Factor 6.

Personal contacts

The appellant's contacts equate to Level 2, the highest level described in the JFS. At Level 2, contacts are with employees within the medical facility, but outside the immediate work unit. Some contacts may be with the general public in moderately structured settings. Such contacts may include representatives from insurance companies, private physicians, other care providers, and individuals from other agencies or organizations seeking information.

As at Level 2, the appellant's contacts primarily include veterans seeking transfer of services, staff from other medical centers, staff from other services, and limited external contacts with families or others seeking information, including employees of the HEC.

Purpose of contacts

At Level A, contacts are made to acquire, clarify, or give facts or exchange general and medical information directly related to the work. The information may range from general admission information to highly specialized medical information. Contacts at this level are directly related to recurring functions.

At Level B, contacts are made to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups working toward mutual goals and have basically cooperative attitudes.

The appellant's work meets but does not exceed Level A. While he initiates and follows through on work efforts to validate information and resolve problems with the maintenance of patient records, the record does not indicate the regular and recurring need to influence or persuade others.

The combined factors are credited at Level 2A for a total of 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 the physical exertion involved in the work.

At Level 8-1, the work does not require any special physical effort or ability. It may require walking, bending, standing, and/or carrying of light items such as files and manuals, but it is mainly sedentary.

At Level 8-2, the work requires some physical exertion such as prolonged periods of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and record boxes.

Level 8-1 is met. The appellant carries such things as patient records and supplies. The work is primarily sedentary, but requires some bending, walking, and standing. The work does not require prolonged periods of physical exertion or lifting of moderately heavy items. Therefore, Level 8-1 is credited for 5 points.

Factor 9, Work environment

This factor considers the risks and discomforts in the employee's physical surroundings and the safety precautions required.

At Level 9-1, the employee typically works indoors in an environment involving everyday risks or discomforts. He is required to observe normal safety practices. The area is adequately lighted, heated, and ventilated.

At Level 9-2, the work environment involves moderate risks or discomforts that require special precautions, e.g., exposure to infectious diseases. Employees may be required to use protective clothing or gear. Employees may work in close proximity to mentally disturbed patients and, consequently, be at risk of physical abuse.

Level 9-1 is met because the appellant works in a common office setting and observes normal safety practices. He is not required to follow any special precautions; nor does he wear protective clothing or gear in the performance of his assigned duties. The position meets, but does not exceed, Level 9-1. Therefore, Level 9-1 is credited for 5 points.

Summary

	<i>Factor</i>	<i>Level</i>	<i>Points</i>
1.	<i>Knowledge required by the position</i>	1-3	350
2.	<i>Supervisory controls</i>	2-2	125
3.	<i>Guidelines</i>	3-2	125
4.	<i>Complexity</i>	4-3	150
5.	<i>Scope and effect</i>	5-2	75
6. & 7.	<i>Personal contacts and Purpose of contacts</i>	2A	45
8.	<i>Physical demands</i>	8-1	5
9.	<i>Work environment</i>	9-1	<u>5</u>
	<i>Total</i>		880

The total points fall within the GS-5 point range of 855 to 1100 in the JFS.

Decision

The appellant's position is properly classified as Medical Support Assistant, GS-679-5.