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

Appellants:	[names]
Agency classification:	Accounts Receivable Technician GS-503-5
Organization:	Medical Care Cost Recovery Section Business Office Veterans Affairs Medical Center Department of Veterans Affairs [city and State]
OPM decision:	GS-503-05 (Title at agency discretion)
OPM decision number:	C-0503-05-02

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

__August 13, 2008_____
Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate which 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 the 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:

[appellants]

[servicing human resources office]

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

Introduction

On September18, 2007, the Philadelphia Oversight and Accountability Group of the Center for Merit System Accountability, U.S. Office of Personnel Management (OPM), accepted a position classification appeal from a group of employees who occupy identical additional positions (hereinafter referred to as position) classified as Accounts Receivable Technician, GS-503-5, in the Medical Care Cost Recovery Section of the Business Office at the Veterans Affairs (VA) Medical Center in [city and State]. (This appeal was subsequently transferred to the Center's Washington, DC, office.) The appellants requested their position be classified at the GS-7 level. We accepted and decided this appeal under the provisions of section 5112 of title 5, United States Code.

Position information

The appellants are responsible for discharging the collection function for the Medical Care Cost Recovery Program, including third-party insurance reimbursements, first-party discretionary medical care copayments, prescription copayments, and other accounts receivable; insurance company liaison; payment analysis; and payment postings. The primary purpose of this work is to maximize benefit payments received from insurance carriers by examining payments received to ensure correctness and contacting carriers and other third-party payers to expedite collections. The appellants analyze the explanation of benefits (EOB) received from insurance carriers to determine reimbursement accuracy and follow up by written or oral inquiries, including preparing standard or individualized collection letters. They generate first-party bills to patients for required copayments, respond to inquiries from patients and their representatives or attorneys regarding billing issues, set up payment plans, make adjustments to first-party accounts to decrease debts (e.g., exempting interest and administrative charges) when deemed appropriate, and process refunds and credits to accounts when overpayments or errors are detected. They post payments received to billing accounts and make appropriate disposition of checks and electronic fund transfer.

This is intended only as a very brief summation of the appellants' duties and responsibilities. The appeal record contains additional descriptive information which was fully considered in this evaluation, and we incorporate it by reference into our decision.

We conducted a telephone audit with the appellants and a subsequent telephone interview with their supervisor. We decided this appeal by considering the audit findings and all other information of record furnished by the appellants and their agency, including their official position description and other material received in the agency administrative report on October 11, 2007.

Series and title determination

The appellants' position is properly assigned to the GS-503, Financial Clerical and Technician Series. This series is appropriate for positions engaged in carrying out financial management or fiscal operations not readily classified to another more specific series. Titles are not specified for positions in this series, except that positions graded at GS-5 and above should have a *technician* title.

Grade determination

Positions in the GS-503 series are evaluated by applying the grade-level criteria in the Job Family Standard for Clerical and Technical Accounting and Budget Work, GS-500. This standard is written in the Factor Evaluation System (FES) format, under which factor levels and accompanying point values are to be assigned for each of the following nine factors, with the total then being converted to a grade level by use of the grade-conversion table provided in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level.

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information an employee must understand in order to do the work, and the skills needed to apply that knowledge.

The knowledge required by the appellants' position meets Level 1-3. At this level, the work requires knowledge of a body of standardized regulations, requirements, procedures, and operations related to the assigned financial management support function. This includes, for example, knowledge of the various steps and procedures required to perform a full range of financial management support duties related to recurring or standardized transactions; knowledge of various financial processing procedures to support transactions that involve the use of different forms and the application of different procedures; knowledge of one or more automated data bases associated with a specific financial management function to input a range of standard information or adjustments, understand recurring error reports and take corrective action, and generate a variety of standard reports; knowledge of the structure and content of financial management-related documents to investigate and resolve routine or recurring discrepancies, check documents for adequacy, or perform comparable actions 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 or clients.

The standard provides the following illustration of Level 1-3 work:

> 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. They compile and examine vouchers for submission to private insurance groups. They enter information into a computerized system. They check computer-generated billing for correctness and complete blocks requiring unique hospital information. They maintain ledgers on accounts receivable. They prepare quarterly reports regarding insurance amounts billed and collected.

This level fully represents the accounts receivable work performed by the appellants. Their work requires knowledge of a body of standardized regulations, requirements, procedures, and operations in order to post payments to the correct accounts, process credits and refunds and

adjust accounts accordingly, resolve processing errors resulting in nonpayment, and generate first-party bills to collect copayments.

The appellants' work is only partially depicted in the Level 1-3 illustration cited above in that it does not describe the full range of tasks associated with their work. This illustration describes primarily billing work with cursory reference to the associated accounts receivable function. However, the lack of detail in describing this function does not mean that the appellants' position exceeds this level. Other illustrations provided at Level 1-3, although they depict different functional assignments, describe work that is basically analogous to the appellants' collection duties in terms of the types of processes carried out and the extent of information required to do so. These illustrations are as follows:

> Employees review, determine, and process standard active or reserve pay entitlement actions to update a service member's pay account or to correct pay problems. They review incoming pay documents, determine what entitlement is due, and update the pay account. They verify indebtedness due to overpayment of pay and allowances and review remission and waiver requests. They review pay accounts prior to payday to ensure pay and allowances are computed correctly.
>
> Employees conduct audits of various transactions used in disbursing insurance funds and updating or otherwise servicing insurance policies. They audit several types of routine disbursements, transactions establishing insurance policies, and other non-disbursement transactions. They determine the appropriateness of the disbursement and the correct amount being sent out. They review cases to verify the amounts for policy service refunds, loan and cash surrender payments, and routine payments of death claims to beneficiaries. They analyze transactional histories, source documents and other documentation in cases where fraud or inappropriate processing of insurance transactions is suspected.

The first illustration above is analogous to the appellants' work in that it describes examining incoming documents to determine money owed, updating accounts, and identifying overpayments. The second illustration above is analogous in that it describes auditing accounts to determine whether refunds are due. These are the same basic processes carried out by the appellants, albeit within the context of different functional assignments. In all of these work situations, the knowledge required to perform the work is primarily procedural; i.e., the appellants must know what steps to take when processing certain types of transactions or when presented with a given set of circumstances or known facts.

Looked at in its entirety, Level 1-3 includes such work as processing vouchers for third-party billing; reviewing purchase orders, contracts, travel orders, and other claims against obligated funds; auditing cash processing documents before authorizing payment from funds; providing payroll services; reviewing vouchers, purchase requests, work orders, and contract invoices to verify account codes and dollar amounts and to assure that funds are available; examining standard tax returns; and auditing routine transactions used in disbursing insurance funds. All of these types of work require knowledge of a body of standardized procedures, requirements, and operations to process a limited set of forms where the individual tasks are relatively repetitive.

In contrast, at Level 1-4 the work requires 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 function. This includes, for example, knowledge of a wide variety of interrelated steps, conditions, and processes required to assemble, review, and maintain *complex* accounting, budget, or other fiscal transactions (such as processing tax returns with numerous supporting schedules or reconciling accounts with extensive subdivisions); knowledge of various accounting, budget, or other financial regulations, laws, and requirements; knowledge of a variety of accounting and budget functional areas and their relationships to other functions to research or investigate problems or errors that require reconciling and reconstructing incomplete information, conducting extensive and exhaustive searches for required information, or performing actions of similar complexity; and/or knowledge of extensive and diverse accounting, budget, or other financial regulations, operations, and procedures governing a wide variety of types of related transactions to resolve nonstandard transactions, complaints, or discrepancies, provide advice, or perform other work that requires authoritative procedural knowledge.

The appellants' work is clearly more analogous to Level 1-3 in that it involves carrying out recurring and standardized transactions. Although the appellants perform a wide range of tasks associated with posting, auditing, and adjusting accounts, the steps to be followed are prescribed and repetitive. Work related to such functions as billing, purchasing, cash processing, and other relatively non-complex fiscal transactions is covered at Level 1-3; i.e., one party requests payment and the other party remits payment. Level 1-4, in contrast, covers more *complex and diverse* accounting, budgetary, or fiscal transactions. The standard provides the following illustrations of Level 1-4 work:

> Employees conduct comprehensive reviews of military pay transactions which include determinations such as allowances, special incentive pay, debt collection, etc. They audit and resolve cases involving overpayment or underpayment for several periods of service. They review error reports and actions and make corrections.
>
> Employees provide service to a group of full-time GS employees who are entitled to time and a half for actual overtime worked, are working on rotating shifts, and as a result of a court ruling, are entitled to retroactive Fair Labor Standards Act overtime computations effective on a date several years prior to the current pay period. Employees verify the accuracy of the authorizing documents, reconstruct the payment history for the period involved, determine the amount and extent of underpayment or overpayment, if any, and the procedures for disbursing underpayment or collecting overpayment.

In these situations, the work requires not just making or requesting payment but determining whether there was an underpayment or overpayment and taking the necessary steps to rectify the discrepancy. The key distinction between Levels 1-3 and 1-4 is the degree of knowledge required to determine discrepancies and compute corrections. The appellants perform certain functionally related tasks such as researching disputed claims relating to service-connected pharmacy copayment exemptions and service-connected medications by requesting interpretation from the eligibility department or combat review board, reviewing all past and present bills back to the time of service to see if any credit was ever given on the particular medication, and issuing credit if indicated by either decreasing open bills or by processing a public voucher. They also conduct periodic prescription reviews on first-party accounts which require reimbursement for copays from third-party insurance payments to determine the credit due for payments that were made on covered medications. However, this work requires a limited degree of knowledge to

conduct these audits in that they consist only of reviewing accounts for the identified medications and refunding the amount paid by the patient. In the Level 1-4 illustrations above, the work requires some regulatory knowledge to determine whether payment is due and involves more difficulty in actually determining that payment; i.e., the amount of money to be paid or collected is not readily identifiable but must be computed based on examination of the overall payment history.

Level 1-3 is credited (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 responsibility, and the review of completed work.

The level of responsibility under which the appellant works is comparable to Level 2-3 (the highest level described under this factor). At this level, the supervisor assigns work with standing instructions on objectives, priorities, and deadlines and provides guidance for unusually involved situations. The employee independently processes the most difficult procedural and technical tasks or actions and handles problems and deviations in accordance with instructions, policies, previous training, or accepted practices. The supervisor evaluates completed work for overall technical soundness and conformance to agency policies, legal, or system requirements. Completed work is spot checked for results and conformity to established requirements and deadlines. The methods used to complete the assignment are seldom reviewed in detail.

This accurately represents the manner in which the appellants are expected to operate. They are expected to carry out their work independently in accordance with established operating procedures and priorities, although the supervisor is available to provide assistance on difficult problems encountered and the implementation of new procedures. Their work is evaluated for achievement of processing goals within expected time frames.

Level 2-3 is credited (275 points).

Factor 3, Guidelines

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

The guidelines used by the appellants match Level 3-2. At this level, 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 are readily available for doing the work and are 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 established alternatives, or decide which precedent action to follow as a model. 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. The employee may make minor deviations to adapt references or procedures to specific cases but refers situations where existing guidelines cannot be applied or significant deviations must be made to the supervisor or designated employee.

Correspondingly, the transactions carried out by the appellants are covered by specific written guidelines and procedures, although they are expected to use initiative in handling aspects of the work that may not be completely covered. For the most part, however, the work is processed in accordance with standard operating procedures, and situations without adequate precedent are referred to the supervisor for guidance.

The position does not meet Level 3-3. At this level, guidelines are the same as at Level 3-2 but because of the complicating nature of the assignments, they lack the specificity, frequently change, or are not completely applicable to the work. For example, when completing a transaction, the employee may have to rely on experienced judgment rather than guides to fill in gaps, identify sources of information, and make working assumptions about what transpired. The employee uses judgment to interpret guides, 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 (e.g., those which could not be resolved at lower levels). The employee analyzes the results of applying guidelines and recommends changes, such as specific changes to the guidelines themselves, the development of control mechanisms, additional training for employees, or specific guidance related to the procedural handling of documents and information.

The written guidelines the appellants use for performing their work are specific and are generally applicable to the work. When completing a transaction, the appellants do not "fill in gaps," "identify sources of information," or "make working assumptions about what transpired" because these types of activities are not inherent to their work. This is a technical processing function, and the appellants take action based on the specific information provided to them. The financial transactions they handle are not ambiguous in terms of determining what the monetary figures represent. Rather, they deal with specific, easily identifiable debts and remittances. The appellants are not authorized to "use judgment to reconstruct incomplete files," process bills based on "assumptions" as to the amount of money owed, or adapt processing procedures. As at Level 3-2, the exercise of judgment is limited to determining the particular processing procedures to use for the given transaction.

Level 3-2 is credited (125 points).

Factor 4, Complexity

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

The complexity of the appellants' work is comparable to Level 4-2. At this level, the work involves performing related procedural tasks in processing financial management transactions. For example, processing a transaction may involve verifying codes and other information, reconciling balances, assembling appropriate forms, entering data into automated file systems, and answering routine procedural inquiries. The employee makes decisions, such as how to sort incoming documents, locate and assemble information, and correct errors based on review or knowledge of similar cases or samples, or by selecting from among other clearly recognizable alternatives. For example, when investigating payment discrepancies, the employee considers

which established approach best fits the circumstances. The employee takes action using established instructions, practices, or precedents for the processing of documents. Actions taken are similar and well established, although the specific pattern of actions taken may differ.

The appellants' work involves performing a variety of procedural tasks associated with posting payments received, determining additional monies owed, preparing standard letters and other documentation to recover these monies, and processing refunds and other account adjustments. As at this level, the work is governed by established instructions, procedures, and precedents for the processing of individual transactions, and the appellants decide the course of action based on knowledge of how similar cases have been handled.

The position does not meet Level 4-3. At this level, the work involves performing various 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 decides what needs to be done by identifying the nature of the problem, question, or issue, and determining the need for and obtaining additional information through oral or written contacts or by reviewing regulations and manuals. The employee may have to consider previous actions and understand how these actions differ from or are similar to the issue at hand before deciding on an approach. The employee makes recommendations or takes actions (e.g., determines eligibility for deductions, entitlements, or claims, verifies factual data, or makes other financial determinations) based on a case-by-case review of the pertinent regulations, documents, or issues involved in each assignment or situation.

The appellants perform a variety of duties related to posting and debt collection which involve different processes and procedures. However, unlike Level 4-3, these different procedures are established and standardized and do not allow for latitude in "deciding on an approach." The work does not require deciding what needs to be done by "identifying the nature of the problem." Rather, the actions that need to be taken are readily discernible in that they relate to such clear-cut factual situations as whether a bill has or has not been paid. Further, the work does not involve making the kinds of recommendations or actions expected at Level 4-3, such as determining eligibility for deductions, entitlements, or claims. The work consists of processing claims by posting payments received and following-up on claims that were denied based on factual discrepancies, such as incorrect patient information, missing forms, coding errors, and other processing as opposed to substantive issues. It does not involve the comparatively more difficult work depicted at Level 4-3 where, for example, the employee reviews claims to determine if they should be paid from a regulatory rather than a procedural standpoint.

Level 4-2 is credited (75 points).

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work and the effect of work products or services both within and outside the organization.

The scope and effect of the appellants' work match Level 5-2. At this level, the purpose of the work is to perform a full range of related financial management clerical or technical tasks that are covered by well-defined and precise 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 financial management function and may also affect the accuracy of further processes performed by related personnel in various organizations.

Correspondingly, the purpose of the appellants' work is to perform a full range of clerical and technical tasks associated with the hospital's bill collection function. These tasks are covered by well-defined operating procedures and regulations. The appellants complete a range of transactions including reviewing benefits statements, posting payments received, following-up on discrepancies, and responding to factual billing inquiries. The work affects the timely reimbursement of medical care costs to the hospital by insurance carriers.

The position does not meet Level 5-3. At this level, the purpose of the work is to apply conventional practices to treat a variety of problems in 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 employee treats these or similar problems in conformance with established procedures. 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' work is not structured so as to meet this level. All of the appellants perform the full range of tasks associated with the work, as depicted at Level 5-2. None of the positions are specifically dedicated to resolving the particularly difficult problems encountered, or to improving the processing procedures or the design of the record system. Level 5-3 is reserved, in effect, for those positions structured in a manner that they operate beyond the parameters of the routine processing work of the organization.

Level 5-2 is credited (75 points).

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

This factor includes regular and recurring face-to-face and telephone contacts with persons not in the supervisory chain. The relationship between Factors 6 and 7 presumes that the same contacts will be evaluated under both factors.

The appellants' personal contacts match Level 2, where contacts are with persons in the same agency, but outside the immediate organization, with employees in other agencies who are

providing requested information, and/or with members of the general public in a moderately structured setting, such as with individuals who are attempting to expedite transactions.

Correspondingly, the appellants' regular and recurring contacts are with other hospital staff, administrative personnel of health insurance carriers, and patients and their family members.

Level 3 is not met, where contacts are with persons in their capacities as representatives of others such as attorneys and accountants or congressional staff members making inquiries on behalf of constituents. These contacts are not recurring or routine and the purpose, role, and authority of each party must be established each time in order for the employee to determine the nature and extent of information that can be discussed or released.

The appellants do not have regular and recurring contacts of this nature. Although they may have occasional contact with patients' attorneys, these are relatively routine contacts limited to simple transactions such as providing copies of billing documents. The nature of these contacts is not such that the appellants are responsible for determining what information can be discussed or released.

The purpose of the appellants' contacts matches Level b, where contacts are for the purpose of planning and coordinating actions, such as obtaining a customer's cooperation in submitting paperwork, requesting others to correct errors in documentation or data entry, or assisting others in locating information.

As at this level, the appellants deal directly with patients in explaining bills, contact insurance carriers to resolve discrepancies in payments, and coordinate with other hospital administrative and medical staff to obtain clarifying information related to billing.

Level c is not met, where the purpose of contacts is to persuade individuals who are fearful, skeptical, uncooperative, or threatening to provide information, take corrective action, and accept findings in order to gain compliance with established laws and regulations.

The appellants have contacts with patients regarding payment of bills, and some individuals may be irate or uncooperative. However, the appellants' role is limited to providing factual information, such as conveying how much money is owed or standard payment plan terms. They explain to patients the process by which to pay their bills but are not expected to persuade them to do so.

Level 2b is credited (75 points).

Factor 8, Physical demands

This factor covers the requirements and physical demands placed on the employee by the work assignment.

The position matches Level 8-1, where the work is sedentary.

Level 8-1 is credited (5 points).

Factor 9, Work environment

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

The position matches Level 9-1, which describes a typical office environment.

Level 9-1 is credited (5 points).

Summary

Factors	Level	Points
Knowledge required by the position	1-3	350
Supervisory controls	2-3	275
Guidelines	3-2	125
Complexity	4-2	75
Scope and effect	5-2	75
Personal contacts/Purpose of contacts	2b	75
Physical demands	8-1	5
Work environment	9-1	5
Total		985

The total of 985 points falls within the GS-5 point range (855-1100 points) on the grade conversion table provided in the standard.

Decision

The appellants' position is properly classified as GS-503-5, with the title at agency discretion.