

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

Appellant: [appellant]

Agency classification: Medical Support Assistant
GS-679-5

Organization: Medical Administration Services
Community Based Outpatient Clinic
Veterans Integrated Service Network 11
[location] Health Care System
Veterans Health Administration
U.S. Department of Veterans Affairs
[city and state]

OPM decision: Medical Support Assistant
GS-679-5

OPM decision number: C-0679-05-06

/s/ Judith A. Davis (for)

Robert D. Hendler
Classification and Pay Claims
Program Manager

November 2, 2009

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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 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]
[city and state and zip code]

[Chief]
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Introduction

On July 28, 2008, the Chicago Oversight and Accountability Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant]. The appellant's position is currently classified as Medical Support Assistant, GS-679-5, and is located in Medical Administration Services, at the Community Based Outpatient Clinic (CBOC), Veterans Affairs [location] Health Care System (VAIHCS), Veterans Integrated Service Network (VISN) 11, Veterans Health Administration (VHA), U.S. Department of Veterans Affairs (VA) in [city and state]. She believes her position should be classified as either a Supervisory Medical Support Assistant, GS-679-9, or as a Medical Administrative Assistant, GS-303-7. We received the complete AAR on April 23, 2009. We accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background

In January 2008, the appellant's supervisor revised the appellant's position description (PD), then classified as Medical Administration Assistant, GS-301-7, and submitted it to the servicing human resources (HR) office for reclassification as Medical Administration Specialist, GS-301-9. The servicing HR office concluded the position was properly classified as Medical Administrative Assistant, GS-303-7. The appellant appealed this determination to VA's headquarters HR office in May 2008. The agency, by application of the Job Family Position Classification Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, 0600 (600 AT JFS), determined the appellant's position was properly classified as Medical Support Assistant, GS-679-5. The appellant subsequently appealed the classification of her position to OPM.

General issues

The appellant's supervisor has certified the accuracy of her official PD #[#####], but the appellant disagreed in her initial appeal request. However, during a duty-by-duty review of her PD during the telephone audit, she acknowledged her PD accurately describes the duties and responsibilities of her position, but she still disagrees with the grade level.

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. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities currently assigned by management and performed by the employee. An OPM appeal decision is based on the work currently assigned to and performed by the appellant and sets aside any previous decision.

The appellant compares her position to positions of personnel at other [location] Network Outpatient Clinics which are classified at the GS-7 level, even though their PDs are worded exactly the same except for responding to medical emergencies and back-up lab draw duties. By law, we must classify positions solely by comparing current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since the comparison to standards is

the exclusive method for classifying positions, we cannot compare the appellant's position to others, which may or may not be classified correctly, as a basis for deciding the appeal.

Implicit in the appellant's rationale is a concern her position is classified inconsistently with other VA positions which perform similar work. 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 her position so similar to others that they all warrant the same classification, she may pursue the matter by writing to VA's headquarters HR office. In doing so, she 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 hers, the agency must correct their classification to be consistent with this appeal decision. Otherwise, the agency should explain to her the differences between her position and the others.

The appellant also mentions her personal qualifications as a Licensed Practical Nurse (LPN) and says she previously occupied a position with mixed Medical Administrative Assistant and LPN duties. The LPN duties were removed from her position in 2002 by her previous supervisor. The appellant says her current duties still require her to recognize and respond to medical emergencies and perform lab draw duties in the absence of phlebotomy personnel. Qualifications are considered in classifying positions insofar as they are required to perform current duties and responsibilities, not qualifications that appellants personally possess. To the extent they were needed for this purpose, we carefully considered them and will address them as appropriate along with all other information furnished by the appellant and her agency, including her official PD.

Position information

The West [city] CBOC provides primary care services for veterans in the western [location] area, referring patients requiring specialty care to the main VAIHCS facility in [city and state], which is a part of VISN 11. Behavioral health services provided locally include individual, group, and family counseling, and programs such as QuitSmart Smoking Cessation. The clinic also provides blood drawing services and routine prescriptions through the mail or through the My Health Vet system.

The appellant reports directly to the CBOC Program Support Assistant Supervisor, GS-303-9, who is located offsite at VAIHCS in [city and state]. While her supervisor assigns work in broad terms of mission requirements and program objectives, the appellant independently functions as the administrative coordinator and liaison between VAIHCS, CBOC, and with the co-located [state] Veterans Home, as needed.

The primary purpose of the appellant's position is to provide administrative support to the health care providers who work at the CBOC. She maintains a schedule for the physicians, clinicians, and specialty clinic staff including consultants, and she is responsible for canceling clinic availability when members of the health care delivery team are on leave, and rebooking clinic appointments for patients when clinic services are cancelled.

The appellant is the primary point of contact (POC) for patients and their family members at the CBOC. She greets veterans requesting assistance, listens to their requests, and determines the nature of the veteran's medical care needs, questions, or complaints. She makes initial determinations whether the veteran meets legal requirements for medical care. If proper documentation is not available, she initiates a search for the needed verification using the Hospital Inquiry (HINQ) database, or assists the veterans or their family members file a Standard Form 180 (SF-180), Request Pertaining to Military Records, or uses the eVetRecs request system to get copies of DD Form 214, Discharge Papers or Separation Documents, military medical records, and other basic documentation. If the veteran is ineligible for the requested benefits, she explains the reasons for ineligibility in detail and suggests alternative sources for obtaining medical care. She also advises and assists individuals applying for special programs; such as prosthetics, fee-basis treatments, Agent Orange/Nuclear Exposure, ex-POW and PTSD examinations, and the Civilian Health and Medical Program (CHAMPVA). This includes verifying eligibility, collecting, and submitting information to the appropriate offices/agencies, and notifying individuals of decisions made on their applications for various programs.

When requested by an examining provider, the appellant completes requests for laboratory and x-ray procedures, ensures all examinations and procedures are properly accomplished before the patient is dismissed, and coordinates the scheduling of diagnostic tests and consultations at other VA facilities, and reschedules the patient for another appointment, if required. She also prepares authorization forms for special procedures performed under a contract or sharing agreement at a private facility, as appropriate.

She interviews patients concerning problems and complaints pertaining to services rendered at the clinic, and she provides advice and assistance with rights, benefits, and submission of claims. She determines outpatient entitlement to beneficiary travel benefits, prepares associated payment vouchers, arranges transportation, and maintains records on authorized travel and reimbursements. She conducts financial interviews to determine potential co-payment requirements. She determines veteran insurance coverage and other potential third-party payers for cost recovery purposes.

The appellant arranges for pickup and delivery of medical and administrative supplies including laboratory specimens, linen, clean and dirty supplies, medications, equipment, supplies, medical records, and related documents from the VAIHCS. The appellant is responsible for storage of materials on arrival to the West [location] CBOC.

She collaborates with CBOC staff to determine supply inventory and needs assessment for the clinic, and is responsible for insuring all medical supplies and equipment are restocked in a valid, safe, and timely manner. She also insures clean and soiled items are handled according to agency infection control standards.

As required, she instructs patients on proper preparation for basic tests, including procedures for 24-hour urine collection. The appellant says she also performs lab draw duties in the absence of phlebotomy personnel. She says this takes approximately ten percent of her time, but we found it is required mostly around vacation schedules and holidays. As such, it is not a regular and

recurring duty occupying 25 percent of her work time and, thus, may not control the classification of her position.

To help us decide the appeal, we conducted a telephone audit with the appellant and completed a telephone interview with her supervisor on April 23, 2009. 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 her agency including the PD of record.

Series, title, and standard determination

The agency classified this position in the Medical Support Assistance Series, GS-679, and assigned the title, Medical Support Assistant. The appellant disagrees and says her position should be classified as either a Supervisory Medical Support Assistant, GS-679-9, or as a Medical Administrative Assistant, GS-303-7.

The appellant believes her position should be classified as a Supervisory Medical Support Assistant because she orients and trains each new employee of the Medical Administrative Services Department, interviews and hires volunteers, and oversees the work of work-study students. Within the Medical Administrative Services Department at the CBOC, there are three Medical Support Assistants, GS-679-5, who are permanently assigned, including the appellant, who are supervised by the Supervisory Program Support Assistant, GS-303-9, who is located off-site at [city state]. Volunteers and work-study students are assigned to the Medical Services Department on an ad hoc basis, although none were assigned to the Department at the time of the audit and during follow up calls. The appellant does not assign work to the permanent staff, nor does she approve leave, provide performance input, recommend awards or recommend discipline. Therefore, the appellant's position is excluded from coverage under the General Schedule Supervisory Guide (GSSG) and may not be titled or classified as supervisory since her work does not encompass performing the minimum supervisory functions required for coverage by the GSSG.

If not supervisory, the appellant requests her position be returned to its former classification as Program Support Assistant, GS-303-7. The Miscellaneous Clerk and Assistant Series, GS-0303, includes positions which perform or supervise clerical, assistant, or technician work involving specialized work for which no appropriate occupational series has been established. The primary work of the appellant's position is providing specialized services or performing clerical work in support of the care and treatment given to patients in a ward, clinic or other such unit of the medical facility. This work requires a practical knowledge of the medical facility's organization and services, the basic rules and regulations governing patient treatment, and a practical knowledge of the standard procedures, medical records, and medical terminology of the unit supported. The GS-303 series flysheet excludes positions that involve work which requires knowledge of specialized processes or subject matter for which a specific series exists. Such positions should be classified in the appropriate specific series. Therefore, we may not assign her work to the GS-0303 series since the type of specialized work she performs is specifically excluded as it is covered by the GS-679 series.

The Medical Support Assistant Series, GS-679, 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. We find the appellant's assigned duties and responsibilities are directly covered by the GS-679 series. The basic title for this occupation is Medical Support Assistant.

Grade determination

The GS-679 series is one of two series specifically covered by the 600 AT JFS.

The JFS is written in the Factor Evaluation System (FES) format which uses nine factors. Under FES, each factor-level description describes the minimum characteristics needed to receive credit for the described level. Grades are determined by comparing a position's duties, responsibilities, and qualification requirements with the nine 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 JFS. 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, and retrieve laboratory reports and other relevant patient data. They organize patient records to research records and extract medical information. Employees at this level 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. As at this level, she applies general knowledge of medical terminology, procedures, services, and the medical center to carry out assignments for both normal and emergency situations. She also uses knowledge of the Veterans Information Systems Technical Administration (VISTA) system and the Computerized Patient Records (CPR) system to ensure the 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. She prints completed records and assembles patient records and charts, schedules patients for appointments and services and performs other clerical or 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.

At Level 2-3, the highest level described in the JFS, 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.

As at Level 2-3, the appellant works independently using established guides and practices, and the supervisor is available when unusual situations arise. The supervisor of this position works off site, so the appellant is expected to perform assigned duties in accordance with established procedures and past practices independently. The appellant is advised of new policies and procedures, while only controversial issues are referred to the supervisor. This exceeds criteria at Factor Level 2-2 where work is assigned with specific instructions and parameters and is reviewed for accuracy. Therefore, Level 2-3 is credited for 275 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 which 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 her work including how to handle emergency situations, are directly applicable to particular functions, and the nature of her assigned duties present little opportunity for her 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.

The appellant's work does not meet Level 3-3. The guidelines available to the appellant cover most aspects of her work including how to handle most emergency situations. This does not exceed the type of guidelines available at Level 3-2, as they are directly applicable to particular functions, and the nature of her assigned duties present little opportunity for her to exercise judgment in deciding to deviate from, or adapt them to specific cases. 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, the only level described in the JFS for medical support assistance work, 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. They also respond to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

The appellant's work meets but does not exceed Level 4-2. As at this level, her work involves performing clerical and administrative functions facilitating patient care and treatment and dealing with changing priorities based on the urgency of the situation and the differences in medical information about each patient. Typical of Level 4-2, she compiles, records, and

reviews medical data and prepares the required forms and system entries to schedule and coordinates patient appointments. Therefore, Level 4-2 is credited for 75 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 assistance 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 the efficiency, accuracy and acceptability of further processes, including patient care.

As at Level 5-2, the appellant performs receptionist and recordkeeping duties which involve inputting systems data, preparing orders, and forwarding information to the appropriate services or offices for action. She provides information and responds to questions from veterans regarding VA medical and transportation entitlements and ensures all required forms and instructions are prepared for the admission and initial treatment. She follows-up with other center departments or medical centers to provide and obtain information, properly transfers documents, and schedules appointments for veterans applying for compensation and benefits. Her work improves the efficiency of office processes by ensuring patients have their necessary paperwork and/or have fully completed the required forms in a timely manner and closely matches the description of work typically found at this level. Therefore, Level 5-2 is credited for 75 points.

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

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 highest level described in the JFS, 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.

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 she initiates and follows through 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.

Therefore, the combined factors of people contacted and the reason for such contacts 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. Employees are required to observe normal safety practices. The area is adequately lighted, heated, and ventilated.

At Level 9-2, the highest level described in the JFS, 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 since the appellant's regular and recurring grade-controlling work is performed primarily in a common office setting and for which she must observe normal safety practices. Although she draws fluids as backup phlebotomist, this does not control the classification of the position or our analysis of this factor, we note this work entails using normal safety precautions typical of a medical environment regarding exposure to human body fluids and does not require special safety precautions such as those typical of an infectious disease ward. 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>	2-3	275
3.	<i>Guidelines</i>	3-2	125
4.	<i>Complexity</i>	4-2	75
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>	9-2	<u>5</u>
	<i>Total</i>		955

A total of 955 points falls within the GS-5 grade level point range of 855 to 1100 in the grade conversion table for the 600 AT JFS.

Decision

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