

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

**Chicago Oversight Division  
230 South Dearborn Street, DPN 30-6  
Chicago, Illinois 60604**

**Classification Appeal Decision  
Under Section 5112 of Title 5, United States Code**

**Appellant: Appellant**

**Agency Classification:** Medical Records Technician  
GS-675-6

**Organization:** Department of Justice  
Bureau of Prisons  
Federal Correctional Institution  
Health Services  
City and state

**OPM decision: GS-675-6**

**OPM decision number: 0675-06-02**

\_\_\_\_\_/s/  
Frederick J. Boland  
Classification Appeals Officer

\_\_\_\_\_  
March 23, 1999  
Date

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

**Decision sent to:**

[Appellant's name and address]

[name and address of appellant's servicing  
personnel office]

Ms. Joanne Simms  
Director of Personnel  
U. S. Department of Justice  
1331 Pennsylvania Avenue, NW Suite 1110  
Washington, DC 20530

## **INTRODUCTION**

The appellant is assigned to position number EL5036, classified as Medical Records Technician, GS-675-6, on July 28, 1998. The position is located in the Health Services unit at the Federal Correctional Institution, Bureau of Prisons, Department of Justice, city and state. The appellant agrees that her position description accurately reflects her major duties, but believes her work warrants more credit than the agency allowed under Factors 1, 4, 6, 7, and 8 of the classification standard.

## **POSITION INFORMATION**

The appellant is one of two Medical Records Technicians in the prison's Health Services. She reports to a GS-11 Assistant Health Services Administrator. The Health Services unit provides immediate medical care to inmates and contracts with local hospitals for specialized treatment or surgery. It treats about 70 patients per day from a population of approximately 1200 inmates in a medium security prison and about 300 inmates in an adjacent minimum security camp.

The appellant assembles, analyzes, codes, abstracts, reports, and maintains medical records information. She organizes and checks medical records for completeness, accuracy and compliance with regulatory requirements. When assembling a patient's medical record, she first ensures the medical record is complete. She determines the validity of each request and provides medico-legal information from medical records, as appropriate. She compiles, abstracts, and analyzes data from medical records for quality assurance and utilization review purposes. She also determines the medical record training needs of new staff, both clinical and administrative, and provides refresher training or new information for existing staff.

The position entails correctional responsibilities and requires firearms proficiency.

(The appellant's position description mischaracterizes the work in several places. For example, the position's responsibilities are limited in scope, rather than "vast and all encompassing." Formulation of management theory is not a function of the position. Medical record keeping duties are paramount rather than correctional duties. Accordingly, the letter transmitting this decision to the agency requests correction of the position description's language wherever it conflicts with the findings in this decision.)

## **ANALYSIS AND FINDINGS**

### **Series and Title Determination**

The Medical Records Technician, GS-675, series, covers positions, like the appellant's, whose primary work is concerned with processing and maintaining medical records for compliance with

Although located in a correctional environment, the position does not involve regular and recurring responsibility for supervising work activities of inmates. Therefore, the position is classified entirely by reference to the GS-675 occupational standard.

The prescribed title for non-supervisory positions in this series at grades GS-5 and above is *Medical Records Technician*.

### **Grade Determination**

The OPM *Medical Records Technician, GS-675, Series*, dated November 1991, is in Factor Evaluation System (FES) format. This system requires that credit levels assigned under each factor relate to only one set of duties and responsibilities. Under FES, work must be fully equivalent to the factor-level described in the standard to warrant credit at that level's point value. If work is not fully equivalent to the overall intent of a particular level described in the standard, a lower level and point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level.

Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions.

The appellant raises specific issues regarding five of the nine factors discussed in the standard. Accordingly, this decision details our analysis of those disputed factors. However, we independently reviewed her duties and responsibilities against the other factors and concur with the agency's credit level assignments on all but Factor 9, which we also address in our analysis.

### **Factor 1: Knowledge Required by the Position**

*This factor measures the nature and extent of information or facts that employees must understand to do acceptable work, e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts, and the nature and extent of the skills needed to apply this knowledge.*

The appellant states:

. . . technicians perform a variety of quality assurance studies. These studies include but are not limited to: performance improvement issues related to the proper documentation of significant medically related information. Medical Records Technicians at FCI Pekin are key members of the Quality Assurance team and participate actively in developing and participating in wide ranging specialty studies and programs to ensure that information is compiled, analyzed and reported out to staff. The technicians routinely review specific areas of medical records as part of a Quality Assurance Team and provide supervisory personnel with all necessary information to ensure the department is operating within regulatory guidelines.

The assigned technicians singlely code routinely those medical events that occur both within and outside the institution when information is provided by the Health Services Administrator.

The currently assigned technicians routinely advise supervisory personnel and staff on methods to employ in gathering statistical information. Although a tumor registry does not exist it has been suggested by one of the medical records technician's that we establish and bureau program to establish this type of program. Prerequisite skill and knowledge of these types of systems is available to the records department through currently assigned staff.

Specialized studies, quality assurance reviews, and the maintenance of special registries can involve higher graded work if they go beyond extracting information from various sources and demand the significantly greater knowledge associated with applying complicated techniques, such as when

technicians assist professionals in retrieving data for research, diagnostic, and teaching purposes by applying complicated case-mix algorithms, linking multiple sources of information such as electronic databases and patient records, or running statistical analyses requiring special training and knowledge. Such techniques are utilized, for example, on large scale studies to help identify the kinds of patients likely to develop a disease, the efficacy of existing treatments, the types and rates of complications, and the costs of medical care associated with the disease.

The appellant does not assist clinical researchers or otherwise apply such complicated techniques in her own record reviews. The studies she undertakes involve record summaries and the more modest objectives of cost identification and control for a small population. Her quality assurance work is essentially a repetition of her or her co-worker's original work, i.e., analyzing records to identify and resolve inconsistencies or discrepancies among medical documentation. As such it requires no greater knowledge than when first performed. Whether or not she can maintain special registries, such as those under the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program, is immaterial in the absence of such assignments, since the classification process credits only the knowledge demands of the work, rather than the appellant's personal knowledge.

Coding complicated medical records having diagnostic, surgical, and therapeutic procedures on specific Diagnostic Related Groups (DRGs) that even experienced technicians have difficulty classifying may require knowledge equivalent to Level 1-5, but such demands are largely absent from the appellant's work, which requires largely standard coding of the general health care for a small population. Coding the prisoners' treatments typically lacks the greater complications involved in cancer registry coding or the coding of patient records at teaching or research facilities employing new and experimental treatments or therapies with rapidly changing technologies, or other facilities presenting equivalent coding complications.

The day-to-day tasks of Medical Records Technicians vary with the complexity and characteristics of the facility. Affiliated treatment facilities house many critically ill patients and use the latest treatment methods resulting in comprehensive medical records with many diagnoses and treatments. The time and knowledge needed to analyze and code a record increases in proportion to the patient's length of stay and the complexity of the patient's diagnosis and treatment. Medical Records Technicians in facilities offering a greater number of specialties, health care providers, and diagnostic and therapeutic services must have increased knowledge and understanding of many health care processes. They must stay abreast of new procedures and therapies so they can analyze and properly code records.

The Health Service lacks these complicating characteristics, but at Level 1-4, the appellant, nevertheless, has credit for performing important technical work that requires practical knowledge of well-established medical records procedures, regulations, and principles that relate to her analyzing, coding, reviewing, and compiling of medical data. Level 1-4 also recognizes the more extensive knowledge required to resolve non-standard medical records procedural problems, to identify inconsistencies or discrepancies among medical documentation and resolve them with the appropriate staff, to assist in the technical evaluation of medical records for compliance with

regulatory requirements, and to collect and organize data for statistical reports, using standard sampling procedures. The appellant's duties do not significantly exceed these tasks, which are typical of Level 1-4.

We evaluate this factor at Level 1-4 and credit 550 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.*

The appellant states:

The MRT's at FCI routinely perform duties that involve periodic reviews of the work and that of other employees in compliance with regulatory requirements. These reviews include administrative issues, clinical determinations, and accuracy of reportable information contained in the medical record(s) of all inmates.

As noted under Factor 1, the appellant's review of work lacks the complicating characteristics found in larger facilities and teaching or research hospitals. Her review encompasses the mill run of analysis, coding, and quality assurance work rather than specialized medical record functions and research activities characteristic of higher grade work. For example, in reviewing records to prepare deficiency lists, she determines what entries fail to conform to a factual standard, what needs to be done to meet documentation requirements, and then acquires the needed information from others, as expected at Level 4-2. At Level 4-2, she already has credit for performing the full variety of technical duties associated with standard Medical Records Technician work. At this level, technicians collect and summarize data, determining how best to present the data, using standard procedures.

In contrast, at Level 4-3, technicians encounter complicating factors, largely absent from the appellant's work, and make more subjective judgments concerning discrepancies and unusual conditions. For example, technicians reviewing the quality of special registries study the completeness and accuracy of reporting, examine duplicate records, invalid codes, impossible combinations, etc., in order to identify systemic problems. In helping on larger studies, they may also abstract records for cancer patients seen in every hospital within the registry coverage area, abstract all death certificates on which cancer is listed as the cause, search records of private labs, radiotherapy units, nursing homes, etc., that provide diagnostic services to ensure complete ascertainment of cases, record data on all newly diagnosed cancers including selected patient demographics, primary site, morphology, diagnostic confirmation, extent of disease and first course of therapy, or follow up on all living patients. Such work contrasts with the smaller scale and more limited reviews that the appellant performs, which lack the complicating factors and subjective judgments associated with larger and more intensive specialized reviews.

We evaluate this factor as Level 4-2 and credit 75 points.

## **Factor 6: Personal Contacts and Factor 7: Purpose of Contacts**

*The Medical Records Technician standard treats Factors 6 and 7 together. Contacts credited under Factor 6 must be the same contacts considered under Factor 7. Factor 6 (Levels 1 to 2) includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Levels of this factor 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 (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities). Factor 7 (Levels A to B) addresses the purpose of personal contacts, which may range from factual exchange of information to situations involving significant or controversial issues and differing viewpoints or objectives.*

The appellant states:

... technicians routinely engage themselves in discussions with members of the general public with respect to the health care needs of inmate patients.

Contacts with members of the general public are unstructured and require complete understanding on the part of the technician to identify issues of importance to ensure inmate health care is not undermined.

Routinely technicians receive communications with members of the general public where information is missing or lacks sufficient foundation requiring them to establish goals and objectives to effect a good outcome.

### **Personal Contacts**

The appellant's contacts range from Level 1's highly structured (the purpose of the contact and the question of with whom to deal are relatively clear) to Level 2's moderately structured (generally established on a routine basis, usually at the employee's work place; the exact purpose of the contact may be unclear at first to one or more of the parties; and one or more of the parties may be uninformed concerning the role and authority of the other participant). Her internal contacts with staff are highly structured where it is clear from the outset what information must be collected. They are moderately structured where technical problems with record entries are involved. Her external contacts with outside clinicians or other agencies seeking information require her to explain medical and bureau procedures and requirements that the individual may be unfamiliar with or does not understand and to relate these to the external party's own procedures and requirements that differ from the bureau's. These latter contacts are equivalent to, but do not exceed, Level 2's moderately unstructured setting.

We evaluate Contacts at Level 2.

### **Purpose of Contacts**

The purpose of her internal and external contacts range from Level A's exchange of factual information to Level B's resolution of technical problems. Her highest level contacts, like those at Level B, require her to regularly follow through with staff to ensure compiled medical data meets their information needs and to resolve with them factual discrepancies in medical records, missing documentation, and questionable coding. None of her work significantly exceeds Level B.

We evaluate Purpose at Level B.

We evaluate the combined factors at Level 2-B and credit 75 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 physical exertion involved in the work.*

The appellant states:

An extensive amount of standing, bending and reaching is required for prolonged periods during the filing of medical records documents and charts both at the start and ending portions of the work day. In conjunction with audits, evaluations and daily routines heavy lifting of baskets filled with medical records is also required. Archived files are now beginning to accumulate resulting in a great deal more heavy lifting and exertion. The MRT's average workday consists of 4-5 hours of standing, bending, lifting and reaching . . .

The appellant estimates that she spends approximately half her day on her feet pulling charts and filing documents, moving records from one location to another, going to another location to check on record entries, or routing a medical trip. However, her work is best characterized as sedentary and free of special physical demands. Like Level 8-1, it involves some walking, standing, etc., but unlike Level 8-2, it does not *require* long periods of standing or considerable walking, stooping, bending, climbing, as the appellant is free to sit or rest when necessary. Her daily work requires occasional lifting of file boxes. Recurring lifting of boxes is seldom required.

We evaluate this factor at Level 8-1 and credit 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 appellant works in a controlled environment, a locked office. When her duties take her outside the office, she comes into contact with inmates, which requires some vigilance and precautions, for which she has been trained. This significantly exceeds the standard's Level 9-1 description and is equivalent to the work environment commonly described at Level 9-2, which entails additional stress and requires employees to take special precautions. Unlike the high risk environments associated with Level 9-3, physical attack by inmates on Health Services staff is rare. Hence the appellant is not regularly subject to high risks.

We evaluate this factor at Level 9-2 and credit 20 points.



**FACTOR LEVEL POINT SUMMARY**

| Factor | Level  | Points |
|--------|--------|--------|
| 1      | 1-4    | 550    |
| 2      | 2-3    | 275    |
| 3      | 3-2    | 125    |
| 4      | 4-2    | 75     |
| 5      | 5-3    | 150    |
| 6 & 7  | 2-B    | 75     |
| 8      | 8-1    | 5      |
| 9      | 9-2    | 20     |
|        | Total: | 1275   |

The table above summarizes our evaluation of the appellant's work. As shown on page 8 of the standard, a total of 1275 points converts to grade GS-6 (1105-1350).

**DECISION:**

The proper classification of the position is Medical Records Technician, GS-675-6.