

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

Philadelphia Field Services Group
600 Arch Street, Room 3400
Philadelphia, PA 19106-1596

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

Appellant: [appellant]

Agency classification: Statistician (Health)
GS-1530-14

Organization: [organization]
[organization]
Centers for Medicare and Medicaid
Services
Department of Health and Human
Services
[location]

OPM decision: Statistician (Health)
GS-1530-14

OPM decision number: C-1530-14-01

/s/

Robert D. Hendler
Classification and Pay Claims
Program Manager

April 5, 2006

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).

As indicated in this decision, our findings show that the appellant's official position description does not meet the standard of adequacy described on pages 10-11 of the *Introduction to the Position Classification Standards*. Since position descriptions must meet the standard of adequacy, the agency must revise the appellant's position description. The servicing human resources office must submit a compliance report containing the corrected position description to the Philadelphia Field Services Group as part of a compliance report that must be submitted within 30 days of this decision.

Decision sent to:

[appellant]
[address]

Supervisory Human Resources Specialist
Department of Health and Human Services
[location] [organization]
[address]

Deputy Assistant Secretary for Human
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Introduction

On September 23, 2005, the Philadelphia Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant]. His position is currently classified as Statistician (Health), GS-1530-14, which the appellant believes should be upgraded to GS-15. We received the agency appeal administrative report on November 17, 2005. The position is located in the [organization], [organization], Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS), [location]. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C).

Background

In July 2005, the appellant requested a classification review of his position. In response, the [location] Human Resource Center contracted to have his position audited. The appellant and his supervisor were interviewed on August 20, 2005. The contract classifier found the position to be properly classified as Statistician (Health), GS-1530-14. The appellant disagreed and filed this appeal with OPM requesting his position be classified one grade level above his current grade level.

We accepted his appeal September 23, 2005, and requested the agency provide an agency administrative report (AAR) by October 14, 2005. However, on September 29, 2005, OPM issued a new Job Family Position Classification Standard (JFS) for the GS-1500, Mathematical Sciences Group which covers the appellant's work. Because the agency must submit the appellant's current position description (PD) and evaluation statements as part of the AAR, we extended the time allotted for the agency's submission of the AAR until November 18, 2005, to give them an opportunity to apply the new JFS to the appellant's assigned duties and responsibilities. On November 17, 2005, we received the AAR including the appellant's current PD and evaluation statement, and the appellant's comments on the new PD.

To help in deciding this appeal, we conducted telephone interviews with the appellant on February 28th and March 1, 2006. We conducted a telephone interview with the appellant's first level supervisor on March 1, 2006, and second level supervisor on March 2, 2006. We also requested information via email from three professional associates provided as references by the appellant of which two responded.

General issues

The appellant disagrees that his current PD, [number], dated [date], accurately describes his assigned duties and responsibilities because he does not believe it adequately addresses his role as a national and internationally recognized expert on the design and analysis of [name] studies, or the impact of his work on national health policy. His supervisor certifies that PD [number] is current and accurate as written.

The appellant raises the issue of an unclassified draft PD, which he states was mutually agreed to by both he and his supervisor on January 13, 2005. In accordance with 5 CFR 511.603, an

employee may request an official decision on their official position. Therefore, we cannot consider the draft in place of the PD of record.

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 grades 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.

The appellant makes various statements about the classification review processes conducted by his agency. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM position classification standards (PCSs) and guidelines (5 U.S.C. 5106, 5107, and 5112). In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of the appellant's position. Because our decision sets aside any previous agency decision, the classification practices used by the appellant's agency in classifying his position are not germane to the OPM classification appeal process.

In reaching our classification decision, we have carefully considered all information furnished by the appellant and agency, the interviews with the appellant and his supervisors, the information provided by his professional associates, his current PD, and all other information of record. We find that the PD of record covers the major functions assigned to and performed by the appellant and incorporate it by reference into this decision. However, as discussed below, the manner in which certain aspects of the appellant's work are described implies a greater degree of authority and policy involvement than the appellant's duties and responsibilities actually entail. Since PDs must meet the standard of adequacy in the *Introduction to the Position Classification Standards*, the appellant's agency must revise his PD to meet that standard based on the findings in this decision.

Position information

The appellant serves as designated project director, technical authority, and chief consultant for the national Medicare [name] Survey. The primary reason for the existence of the position is to plan, manage, maintain and oversee the continuing development and refinement of the [survey]. The survey is the largest (surveyed population) longitudinal survey of its kind, and one of the largest CMS surveys. It is administered to 1000 randomly sampled managed care Medicare beneficiaries from each health plan (between 250,000 and 300,000 people per year) continuously enrolled for at least 6 months. The survey is administered to a different baseline cohort (group) each year. Two years later, the same respondents are surveyed again as a follow up measurement. The program is intended to gather valid, reliable and clinically meaningful physical and mental health data from Medicare managed care enrollees by means of a mailed questionnaire (59 questions in 2005) concerning their perceptions and judgments about services received from their healthcare providers, and to provide data for comparisons of the performance of the various [health care] Organizations. Of the total 47 million Medicare beneficiaries, 10 to 15 percent are covered by [healthcare] plans.

CMS, and the National Committee for Quality Assurance (NCQA), launched the [survey] in 1998 as part of the effectiveness of care component of the CMS, Health Plan Employer Data and Information Set (HEDIS). It was developed as a collaborative effort under the guidance of a Technical Expert Panel (TEP) convened by the NCQA and comprised of individuals with specific expertise in the health care industry and outcomes measurement. The TEP continues to provide input for developing the science of the [survey] measure. CMS information, posted on the internet, indicates that 30 individuals, including the appellant, have participated in the TEP. CMS has also contracted with the NCQA, [name] Technologies Program at the Boston University School of Public Health, Health Services Advisory Group, QualityMetric, and the Research Triangle Institute International's Division of Health Economics Research to implement and operationalize all aspects of the [survey]. The [survey] measure continues to evolve and grow in response to new requirements and the incorporation and/or adaptation of recent advances in assessing physical and mental [name] results and risk adjustment techniques.

The CMS supports national healthcare policy makers and legislative decision makers by gathering, analyzing and reporting accurate and reliable national healthcare information. The [survey] represents part of the [name] information provided by CMS. [survey] data is primarily used by: [health care] providers, and quality improvement organizations to monitor and improve healthcare quality; the CMS to assess the performance of the [health care providers] Medicare beneficiaries, their family members and advocates in making healthcare decisions; and researchers studying [name] and/or [name] measurements and methodologies. [survey] data is also used to collect Urinary Incontinence in Older Adults and Physical Activity in Older Adults HEDIS measures.

The appellant independently directs, coordinates, refines and manages the operations of the [survey] program exercising substantial program responsibility and authority. He represents the program in dealing with internal and external activities; explains, justifies and/or defends the validity of [survey] methodologies, concepts and practices and findings; determines the role of the [survey] in relation to other ongoing studies and surveys; interacts with other professionals, within the U.S. and abroad specializing in [name] and health related quality of life issues; maintains awareness of new developments and emergent trends in statistical survey methodologies and techniques, particularly as applied to [name] measurement; evaluates survey methods, techniques, practices and processes used elsewhere to assess their value and applicability in addressing [survey] issues; develops innovative adaptations, modifications and/or occasionally develops new statistical applications to evaluate, analyze and report [name] data; consults other professionals in the field to validate new practices through independent third party review, prior to implementation of improvements; prepares the annual program budget and decides when and how to use program resources within approved budget allocations; interprets policy and statutory issuances to determine their impact on the [survey] and make necessary program adjustments; identifies and defines specific program goals and objectives in accordance with the broadly stated intent of the survey; and serves as the technical authority on [survey] operations and as a recognized expert in the field of [name] data measurement and assessment. The appellant keeps his supervisor informed of significant project issues and any potential politically sensitive [survey] matters.

The appellant technically leads the work of one other full time Federal employee who, along with the appellant, develops, plans, implements, and refines [survey] operations. The staff also includes 20 private sector contractor employees who process survey materials and compile beneficiary response data. The appellant coordinates with, and provides program guidance, as needed, to contractor personnel. He prepares written guidance and instructions for the [survey] including information concerning its operation, what the data represents, how it is to be interpreted and used, how the work is carried out, the particular roles and responsibilities of those involved with the [survey], etc.

The appellant is also responsible for the Medicare [name] Survey-Modified ([survey]-M) first fielded in 2005, and administered to vulnerable Medicare beneficiaries at greatest risk for poor [name] to assess the frailty of the population, including their physical and mental health functioning, in order to adjust Medicare payments. The [survey]-M is a modified version of the [survey], and is administered annually according to the [survey] timeline. Starting in 2006, feedback reports will be available.

Ultimate accountability for the [survey] and [survey]-M rests with the [organization] Director, who determines and adjusts the long term mission, agenda, and research structure of [organization], provides executive level oversight for all initiatives, and develops new measurement tools. Approval of the most recent [survey] budget required intercession by the [organization] Director to gain approval due to issues raised regarding effective allocation of available resources.

The [survey] and [survey]-M are two of the many surveys, studies and research measures employed by the CMS to gather, analyze and report on a wide variety of quantitative and qualitative matters pertaining to Medicare and Medicaid provider and consumer affairs. For example: the Medicare Contractor Provider Survey provides quantifiable data concerning provider satisfaction with the performance of fee-for-service contractors; the Consumer Assessment of Health Providers and Systems family of surveys gather targeted consumer information to evaluate interpersonal aspects of healthcare issues; and the Medicare Current Beneficiary Survey (MCBS), a continuous, multipurpose, longitudinal and cross section survey of a nationally representative sample of aged, disabled and institutionalized beneficiaries, conducted since 1991. MCBS gathers information on health status, healthcare use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of 12,000 Medicare beneficiaries, each of whom is interviewed in person, three times a year. The MCBS is currently considered the authoritative survey for information to assess and report on key areas of Medicare and, along with data derived from the direct analysis of Medicare claims, are the two sources of data most relied upon by policy and legislative decision makers.

The appellant states that he “Serves as an expert consultant to officials of foreign countries visiting the U.S. regarding the design and analysis of [name] studies.” The record shows the appellant’s official role in this regard consist of providing occasional brief overviews and explanations of [survey] operations to interested CMS visitors. As requested, the appellant provides information and assistance to other national and international experts in the field.

However, these encounters do not involve or imply any formal relationship in guiding or directing [name] efforts beyond the [survey] associated with the CMS mission.

The appellant states he provides expert consultation to heads of major organizations, high-ranking Government officials, and key personnel within or outside the Federal Government. The record shows he deals with the medical officers, vice presidents for quality and/or compliance and occasionally the chief executive officers of corporate health plan providers on a regular and recurring basis. Such contacts typically concern the reporting of required data, comparative study findings indicating performance issues, explanations and defense of the survey and analytical methods applied, and similar matters. The appellant has numerous contacts within CMS and HHS with senior level staff and Division level managers, and comparable level personnel at other agencies. However, he has no direct contact with the CMS or HHS Directors or any individuals at other agencies in comparable positions. As requested, the appellant provides information and professional advice regarding his assigned areas of responsibility to: congressional staff; the Medicare Payment Advisory Commission (MedPAC), i.e., an independent Federal body established to advise the U.S. Congress on issues affecting Medicare; other agencies; national and international researchers; advocacy and trade groups; and other individuals interested in the [survey]. The record does not indicate that the appellant directly deals with high-ranking Government officials, or comparable key personnel within or outside the Federal Government.

The appellant states that the [survey] impacts national health policy and legislation, citing information he provided to the MedPAC in 2005 concerning [survey] operations and potential applications, and the MedPAC's subsequent recommendation regarding the [survey]. He cites legislation in 2003, whereby Congress mandated collection, analysis and reporting data that permits the measurement of [name] and other indices of quality. The appellant also states the agency uses [survey] data as part of their Health Plan Performance Assessment process and states [survey] results are routinely used by the agency to establish and revise national policy. However, the record indicates that while patient reported outcomes are significant in the overall assessment of health care services, they are not considered major drivers in determining national Medicare legislation or agency policy. The examples of actual legislative impact provided by the appellant refer to decisions directing the collection of such data as part of the overall Medicare assessment process. [survey] data is part of the information provided to national legislative and policy deciding officials by the CMS. However, the extent to which [survey] findings directly impact such decisions is unclear, as is the impact of contributions directly attributable to the appellant. The appellant cited one occasion when he briefed the MedPAC, which is not a legislative deciding body. We find the PD to be correct in stating the appellant's work "could" impact national health policy and legislation. However, that cannot be construed as regular and recurring to the extent that is material to, or has an affect on the classification of his position.

[survey] data represent an aspect of healthcare research, i.e., patient reported information, which is part of a thorough assessment of health care services. Because the [survey] contains the largest available body of information covering a extensive population of older adults and other Medicare beneficiaries, information concerning its structure, data, findings and processes are of great interest to other researches, particularly those involved in the same or similar fields of

study both within and outside the US. The appellant places a significant degree of emphasis on his professional contacts, numerous publications (written both alone and with others), and requests to serve as a presenter or panel member at professional conferences as evidence of his national and international recognition as an expert. As CMS project director and spokesperson for the [survey], the appellant is the recognized expert on the program, and a leader in the field [name] measurement. His publications and presentations primarily involve information and explanations regarding [survey] findings, structure, operations, survey innovations, experience and insights as program director, and other matters related to [name] measurement.

Series, Title and Standard Determination

The agency classified the appellant's position in the Statistics Series, GS-1530, and titled it as Statistician (Health). The appellant does not disagree with the agency's title and series determination. We concur. The appellant's work is properly evaluated using the Job Family Standard (JFS) for Professional Work in the Mathematical Sciences Group, GS-1500, which includes the GS-1530 series as a covered occupation.

In addition to using the GS-1500 JFS to evaluate the position's grade, the agency applied the Policy Analysis Grade Evaluation Guide (PAGEG), stating the "[organization] maintains that the program and policy analysis implication inherent in the subject position's work requires that the subject position also be evaluated by the criteria of the PAGEG. The PAGEG contains criteria designed to evaluate the position's program and policy analysis responsibilities, in addition to its statistical work." We disagree.

Criteria provided in the PAGEG for determining coverage by the guide states it is to be used only for classifying *policy analysis positions* requiring professional knowledge, skills, and abilities that are *primarily* concerned with the analysis of public policy issues and their impact on social, economic, scientific, legal, diplomatic, environmental, and other issues of national and international significance.

The PAGEG defines covered policy analyst positions as serving the political decision making process by providing comprehensive, balanced information and analysis to all sides of policy issues rather than by advancing the ideas of a single decision maker, philosophy, or point of view. The policy analyst discerns and describes the interrelationship of facts and issues to one another; identifies theories and schools of thought and develops objective criteria to evaluate them; assesses the political and institutional environment in which decisions are made and implemented; identifies and frames arguments for and against, advantages and disadvantages, risks and benefits, or strengths and weaknesses associated with particular proposals; assesses and compares the likely impact of alternative proposals; and identifies, develops, and evaluates various methods of implementing particular policy proposals. The analyst utilizes a variety of techniques to accomplish the full range of their assignments. In some instances, significant emphasis is placed on the empirical method, while in others, they rely more on quantitative techniques such as economic models, cost-benefit analysis, queuing approaches, linear programming, decision analysis, systems analysis, and simulation models in their discussion and evaluation of public issues. These techniques assist in identifying options and presenting information in a logical manner. The organization's mission, level of issue priority, time

constraints, and availability of pertinent information shape the scope of an analytical effort and the range of possible policy alternatives. In addition, the policy analyst must be aware of significant historical circumstances surrounding a policy issue, precedent actions, unresolved questions, current trends, sensitivities of policy makers to proposed options, long-range effects and implications of possible courses of action, and the need to recognize and treat uncertainty.

Each position consists of duties and responsibilities which comprise a portion of the mission work assigned to the organization in which the position is located. The appellant works in the [organization] which: designs and conducts research and evaluations of health care programs to study their impacts on beneficiaries, providers, plans, and other partners and customers; designs and evaluates potential improvements; and develops new measurement tools. The [organization] is not responsible for policy analysis within the meaning of the PAGEG. As part of the [organization] mission, the appellant's work provides essential technical information and analytical support to those serving in policy analyst positions, as described by the PAGEG, and management policy decision makers. The appellant's work does not require him to: develop comprehensive, balanced information and analysis considering all sides of policy issues; assess the political and institutional environment in which decisions are made and implemented; be aware of significant historical circumstances surrounding policy issues, precedent actions, unresolved questions, and the sensitivities of policy makers to proposed options; recognize and treat uncertainty; identify, develop, and evaluate various methods of implementing particular policy proposals; or to use a variety of techniques (i.e., empirical and quantitative) to accomplish the full range of policy analyst assignments. In his capacity as project director and technical authority for the program the appellant may develop, recommend, implement, evaluate and revise [survey] statistical and/or administrative guidance, procedures and directives relating specifically to his assigned areas of responsibility. However, this work is not comparable to the much broader policy assignments as described in the PAGEG.

Specifically excluded from PAGEG coverage are positions primarily involved in conducting professional or scientific *work in support of policy analysis*, e.g., professional positions conducting highly expert economic, statistical, or engineering studies in support of one or a few aspects of a total policy study. This is the role the appellant performs. As indicated in the PAGEG, such positions are classified by reference to the classification criteria found in the published standards for that discipline, rather than the material found in the guide. Therefore, it is neither necessary nor appropriate to apply the PAGEG to the appellant's position.

Grade determination

The GS-1500 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. Each factor level description represents the minimum or threshold 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 GS-1500 JFS.

Occupation- and specialty-specific factor illustrations provided within the GS-1500 JFS, are used as a frame of reference for applying factor level concepts. However, the JFS states that an evaluation is not to rely solely on comparisons to illustrations because they may reflect a limited range of actual work experiences, and the level of work described may be higher than the threshold for a particular factor level.

The agency credited the appellant's position at Levels 1-8, 2-5, 3-5, 4-5, 5-5, 6-3, 7-C, 8-1, and 9-1. The appellant believes his position should be credited with Levels 1-9, 4-6, 5-6, and 7-D, and agrees with the agency on the remaining factors. Based on careful analysis of the entire record, we concur with the crediting of Levels 2-5, 3-5, 6-3, 8-1, and 9-1. We will address the remaining factors.

Factor 1, Knowledge required by the position

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

At Level 1-8, employees have mastery of and skill in applying broad areas of classical and modern advanced actuarial science, operations research, mathematics, or statistics; or specialized areas within the respective disciplines sufficient to: complete assignments that involve initiating, applying, and planning major developmental studies; execute and control projects that represent an important segment of the agency's operating programs and/or projects; serve as a consultant and technical advisor to senior subject matter specialists and/or agency officials responsible for broad program operations; receive recognition as an authority in a particular specialty; provide significant and innovative recommendations for advancing programs and/or methods; use findings of specialized studies, new analytical developments, and modified processes to resolve novel or obscure problems that affect broad program operations; evaluate the data resulting from applying mathematical or statistical tools, models, methods, and techniques; and act as the authoritative source of technical input to publications or other documents that are the basis for formulating public policy.

At Level 1-9, employees have mastery of and skill in applying the principles, theories, and methodologies of a specialty area as it relates to the respective disciplines of mathematics, statistics, operations research, or actuarial science sufficient to: provide expert consultation to heads of major organizations, high-ranking Government officials, and key personnel within or outside the Federal Government; formulate, test, and evaluate new theories, principles, concepts, and practices of the discipline; advance state-of-the-art theories beyond established parameters; serve as an authoritative representative of the agency within or outside the Federal Government (e.g., by serving as an expert in a specialty area at professional conferences); earn recognition as a major contributor to published research studies or pioneering efforts that produce advanced theories, innovative applications, new scientific principles, or new research techniques; and

provide management with expert technical guidance and recommendations for achieving the agency's objectives.

The appellant applies a mastery of and skill in statistics to plan, manage, maintain and develop the CMS, [survey] program. He leads the efforts of his program team and, in consultation with other professionals, adapts and incorporates advanced measurement techniques, methods, procedures and practices, and occasionally develops and applies new approaches to enhance and expand the usefulness of [survey] data. As at Level 1-8, his knowledge of statistics, including modern advanced principles, theories, concepts and methodologies is applied to the specialized area of patient reported [name] measurement. Typical of that level, the appellant serves as chief consultant and technical advisor, representing the [survey] program within the agency, in contacts with representatives of other agencies and government organizations, and with interested private sector individuals, activities and organizations. He is a recognized expert in the field of [name] measurement, and the recognized expert regarding the [survey]. The appellant has authored and contributed to numerous professional articles in CMS publications and peer reviewed publications concerning [name] measurement and assessment issues, innovative applications, and the [survey]. As requested, he serves as technical reviewer for similar works.

Similar to Level 1-9, he occasionally serves as an authoritative representative for CMS and the [survey] at professional conferences and meetings to address [name] issues. However in the performance of his assigned duties and responsibilities, the appellant does not: provide senior HHS or CMS management with expert technical guidance for achieving the agency's objectives; formulate, test, and evaluate new statistical theories, principles, concepts, and practices that advance the state-of-the-art in statistics beyond established parameters; or provide expert consultation to heads of major organizations, high-ranking Government officials, and key personnel within or outside the Federal Government; or serve as a major contributor to published research studies or pioneering efforts that produce advanced statistical theories; new scientific principles, or new research techniques. The appellant's work involves the incorporation of improvements and refinements to the [survey] measure over time in response to identified needs as opposed to the creation of radically new statistical concepts, methods and theories found at Level 1-9. Level 1-9 describes the work of a preeminent expert in a recognized discipline such as mathematics, operations research, statistics or actuarial science. The appellant's recognition as an expert, however, is directly linked to his responsibility for the [survey], and pertains primarily to his adaptation and innovative applications of advanced statistical concepts, processes and practices to enhance and advance the program, and thereby also the field of [name] assessment which are fully covered at Level 1-8.

The appellant refers to the illustration provided for Level 1-9, which discusses serving as an expert consultant to officials of foreign countries, foreign research organizations and university staff on the design and analysis of collaborative international studies; and the co[organization]nation and direction of large international studies to make comparisons and develop conclusions. The [survey] is a survey of 10 to 15 percent of the Medicare beneficiaries within the U.S. The [survey]-M surveys a smaller, more targeted group of beneficiaries. While the appellant's official work related contacts include professional researchers in the field of geriatric [name] measurement from foreign universities, private and/or government

organizations, they do not involve the design and analysis of *international* studies or the *direction and co[organization]nation of large international studies* to compare various national approaches and draw conclusions. Therefore Level 1-8 (1550 points) is credited.

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. Because of the inherent link between the complexity of work and knowledge required and applied to perform that work, Factors 1 and 4 are closely related. This basic concept is directly addressed in the Quality Assurance Series, GS-1910, position classification standard and the JFS for Clerical and Technical Accounting and Budget Work, GS-500.

At Level 4-5, work consists of various duties of marked complexity, significance, and importance performed in areas where precedents are inadequate, inappropriate, or nonexistent. The employee decides the most effective approach or methodology by: identifying, developing, and integrating pertinent information through various data collection/analysis procedures and technologies; anticipating major problems; and recognizing future needs. The employee must: develop innovative approaches to complex situations or problems that are unique and amorphous; develop mathematical or statistical relationships that are new or significant departures from the relationships established in previous problems, studies, or investigations, causing outcomes that are usually original in nature; apply and adapt sophisticated analytical, mathematical, or statistical techniques and occasionally principles of related disciplines such as engineering, finance, or economics to resolve problems; generate ideas for new programs, policies, or approaches; visualize the impact of alternative strategies and methods; assess the feasibility, effectiveness, and necessity of unusual approaches; and identify the effects associated with implementing proposed standards, regulations, and policies.

The appellants duties and responsibilities meet Level 4-5, where the work involves various significant, complex and important duties performed in areas where precedents are inadequate, inappropriate, or nonexistent. The appellant decides the most effective approach or methodology by: identifying, developing, and integrating pertinent information through various data collection/analysis procedures and technologies; anticipates major problems, and recognizes future needs. As at that level, he develops innovative approaches to complex and unique situations that lack clear definition and structure; assesses the feasibility, effectiveness, and necessity of new or unusual approaches; adapts/modifies sophisticated analytical statistical techniques and/or develops new statistical applications and processes for health care outcomes assessments that produce reliable, valid, credible and defensible measurements; generates ideas for new [survey] applications and program relationships with other CMS/HHS or Federal organizations performing similar/related work; visualizes the impact of alternative strategies and methods; identifies the affect on program operations from proposed legislative and policy changes; and interprets new policy and statutory issuances to make necessary program adjustments.

Work at Level 4-6 consists of assignments that involve solving problems characterized by impacts on broad functional areas and processes, and exceptional breadth and intensity of effort. The employee decides what needs to be done in an environment characterized by undefined factors and conditions. They must conduct extensive investigations and analyses of the nature and scope of problems to make those decisions. At this level, employees continually: plan and lead efforts to address issues in areas where precedents do not exist; develop new concepts, theories, approaches, or programs to solve problems that have previously resisted solution; and often pursue several activities concurrently or sequentially with the support of others within or outside the agency.

A GS-1500 JFS illustration of Level 4-6 describes serving as a primary agency consultant in specialized statistical activities such as data collection and analysis of the performance of health care providers in a nationwide program, and recognizing and advising on the possible expected contribution of statistics and the limitations of statistical methods in the solution of complex problems. On the surface, the appellant's assigned duties and responsibilities seem similar to this illustration. However, the appellant's position does not meet the full intent of the illustration when properly interpreted and applied. The illustration describes establishing policy relating to complex statistical and administrative problems; providing advisory services to the agency head regarding Congressional testimony, inquiries and the impact of new legislation on survey methodologies; and reviewing clinical trial protocols for adequacy of study design, sample size and statistical methodology used by the regulated industry.

To correctly interpret and apply Level 4-6, it must be read in conjunction with the preceding level of the factor and, when necessary with Level 4-6 as defined in the Primary Standard (PS) to confirm its intended meaning. Level 4-6 of the PS describes work consisting of broad functions and processes of an administrative or professional field, e.g., statistics; assignments characterized by breadth and intensity of effort involving several phases pursued concurrently or sequentially with the support of others within or outside of the organization; decisions regarding what needs to be done include largely undefined issues and elements and require extensive probing and analysis to determine the nature and scope of the problems; and the work requires continuing efforts to establish concepts, theories, or programs, or to resolve unyielding problems.

There are a number of statistical survey concepts, tools, techniques and methods available to the appellant. As at Level 4-5, he typically researches various alternatives and approaches used in other surveys to determine if they are of value and can be adapted or combined in new ways to meet the needs of the [survey] program. Occasionally, when problems do not yield to such efforts, the appellant applies statistical concepts, techniques and methods in new or unique approaches to develop tailored applications to meet [survey] requirements, e.g., the appellant developed new, refined case mix adjustments models for the [survey] to eliminate biases in data comparisons between health plans. However, the development of such new approaches and refinements for applied statistics is not equivalent to the creation of new state of the art concepts, methods or techniques advancing the field of statistics beyond its current boundaries, nor does his role as [survey] program director require continuing efforts to establish new concepts, theories, or programs. Having been in existence since [year], the purpose and structure of the [survey] are defined, as is evident from the wealth of information generally available on the subject. Decisions concerning what needs to be done regarding the [survey] primarily pertain to

refinements, enhancements and improvements and the possible expansion of the survey to a larger population of respondents. Because the appellant's work does not fully meet Level 4-6, Level 4-5 (325 points) is credited.

Factor 5, Scope and effect

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

At Level 5-5 in the GS-1500 JFS, employees formulate and explore new theories and phenomena; provide expertise and advice on program planning and policy making functions covering a broad range of mathematical, statistical, or scientific programs; and/or develop, test, and advise on theoretical concepts and new or improved technologies and methods. Work results affect the: work of other mathematical, statistical, or science experts; strategic planning of organizational resources; development of agency policy; and program mission, performance, and necessity. Work at Level 5-5 in the PS involves isolating and defining unknown conditions, resolving critical problems, or developing new theories, and work products or services affect the work of other experts, the development of major aspects of administrative or scientific programs or missions, or the well-being of substantial numbers of people.

As described above, the appellant develops, improves and refines [survey] methodology which occasionally involves innovative, new approaches in applied statistics for health care outcome measurement. Typical of Level 5-5, these advanced approaches frequently serve as the basis for peer review articles, and/or briefings by the appellant, and may effect agency resource and policy decisions. His responsibility as [survey] program director also requires identifying, isolating and resolving major problems encountered in survey operations, typical of Level 5-5.

At Level 5-6, employees: select productive areas for analysis, define and develop the technical scope and aims of assignments; exploit established and emerging methods on applications that meet industry needs; and work within a highly specialized research environment with the potential to revolutionize system design processes for an industry. Results of the work affect the: success and continuation of key programs essential to the agency's mission; vitality and integrity of mathematical, statistical, or science programs on a long-term and/or continuing basis; protection and quality of life, health, and/or property of the general public and national or international resources; continuing advancement of science and technology in research, industrial activities, academia, the Federal sector, and the private sector; and/or ability to evaluate changes and trends in an industry or scientific discipline. Level 5-6 in the PS involves planning, developing, and carrying out vital administrative or scientific programs that are essential to the missions of the agency or affect large numbers of people on a long-term or continuing basis.

The appellant's work meets certain aspects of Level 5-6, i.e., he selects productive areas for analysis, defines and develops the technical scope and aims of assignments; exploits established and emerging methods for applications that meet [survey] needs; his work affects the vitality and integrity of program operations on a long-term and continuing basis; and program data permit the evaluation of changes, comparisons, and trends in the health plan provider services and patient

reported information over time. However, the position does meet the full intent of this level where work has the potential to revolutionize system design processes for an industry, affect the success and continuation of key programs essential to the agency's mission, and provide continuing advancement of statistical science and technology in research, industrial activities, academia, the Federal sector, and the private sector. The [survey] and its extensions are not so novel and important to the CMS mission or survey design to meet the full scope and effect of this level. Therefore, this factor is credited at Level 5-5 (325 points).

Factors 6 and 7, Personal Contacts and Purpose of Contacts

These factors measure the type of personal contacts that occur in the work and the purpose of [survey] contacts. These factors include face-to-face contacts and telephone dialogue with persons not in the supervisory chain. Levels described under these factors are based on what is required to make the initial contact, the difficulty of communicating with those contacted, how well the employee and those contacted recognize their relative roles and authorities, the reason for the communication, and the context or environment in which the communication takes place.

These factors are interdependent. The same contacts selected for crediting Factor 6 must be used to evaluate Factor 7. The appropriate level for personal contacts and the corresponding level for purpose of contacts are determined by applying the point assignment chart for Factors 6 and 7.

Purpose of Contacts

The purpose of contacts at Level C are to influence and persuade persons or groups to comply with established policies or to accept established methods and/or to negotiate or establish rapport to gain information. Contacted personnel may be skeptical or uncooperative.

At Level D, the purpose of contacts is to justify, defend, negotiate, or settle matters involving significant or controversial topics. Work usually involves active participation in conferences, meetings, hearings, or presentations. Problems or issues are of such considerable consequence or importance that they are not susceptible to resolution at lower echelons in Government. Persons contacted typically have diverse scientific approaches, viewpoints, goals, or objectives. The employee must achieve a common understanding of the problem and a satisfactory solution by persuasion, compromise, or developing suitable alternatives.

As at Level C, in his capacity as project director and technical authority for the [survey], the appellant represents the survey in contacts with numerous diverse organizations, offices, groups, and individuals. The appellant: provides and explains information regarding the survey; coordinates operations with other activities; identifies and resolves significant issues and problems impacting operations; requests, justifies and defends monetary and other resource requirements; explains and/or justifies new or substantially revised survey processes; coordinates or negotiates with other activities regarding new uses for survey data and/or for the establishment of work agreements beneficial to [survey] operations; and explains, justifies and defends established survey techniques, processes and results. Most contacts are with individuals, organizations and groups working toward common or similar goals and objectives and generally involve cooperative efforts.

However, the record shows a significant number of the appellant's regular and recurring contacts are with senior, private sector health plan managers representing companies impacted by the survey results or changes in survey processes. These individuals frequently have divergent viewpoints, goals and objectives from those of the appellant and may be skeptical of provided information and explanations. Issues involved are typically of considerable importance to the company representatives. Such contacts require tact and diplomacy to achieve a common understanding of the issues, gain acceptance of the validity of the results and/or process changes, and maintain overall cooperative work relationships. Therefore, the purpose of the appellant's contacts minimally meets Level D.

Factors 6 and 7 are evaluated at Levels 3 and D respectively with combined credit for 280 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. <i>Knowledge Required by the Position</i>	1-8	1550
2. <i>Supervisory Controls</i>	2-5	650
3. <i>Guidelines</i>	3-5	650
4. <i>Complexity</i>	4-5	325
5. <i>Scope and Effect</i>	5-5	325
6. <i>Personal Contacts and</i>	6-3	
7. <i>Purpose of Contacts</i>	7-D	280
8. <i>Physical Demands</i>	8-1	5
9. <i>Work Environment</i>	9-1	<u>5</u>
	Total Points	3790

A total of 3790 points falls within the range provided for GS-14 (3605 to 4050 points), according to the grade conversion table in the GS-1500 JFS.

Decision

The appellant's position is properly classified as Statistician (Health), GS-1530-14.