

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**NAVAJO AREA  
INDIAN HEALTH SERVICE**

We will not accept fax or e-mail applications

VACANCY ANNOUNCEMENT  
SR-02-010

OPENING DATE  
January 17, 2003

CLOSING DATE  
January 31, 2003

POSITION  
BILLING TECHNICIAN (Office Automation)

LOCATION AND DUTY STATION  
NORTHERN NAVAJO MEDICAL CENTER  
Division of Administrative Services  
Business Office – Billing Department  
Shiprock, New Mexico

GRADE/SALARY  
GS-503-6 \$28,388 Per Annum

NUMBER OF VACANCIES: (2) Two Vacancies - PCN: 30PI35/36

<u>APPOINTMENT</u>	<u>WORK SCHEDULE</u>	<u>AREA OF CONSIDERATION</u>	<u>PROMOTION POTENTIAL</u>
<input checked="" type="checkbox"/> PERMANENT	<input checked="" type="checkbox"/> FULL TIME	<input type="checkbox"/> COMMUTING AREA	<input type="checkbox"/> YES, TO GRADE:
<input type="checkbox"/> TERM APPT	<input type="checkbox"/> PART TIME	<input checked="" type="checkbox"/> NAVAJO AREA WIDE	<input checked="" type="checkbox"/> NO KNOWN POTENTIAL
NTE:	<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> IHS WIDE	
		<input type="checkbox"/> DHHS WIDE	
<u>SUPERVISORY/MANAGERIAL</u>	<u>HOUSING</u>	<u>TRAVEL/MOVING</u>	
<input type="checkbox"/> YES, MAY REQUIRE ONE-YEAR PROB	<input type="checkbox"/> GOVT HOUSING AVAILABLE	<input type="checkbox"/> WILL BE PAID	
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> PRIVATE HOUSING ONLY	<input checked="" type="checkbox"/> NO EXPENSES PAID	

**DUTIES:** Purpose of this position is the overall responsibility for a major segment of the accounts receivable management function. This responsibility includes the submission of properly executed claims on a timely basis to third party payers and responsible parties and rebilling or corrected billing of accounts previously submitted. Responsible for the accurate and timely preparation and submission of claims to third party payers, intermediaries, and responsible parties. Responsible for maintenance and control of unbilled claims for an assigned section of patient receivables. Responsible for verification that all control functions assigned are maintained daily. Reviews system generated reports daily to identify claims that are ready for billing. Responsible for the error correction for all rejected/suspended claims. Notifies supervisor of all claims deemed un-billable, along with reasons. Documents activity performed on patient accounts in the patient financial folder. Provides accurate accounting of all claims in the assigned section patient accounts receivables. Responsible for self-education by reading all third party newsletters, periodicals and updates circulated.

**QUALIFICATION REQUIREMENTS:** YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS.

**BASIC QUALIFICATION:** Applicants must have at least 52 weeks of specialized experience to at least the next lower grade level.

**Specialized Experience:** Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties. Examples of the type of experience, which will be credited, are: submitting claims to third party payers and responsible parties, and rebilling or corrected billing of accounts previously submitted. This experience would have to include such things as verifying information, reviewing reports to identify claims and knowledge in using the various of types of computer systems and medical and procedures codes.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE:** None.

**EXCEPTION TO CUMULATIVE YEARS OF EXPERIENCE REQUIREMENT:** Individuals who have 52 weeks of directly related specialized experience equivalent to the next lower grade in the Federal service may be rated eligible even though they do not meet the cumulative years of experience shown above, provided their backgrounds demonstrate the knowledge, skills and abilities necessary for successful job performance.

**PROFICIENCY REQUIREMENT:** In addition to meeting experience or education requirements, applicants must provide evidence of typing proficiency of typing speed of 40 WPM based on a 5-minute sample with three or fewer errors. Acceptable evidence is a certificate of proficiency from a school or other organization authorized to issue such certificates. Certificates must not be over three (3) years old. This agency does not accept self-certifications. For current or former (who left within three years) Navajo Area HIS employees, you may attach a copy of your latest SF-50 which indicates (Typing) or (Office Automation) next to your position title. For

applicants from other Federal agencies, this agency (Navajo Area Indian Health Service) requires that you provide a certificate of typing proficiency; the SF-50 is not acceptable proof of proficiency.

**CONDITIONS OF EMPLOYMENT:** Immunization Requirement-Upon employment, all persons born after 12-31-56 must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunizations will be provided free of charge. Special consideration may be allowed to individuals who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant. This applies to candidates for positions in any Service or any Area Office position that requires regular work at a Service Unit.

**SELECTIVE PLACEMENT FACTOR:** None.

**TIME-IN-GRADE REQUIREMENTS:** Candidates applying under the provisions of the Merit Promotion Plan must have had 52 weeks of specialized experience equivalent to the GS-5 level to qualify for GS-6.

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after-competitive appointment, time-in-grade and qualification requirements by the closing date of the vacancy announcement.

**REASONABLE ACCOMMODATIONS:** This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**\*\*\*NOTE\*\*\*** Refer to OPM Operating Manual Qualification Standards Handbook or the IHS Excepted Service Qualification Standards, Series GS-503, for complete information. Substitution of education for experience will be made in accordance with those standards. For more information, contact your servicing Personnel Office.

**WHO MAY APPLY:** Merit Promotion Plan (MPP) Candidates: Applications will be accepted from status eligibles (e.g., reinstatement eligibles and current permanent employees in the competitive Federal service) and from current permanent IHS employees in the Federal Service who are entitled to Indian Preference.

Excepted Service Examining Plan (ESEP) Candidates: Applications will be accepted from individuals entitled to Indian Preference. Current permanent IHS Excepted Service employees and Competitive Service employees or Reinstatement eligibles entitled to Indian Preference may also apply under the provision of the Indian Health Service Excepted Service Examining Plan (ESEP). These candidates **MUST** indicate on their application for Federal employment whether their application is submitted under the IHS Excepted Service Examining Plan, the IHS Area Merit Promotion Plan, or both.

Applications will also be accepted from individuals eligible for non-competitive appointment (e.g., applicants eligible for appointment under the Veterans Readjustment Act, the severely handicapped, those with a 30% or more compensable service connected disability). **INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).** If you are a displaced Federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration, you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as RIF separation notice, a letter from OPM or your agency documenting your priority consideration with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure Group I and II) competitive service employees who:
    1. Received a specific RIF separation notice; or current
    2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
    3. Retired with a disability and whose disability annuity has been or is begin terminated; or
    4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submit a Standard Form 50 that indicates "Retirement in lieu of RIF", or
    5. Retired under the discontinued service retirement option; or
    6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

OR

- B. Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position for which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria e.g., submit all required documentation, etc.)
6. Be rated well qualified for the position including documented selective factors, quality ranking factors, physical requirements with reasonable accommodations and is able to satisfactorily perform the duties of the position upon entry.

**EVALUATION CRITERIA:** Evaluation will be made of Experience, Performance Appraisals, Training, Letters of Commendation, Self-Development, Awards and Outside Activities, which are related to this position. To receive full credit for your qualifications provide a narrative statement, which fully describes all aspects of your background as they relate to the knowledge, skills, and abilities (KSA's) outlined below and show the level of accomplishments and degree of responsibility.

The KSA's in your narrative statement will be the principle basis for determining whether or not you are highly qualified for the position. Describe your qualifications in each of the following:

1. **KNOWLEDGE OF THIRD PARTY REIMBURSEMENT SOURCES.** This includes knowledge of various federal, state and private programs, which will allow the hospital to collect for medical care rendered to beneficiaries to supplement appropriate funds.
2. **ABILITY TO USE MICROCOMPUTERS AND PERIPHERAL EQUIPMENT.** The person in this position should have knowledge of Microcomputer equipment and operating system in order to utilize automated electronic billing systems capabilities and to input claims, retrieve and analyze data on computer file.
3. **ABILITY TO MAINTAIN SECURITY OF CONFIDENTIAL MATERIAL.** This is the ability to recognize and consistently apply strict confidentiality rules. The person in this position will have access to a wide variety of sensitive patient information and materials that must be safeguarded.
4. **KNOWLEDGE OF MEDICAL, DENTAL AND PROCEDURE CODES.** This knowledge is needed to accurately code all billable items abstracting from medical documentation utilizing ICD-9 and CPT-4 coding books. This includes knowledge of medical terminology to effectively review medical records to be used in billing for patient care.
5. **ABILITY TO PLAN, ORGANIZE AND SET PRIORITIES.** This is the ability to produce timely work products of a high quality through the effective scheduling and prioritizing of assignments. This includes the ability to function effectively under pressure of time and/or handling several tasks at once.

**HOW AND WHERE TO APPLY:** All applicants must submit **one** of the following to the Northern Navajo Medical Center, Personnel Management Branch, P. O. Box 160, Shiprock, New Mexico 87420-0160, by 4:30 p.m. on the closing date:

1. OF-612, Optional Application for Federal Employment;
2. or SF-171, Application for Federal Employment;
3. or \*Resume;
4. or \*Other written application format.

If you are applying under the Merit Promotion Plan you must submit a copy of your most recent performance appraisal and a copy of the latest SF-50, Notification of Personnel Action, if current or prior Federal employee.

For applicants claiming Indian Preference you must submit a copy of an official Bureau of Indian Affairs Indian Preference Certificate, Form 4432 (or equivalent form issued by a Tribe authorized by PL 93-638 contract to perform the certification function on behalf of the BIA), signed by the appropriate BIA Official, must be submitted if the applicant claims Indian Preference, or appropriate BIA form showing 50% of more blood quantum if applicant is not an enrolled member. Navajo Area Indian Health Service employees claiming Indian Preference need not submit the BIA form 4432, but must state that such documentation is contained in their Official Personnel Folder.

"Declaration for Federal Employment" (OF-306) must be completed and submitted with an original signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. Responding yes to any one of these two questions can make you ineligible for employment in this position. If you make a false statement in any part of your application; you may not be hired; you may be fired after you begin work; or you may be fined or jailed.

For more information contact: Gloria Redhorse Charley, Staffing Specialist, 505/368-6095; E-mail [gloria.redhorse-charley@shiprock.ihs.gov](mailto:gloria.redhorse-charley@shiprock.ihs.gov).

**\*INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the personnel office to make a determination that you have the required qualifications for the position. SPECIFICALLY, THE INFORMATION PROVIDED UNDER #8 (HIGH SCHOOL), #9 (COLLEGES AND UNIVERSITIES), AND #10 (WORK EXPERIENCE) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION.

1. Announcement Number, Title and Grade of the position for which you are applying.
2. Full Name, Full Mailing Address, and Day and Evening Phone Numbers (with Area Codes).
3. Social Security Number.
4. Country of Citizenship.
5. Veteran's Preference Certificate: DD-214, and/or SF-15 if claiming 10 point preference. Veterans' Preference is not applicable to current DHHS permanent employees, Federal employees with competitive status, or reinstatement eligibles.
6. Copy of the latest SF-50, Notification of Personnel Action, if current or prior Federal employees.
7. Highest Federal civilian grade held (give series and dates held).
8. High School: Name, City, State (zip code if known) and date of Diploma or GED.
9. Colleges and Universities: Name, City, State (Zip code if known), majors, type and year of any degrees received (if no degree, show total semester or quarter hours earned).
10. Work experience (Paid and Non-Paid); Job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), hours per week, and salary.

11. Indicate if we may contact your current supervisor.

12. Job related training courses, skills, certificates, registrations and licenses (current only), honors, awards, special accomplishments.

**NOTE:** Persons who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive full credit for their veteran preference determination, Indian preference, education, training and/or experience. THIS OFFICE WILL NOT SOLICIT ADDITIONAL INFORMATION.

**VETERANS:** Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply. You must submit a copy of DD-214.

**ADDITIONAL SELECTIONS:** Additional or alternate selections may be made within 90 days from the date the certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

**INDIAN PREFERENCE:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. Other than this, the IHS is an Equal Opportunity Employer

**SELECTION SERVICE CERTIFICATION:** If you are a male born after 12-31-59, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.

**EQUAL EMPLOYMENT OPPORTUNITY:** SELECTIONS FOR POSITIONS WILL BE BASED SOLELY ON MERIT WITH NO DISCRIMINATION FOR NON-MERIT REASONS SUCH AS RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, POLITICS, MARITAL STATUS, PHYSICAL HANDICAP, AGE, OR MEMBERSHIP OR NON-MEMBERSHIP IN AN EMPLOYEE ORGANIZATION, PROMOTION OR APPOINTMENTS WILL NOT BE BASED ON PERSONAL RELATIONSHIP OR OTHER TYPES OF PERSONAL FAVORITISM OR PATRONAGE.

---

EEO REVIEW/CONCURRENCE      DATE

---

PERSONNEL CLEARANCE      DATE

---

THIS ANNOUNCEMENT NUMBER – SR-03-010, MUST INDIVIDUALLY IDENTIFY EACH APPLICATION FORM AND DOCUMENT. THE APPLICANT BEFORE SUBMISSION MUST DUPLICATE ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORM, AS WE DO NOT HONOR REQUEST FOR XEROX COPIES. THE APPLICATION AND ATTACHMENTS BECOME THE PROPERTY OF THIS PERSONNEL OFFICE AND WILL NOT BE RETURNED. ONLY MATERIAL SUBMITTED BY THE CLOSING DATE WILL BE CONSIDERED.

**SUPPLEMENTAL QUESTIONNAIRE**  
**Billing Technician (Office Automation), GS-503-06**

1. KNOWLEDGE OF THIRD PARTY REIMBURSEMENT SOURCES. This includes knowledge of various federal, state and private programs, which will allow the hospital to collect for medical care rendered to beneficiaries to supplement appropriate funds.. What in your background shows you possess this knowledge?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

2. ABILITY TO USE MICROCOMPUTERS AND PERIPHERAL EQUIPMENT. The person in this position should have knowledge of microcomputer equipment and operating system in order to utilize automated electronic billing systems capabilities and to input claims, retrieve and analyze data on computer file. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

3. ABILITY TO MAINTAIN SECURITY OF CONFIDENTIAL MATERIAL. This is the ability to recognize and consistently apply strict confidentiality rules. The person in this position will have access to a wide variety of sensitive patient information and materials that must be safeguarded. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

4. KNOWLEDGE OF MEDICAL DENTAL AND PROCEDURE CODES. This knowledge is needed to accurately code all billable items abstracting from medical documentation utilizing ICD-9 and CPT-4 coding books. This includes knowledge of medical terminology to effectively review medical records to be used in billing for patient care. What in your background shows you possess this knowledge?

What was the duration of these duties?

Who can verify this information? (Please provide a telephone number.)

5. ABILITY TO PLAN, ORGANIZE AND SET PRIORITIES. This is the ability to produce timely work products of high quality through the effective scheduling and prioritizing of assignments. This includes the ability to function effectively under pressure of time and/or handling several tasks at once. What in your background shows you possess this ability?

What was the duration of these duties?

Who can verify this information? (Please provide a telephone number.)

---

---

### CERTIFICATION

I CERTIFY that all of the statements made in the above questionnaire are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date