



STATE OF WASHINGTON  
OFFICE OF FINANCIAL MANAGEMENT

STATE HUMAN RESOURCES DIVISION | DIRECTOR'S REVIEW PROGRAM  
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January 27, 2015

TO: Connie Goff, PHR  
Rules and Appeals Program Manager

FROM: Meredith Huff, SPHR  
Director's Review Program Investigator

SUBJECT: Kim Hoeschen v. Dept. of Labor & Industries (L&I)  
Allocation Review Request ALLO-14-105

**Director's Determination**

This position review was based on the work performed for the six-month period prior to November 22, 2013, the effective date of the reallocation completed by the L&I Office of Human Resources. (Exhibit B-1) As the Director's Review Investigator, I carefully considered all of the documentation in the file and information gathered during an interview with the parties. Based on my review and analysis of Ms. Hoeschen's assigned duties and responsibilities, I conclude her position is properly allocated to the class of Program Assistant.

**Background**

Ms. Kim Hoeschen works in L&I's Office of the Medical Director in the Claims Referral Unit. Ms. Hoeschen's supervisor, Ms. Denise Santoya, initiated development of a revised Position Description Form (PDF) for Ms. Hoeschen's position. Ms. Santoyo, Ms. Hoeschen, and Ms. Leah Hole-Marshall, the second level supervisor, all signed the updated PDF on November 22, 2013. (Exhibit A-1a)

A position review completed by L&I's Classification & Compensation Coordinator, Ms. Vicki Kamin, resulted in reallocation of Ms. Hoeschen's position from Medical Transcriptionist 2 to Program Assistant effective November 22, 2013. Ms. Hoeschen was notified of the reallocation by letter dated December 30, 2013. (Exhibit B-1)

On January 24, 2014, the State HR Director's Review Program received Ms. Hoeschen's request for a Director's review of the allocation determination. In her review request, Ms. Hoeschen asked that her position be reallocated to Program Coordinator classification. (Exhibit A-1)

On November 18, 2014, I conducted an in-person Director's review conference with the parties. Attending the conference were:

Kim Hoeschen, Claims Referral Unit, L&I Office of the Medical Director, employee;  
Perry Gordon, WFSE, Council Representative;  
Denise Santoyo, L&I Office of the Medical Director, supervisor;  
Michele Childers, L&I Human Resources; and  
Vicki Kamin, L&I Human Resources, Classification & Compensation Coordinator.

### **Guidance for Director's Determination**

The purpose of a position review is to determine which classification best describes the overall duties and responsibilities of a position. A position review is neither a measurement of the volume of work performed, nor an evaluation of the expertise with which that work is performed. A position review is a comparison of the duties and responsibilities of a particular position to the available classification specifications. This review results in a determination of the class that best describes the overall duties and responsibilities of the position. Liddle-Stamper v. Washington State University, PAB Case No. 37122-A2 (1994).

In Salsberry v. Washington State Parks and Recreation Commission, PRB Case No. R-ALLO-06-013 (2007), the Personnel Resources Board addressed the concept of *best fit*. The Board referenced Allegrì v. Washington State University, PAB Case No. ALLO-96-0026 (1998), in which the Personnel Appeals Board noted that while the appellant's duties and responsibilities did not encompass the full breadth of the duties and responsibilities described by the classification to which his position was allocated, on a best fit basis, the classification best described the level, scope and diversity of the overall duties and responsibilities of his position.

The Personnel Resources Board (PRB) has held the following: Because a current and accurate description of a position's duties and responsibilities is documented in an approved classification questionnaire, the classification questionnaire becomes the basis for allocation of a position. An allocation determination must be based on the overall duties and responsibilities as documented in the classification questionnaire. Lawrence v. Dept. of Social and Health Services, PAB No. ALLO-99-0027 (2000).

### **Position Description Form (PDF) (Exhibit B-4)**

Ms. Hoeschen provides technical support in the Claims Referral Unit within the Office of the Medical Director (OMD) at the Department of Labor and Industries. An updated PDF which was signed on November 22, 2013 describes her duties and responsibilities as follows:

60% Clerical and Administrative support for Claim Referral Process

Receive, process and monitor documents according to established processes:

- Log and track receipt of document, and maintain claim referral records.
- Reviews documents, claim referrals or applications for completeness and seek clarification if incomplete.
- Assign to appropriate clinical resource according to document or policy. Each referral will be documented, assigned and tracked on a daily basis.
- Maintain tracking of referrals to support accurate information on status and timeliness. Track referrals against established deadlines; request status update if late or request supervisor to extend deadline.

- Report and forward requests for extensions of timeline and/or authority to exceed maximum hours on referral.
- Receive, log and track completed work from all consultants and follow internal policies and processes on distribution.
- Ensure that content is included and any attachment or reference material is present and distributed.
- Keep supervisor informed of significant and important items/tasks requiring his/her review and/or action; obtains information from appropriate individual/parties, relays information and/or assignments; calls attention to deadlines and obtains status progress reports/updates.
- Maintains confidentiality.

#### 25% Customer Service Interactions and Communications

- Respond to internal and external inquiries (telephone, fax, email) requiring knowledge of the OMD Claim Referral process and status of documents.
- Proactively communicate about progress and potential issues and delays to consultants, ONC and other appropriate staff;
- Compose correspondence via email or transmittals and respond to frequent requests for information and/or questions. Compose office correspondence such as requests for claim reviews and status updates.
- Performs word processing tasks such as merging and sorting, uploading/downloading to the SFT and creating footnotes and outlines.

#### 10% Medical Transcribing and Support of the Review Process:

- As needed provides transcription services for two contracted healthcare consultants. Process and review documents, claim referrals or applications for completeness, accuracy and compliance with processes established.
- Determines and explains actions necessary to achieve compliance or approval.
- Support training new contracted healthcare consultants on the referral process and expectations surrounding it.
- Continue to support, implement, maintain and suggest process improvements to streamline and expedite the contracted healthcare consultant review process.

#### 5% Other Administrative Support for OMD and Other Duties Assigned:

- Supports other administrative programs within OMD.
- Performs data entry functions or inquiries.
- Support as a back-up resource, as needed, for the OMD support staff, including clerical staff support for the IIMAC, IICAC and/or ACHIEVE meetings.
- Serve as dual resource for SFT issues with the Help Desk and contracted healthcare consultants.
- Support the *Doctor Is In* program by developing and providing the monthly calendar to Claim and all relevant information as needed;
- Provide other administrative support.

The Position Objective states: "This position provides clerical and administrative services and support to the Office of the Medical Director (OMD). This position will review, assign, verify and process claim referrals assigned to contracted healthcare consultants. The number of daily claim referral reviews fluctuate and is determined based on the number of claim referrals that the Occupational Nurse Consultants (ONC) need a second opinion on from an external

contracted healthcare consultant(s). This position is important in supporting a unit that is responsible for setting health policy and providing clinical expertise to ensure safe and effective healthcare is delivered to Washington's injured and ill workers. The critical turnaround of each claim review to the ONC's and claims unit promotes a faster return to work for our injured and ill workers."

### **Summary of Ms. Kim Hoeschen's Perspective**

In the Request for Director's Review document (Exhibit A-1, page 3), section V. *Allocation Reviews*, Ms. Hoeschen indicates, in part, that the following duties fall outside the Program Assistant class:

- My position is responsible for independently managing the medical review process and acting independently as the liaison between internal and external staff (Claims Administration, 27 Occupational Nurse Consultants [ONCs], and 22 contracted Medical Consultants) for the last 15 years....I manage, coordinate, assign, and direct all program-specific activity, all incoming/ outgoing review requests, and monitor due date parameters for, currently, 10 different specialties of physicians. I track and follow up on the timeliness of each review request to avoid delays in the claim review process and communicate possible time overages to the medical consultants and ONCs."
- Additionally, I have managed and coordinated the *Doctor is In Program* at L&I ..., a program that provides on-site contracted medical consultants to meet weekly one-on-one with Claims Manager's and Nurses to staff claims and move the care of the injured worker forward in a positive and effective manner.
- If a delay in the claim review process is unavoidable due to technical issues...and the electronic method in which we send/retrieve work is not functioning, I work with the medical consultants and IT staff to identify an alternative means to submit their medical review in a timely manner. I assist all OMD medical consultants with troubleshooting ... independently advise them in interpreting claim questions, or getting them in touch with the appropriate internal contacts to avoid review delays or IT issues.
- Because of my medical background and expertise in medical terminology, including pharmacology, I am able to point out errors in medical content to the physicians and determine if changes should be made on the claim reviews they have prepared and sent to the department. Without this quality control check...inaccurate information would be sent out to the nurses and claims managers which could have a devastating effect on the outcome of the injured worker's healthcare.
- ...I have a medical background and have taken extensive courses in medical terminology, biology, anatomy and physiology and pharmaceutical drugs and their usage. My education has given me the specific medical expertise need to interpret medical reports and engage in effective communication with the many physicians I work with, which is a very critical and important part of my position. I am able to understand diverse medical and clinical terminology and types of generic and brand name pharmaceuticals used in different medical fields, which can show up in all consultants' written communications. (pg. 3 paragraph 8)

During the review conference, Ms. Hoeschen confirmed that she spends 60% of her work time processing the electronic Health Care Consultant Review Request documents. (Exhibit A-3) Ms. Hoeschen reviews each document to ensure answers are complete, correct and to verify the claim number so that the claims will not be delayed. She noted that she is the only person processing these forms. Ms. Hoeschen indicated that based on the nurses' notes, she completes forms and letters to request a second medical opinion. (Exhibit A-4 and A-5) She

reviews the status of each request after ten days, and when a completed review is not received, she sends a reminder letter to the doctor. (Exhibit A-7 and A-8) If there is not a response to this reminder, the information is given to her supervisor for follow-up.

Ms. Hoeschen further explained that she receives the nurses' and doctors' medical reports through an electronic mail box. Dragon, a voice/word recognition program, is used by medical consultants to record reports and frequently errors result when the program inserts the wrong terms; Ms. Hoeschen recognizes and corrects these errors. (Exhibits A-9 thru A-12)

Ms. Hoeschen stated that prior to Ms. Santoyo's hire, she reviewed the medical reports and when there were questions or the reports needed corrections, she directly returned about 5% of the reviews to the medical consultants. (Exhibit A-17)

### **Supervisor Comments**

During the review conference, Ms. Denise Santoyo, Ms. Hoeschen's supervisor, explained that she initiated updating Ms. Hoeschen's position description at the request of her supervisor, Ms. Leah Hole-Marshall. Ms. Santoyo reviewed Ms. Hoeschen's Classification Questionnaire dated October 22, 1997, and her classification, Medical Transcriptionist 2, and felt both were outdated.

Ms. Santoyo noted that Ms. Hoeschen currently has responsibility for the day-to-day clerical and administrative elements of the claim referral process with limited decision making. The use of voice recognition technology now used by doctors to make their reports has resulted in a significant decrease in the demand for Ms. Hoeschen to provide medical transcription work. She indicated that Ms. Hoeschen transcribes reports for two medical consultants. Ms. Santoyo noted that the doctors' use of voice translation equipment, such as Dragon, to develop reports, requires Ms. Hoeschen to recognize errors and inappropriate medical and other terms in the reports. Ms. Santoyo noted that while not required, Ms. Hoeschen's knowledge of medical terminology is very helpful and useful in her position.

Ms. Santoyo stated that she now has assumed responsibility for sending reports/claims back to doctors and other specialists when it is necessary to make changes or corrections to medical reports; this responsibility previously was assigned to Ms. Hoeschen. Ms. Santoyo stated that Ms. Hoeschen no longer makes changes to medical reports and does not have contact with the medical staff. Ms. Santoyo acknowledged that Ms. Hoeschen has years of experience in her job and is a valued employee in the OMD.

### **Summary of L&I Human Resource Perspective**

By letter dated December 30, 2013, Ms. Vicki Kamin, L&I Classification & Compensation Coordinator, advised Ms. Hoeschen: "I received a request to reallocate your position #2534 from the classification of Medical Transcriptionist 2 to Program Assistant. I have determined the duties assigned to this position fit appropriately within the classification of Program Assistant. Therefore, I am approving the reallocation of your position effective November 22, 2013. The effective date of the reallocation was determined from the date your position description was received and date stamped by the Office of Human Resources." (Exhibit B-1)

In correspondence dated March 20, 2014, Ms. Vicki Kamin, indicated that she revisited the earlier determination to reallocate Ms. Hoeschen's position to Program Assistant. Ms. Kamin's second review confirmed that Program Assistant was the appropriate class for Ms. Hoeschen's position. (Exhibit B-2) Ms. Kamin provided written notes that she compiled and that included Ms. Hoeschen's comments and revisions. (Exhibit B-7)

### **Comparison of Duties to Class Specifications**

When comparing the assignment of work and level of responsibility to the available class specifications, the class series concept (if one exists) followed by Definition and Distinguishing Characteristics are primary considerations. While examples of Typical Work identified in a class specification do not form the basis for an allocation, it lends support to the work envisioned within a classification.

#### **Comparison of Duties to Medical Transcriptionist 2 (282F)**

##### **Class Series Concept** (From Medical Transcriptionist 1- 282E)

Transcribe medical reports and correspondence. Transcription tasks constitute at least 60-80 percent of total work effort.

##### **Definition**

Transcribes, proofreads and edits complex technical medical reports for a broad range of clinical specialties and departments using digital or machine dictation and word processing equipment.

##### **Distinguishing Characteristics**

Under general supervision, independently transcribes, proofreads, and edits detailed medical reports from a broad range of medical specialties utilizing word processing software, machine dictation system, and/or other voice recording equipment. While duties may involve allied clerical functions, the major responsibility is to produce a volume of accurate medical transcription to specified department standards.

Ms. Santoyo indicated that Ms. Hoeschen transcribes reports for two medical consultants. Ms. Hoeschen's work duties include proofreading, editing and some transcribing of technical medical reports for a broad range of clinical specialties. Due to technology changes and the use of electronic recording/transcribing programs such as Dragon, Ms. Hoeschen's transcription duties do not encompass 60 to 80 percent of her total work effort as required by the Class Series Concept of the Medical Transcriptionist series. As a result, Medical Transcriptionist 2 is not the best fit for the responsibilities assigned to Ms. Hoeschen's position.

#### **Class Series Concept for both the Program Assistant (107M) and the Program Coordinator (107N) states, in part:**

Perform work requiring knowledge and experience that is specific to a program. Organize and perform work related to program operations independent of the daily administrative office needs of the supervisor. Represent the program to clients, participants and/or members of the public.

#### **Comparison of Duties to Program Coordinator (107N)**

##### **Definition for Program Coordinator class states:**

Coordinate the operation of a specialized or technical program.

##### **Distinguishing Characteristics for Program Coordinator class states:**

Under general direction, perform work using knowledge and experience specific to the program.

- Exercise independent judgment in interpreting and applying rules and regulations

- Independently advise students, staff, program participants and/or the public regarding program content, policies, procedures and activities; select/recommend alternative courses of action and either:
- Project, monitor, maintain, initiate and/or approve expenditures on program budgets  
**OR**  
Have extensive involvement with students, staff, the public and/or agencies in carrying out program activities, and coordinate, schedule and monitor program activities to determine consistency with program goals.

Ms. Hoeschen indicates she spends a majority of her work time, (60%), receiving, processing, assigning and monitoring documents related to medical reviews. As necessary, Ms. Hoeschen communicates with the employees in Claims Administration, the Occupational Nurse Consultants and with the contracted medical consultants to obtain corrected information on forms, to have questions answered or to obtain and share other information. She provides quality control checks for all claim reviews including correcting inaccurate information which prevents negative effects on an injured worker's healthcare outcomes. She coordinates the monthly *Doctor Is In Program* by scheduling a day for a medical consultant to meet with Claims Managers and Nurses to staff claims and answer questions so cases progress to completion in the review process.

Ms. Hoeschen's assigned responsibilities do not require that she coordinate the *operation of a program* as required by the **Definition** of the Program Coordinator. Rather she coordinates the receipt and processing of the medical documents related to injured and ill workers.

Ms. Hoeschen does not exercise independent judgment in interpreting and applying rules and regulations, nor does she independently advise participants. She does not have budget responsibilities. Her assignments do not require extensive involvement with people outside the program. These responsibilities are expected and stated in the **Distinguishing Characteristics** for Program Coordinator positions. Ms. Hoeschen's assigned responsibilities do not reach to the level of responsibility and use of independent judgment designated in the Program Coordinator class. The classification of Program Coordinator is not the best fit for Ms. Hoeschen's responsibilities.

#### Comparison of Duties to Program Assistant (107M)

Definition for the Program Assistant class states:

Perform specialized technical/clerical duties in support of a program activity.

Distinguishing Characteristics for the Program Assistant class state:

Under general supervision, perform work requiring knowledge and experience specific to the program. Provide students, staff, program participants and/or the public with information and interpretation of policies and activities related to the program specialty. Compose written communications, and establish and maintain records relating to program operations.

As described in the PDF (Exhibit B-4) and the Request for Director's Review (Exhibit A-1), Ms. Hoeschen's work in the Claims Referral Unit within the Office of the Medical Director, requires her to have knowledge specific to this program. Ms. Hoeschen assigns and directs the incoming and outgoing medical review requests. She spends a majority of her work time, (60%), receiving, processing and monitoring documents related to medical reviews. She reviews and checks for correct spelling and accuracy in the use of medical terms in the review

documents. She monitors due dates and follows up on the timeliness of each review request to avoid delays in the claim review process. When necessary, she communicates with the employees in Claims Administration, the Occupational Nurse Consultants and with the contracted Medical Consultants. She estimated 5% of her time is spent in direct contact with medical doctors obtaining or sharing corrected information on forms or other information.

Ms. Hoeschen provides quality control checks for all claim reviews including correcting inaccurate information which prevents negative results for an injured worker's healthcare outcomes. She schedules *The Doctor Is In* monthly program so that reviews can move forward in a timely manner.

The Program Assistant Definition addresses the majority (60%) of Ms. Hoeschen's responsibilities of receiving, processing, assigning and monitoring documents related to medical reviews. This includes her duties of reviewing and editing medical forms for spelling and accuracy in the use of medical terms and determining if the forms need to be returned to medical consultants for corrections or additional information; contacting medical consultants for information, corrections or late documents; and following up on the timeliness of each review request to avoid delays in the claim review process. As described by the Distinguishing Characteristics, Ms. Hoeschen works under general supervision and performs work requiring knowledge and experience specific to the Claims Referral Unit in the Office of the Medical Director. The Program Assistant classification best describes the overall duties and responsibilities of Ms. Hoeschen's position.

It is evident that Ms. Hoeschen's position plays an integral role in ensuring quality service delivery in the Claims Referral Unit. However, a position's allocation is not based on an evaluation of performance but rather the majority of work assigned to a position. Therefore, based on the overall scope of her assigned duties and responsibilities, Ms. Hoeschen's position is properly allocated to the Program Assistant classification.

### **Appeal Rights**

RCW 41.06.170 governs the right to appeal. RCW 41.06.10(4) provides, in relevant part:

An employee incumbent in a position at the time of its allocation or reallocation, or the agency utilizing the position, may appeal the allocation or reallocation to the Washington Personnel Resources Board. Notice of such appeal must be filed in writing within thirty days of the action from which appeal is taken.

The mailing address for the Personnel Resources Board (PRB) is P. O. Box 40911, Olympia, Washington 98504-0911. The PRB Office is located on the 3<sup>rd</sup> floor of the Raad Building, 128 10<sup>th</sup> Avenue SW, Olympia, Washington. The main telephone number is (360) 407-4101, and the fax number is (360) 586-4694.

If no further action is taken, the Director's determination becomes final.

c: Kim Hoeschen  
Perry Gordon, WFSE  
Vicki Kamin, L&I HR  
Lisa Skriletz, SHR

Enclosure: List of Exhibits

## List of Exhibits

### A. Kim Hoeschen Exhibits

1. Request for Director's Review
  - a. WGS Position Description
2. OMD List of Consultants I Support in the Office of the Medical Director
  - a. List of Occupational Nurse Consultants I Support in Office of the Medical Director
3. Healthcare Consultant Review Request Form
4. Opioid 2<sup>nd</sup> Opinion Review Request
5. Opioid Form Letter Sent to Provider Advising will be contacted
6. Claim Review Database Log-in Switchboard Example
7. Overdue Report ran for 10 days and Priority 5 days
8. Example email I send to consultant for status update
9. SFT Login to Access Work from consultants
  - a. Drop Box – Internal use for submittal of work
10. Memo Template for Consultants
11. Orthopedic Review submitted by consultant with errors
  - a. Orthopedic Review Completed with formatting and corrections
12. Partlow Orthopedic Memo Submitted to Department
  - a. Corrected memo with all changes
13. Occupational Medicine Review Submitted to OMD by consultant with Errors
  - a. Finalized IOC without Errors in Template
14. Orthopedic Memo Example submitted from consultant to Office of the Medical Director
  - a. Finalized IOC in template finalized Ready to Send To File
15. Orthopedic Memo Content Example submitted to Office of the Medical Director
  - a. Finalized with corrections and template formatted into document
16. Occupational Medicine Memo Example submitted by Consultant
  - a. Occupational Medicine Memo Finalized
17. Occupational Med IOC unformatted
  - a. ORION document in claim file researched for clarification in PRIORITY memo
  - b. Example of all track changes done to a document
  - c. Finalized Memo Ready to send to claim file
18. Doctor Is In Monthly Calendar & Availability
  - a. Email example sent to Insurance Services advising DII consultant availability
  - b. Summary Sheet submitted to Consultant by a CM for Staffing appointment
  - c. completed Appointments calendar for Consultant for their Doctor Is In Day

B. LNI Exhibits

1. Allocation Determination Letter, 12-3-2013
2. Allocation Review Letter, 3-20-14
3. Director's Review Request, 1-24-2014
4. Current Position Description Form #2535, 11-22-2013
5. Prior Position Description Form #2535, 10-22-1997
6. Organizational Charts
7. Notes from meeting with Hoeschen, 2-26-2014
8. Notes from meeting with Santoyo (supervisor) 2-20-2014
9. Program Assistant Class Specification
10. Program Coordinator Class Specification
11. Office Assistant 3 Class Specification
12. Medical Transcriptionist 1 & 2 Class Specification
13. Supervisor's Position Description #0106, MA 3 (Santoyo)
14. Coworker's Current Position Description #3153, Secretary Senior (Baune)
15. Coworker's Former Position Description #3153, Secretary Senior (Vacant)
16. PDF reviewed for comparison #Z4708, Program Coordinator (Vacant)
17. PDF reviewed for comparison #4565, Program Assistant (Vacant)
18. L&I final response
19. Insurance Services Organizational Chart

C. Class Specifications

1. Program Assistant
2. Program Coordinator
3. Office Assistant 3
4. Medical Transcriptionist 1
5. Medical Transcriptionist 2