



# DEPARTMENTS OF THE ARMY AND AIR FORCE

JOINT FORCE HEADQUARTERS-LOUISIANA  
OFFICE OF THE ADJUTANT GENERAL  
JACKSON BARRACKS  
NEW ORLEANS, LOUISIANA 70117

## Announcement Number: 23-072

<b>POSITION TITLE:</b> Health Services Management	<b>AFSC</b> 4A071	<b>OPEN DATE:</b> 17 August 2023	<b>CLOSE DATE:</b> 7 September 2023
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<b>UNIT OF ACTIVITY/DUTY LOCATION:</b> 159 <sup>th</sup> Medical Group, New Orleans, Louisiana	<b>GRADE REQUIREMENT:</b> Min: E-3      Max: E-7
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<b>SELECTING SUPERVISOR:</b> Capt Walter D. Jacobsen	<b>Position Number</b>	<b>One Time Occasional Tour - NTE 30 SEP 2026</b>
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### AREAS OF CONSIDERATION

Louisiana Air National Guard members (**Must hold 4A0X1**)

### MAJOR DUTIES

Please refer to attached pages for more info on the major duties and initial qualifications for this position for this AFSC or go to: <https://www.my.af.mil> to review the AFECD

### INITIAL ELIGIBILITY CRITERIA

\*In addition to criteria listed on attached pages\*

- Security Clearance - Must attain and maintain: Secret
- Must possess a valid state driver's license to operate government motor vehicles (GMV) in accordance with AFI 24-301, Vehicle Operations.
- Members must maintain local network access IAW AFI 17-130, Cybersecurity Program Management and AFMAN 17-1301, Computer Security.

### PREFERRED QUALIFICATIONS

In accordance with HRO and ANGI 36-101, the following documents have been requested by the Selection Official. Applications received that do not contain these requested items will not be screened-out by HRO; but it may adversely affect the selection.

1. Cover Letter
2. Resume
3. Last three (3) EPRs / OPRs
4. Letter(s) of Recommendation

## ACTIVE GUARD AND RESERVE REQUIREMENTS

Initial tours for the LA ANG may not exceed 5 years. AGR tours may not extend beyond an Enlisted member's ETS or an Officer's MSD. Airmen must meet the minimum requirements for each fitness component in addition to scoring an overall composite of 75 or higher for entry into the AGR program. For members with a documented Duty Limitation Code (DLC) which prohibits them from performing one or more components of the Fitness Assessment, an overall "Pass" rating is required.

Individuals selected for AGR tours must meet the Preventative Health Assessment (PHA)/physical qualifications outlined in AFI 48-123, Medical Examination and Standards. They must also be current in all Individual Medical Readiness (IMR) requirements to include immunizations. RCPHA/PHA and dental must be conducted not more than 12 months prior to entry on AGR duty and an HIV test must be completed not more than six months prior to the start date of the AGR tour. Enlisted Airmen who are voluntarily assigned to a position which would cause an overgrade must indicate such in writing; a voluntary demotion letter must be included with the application in accordance with ANGI 36-2503, Administrative Demotion of Airmen, when assigned to the position. Acceptance of demotion must be in writing and included in the assignment application package. Application Package will not be forwarded without Administrative Demotion statement. If a selectee does not possess the advertised AFSC, he/she must complete the required training/assignment criteria within 12 months of being assigned to the position. Failure to do so may result in immediate termination. Extension past 12-months will only be considered if the delay is through no fault of the applicant. Any further questions regarding the AGR program may be answered in ANGI 36-101.

## SPECIAL ANNOUNCEMENT CRITERIA

- Upon selection additional medical verification will be required prior to start of AGR tour
- Any Individual(s) selected for this position must meet EFMP requirements for the duty location at time of assignment.
- Members that do not meet EFMP standards for the duty location may be subject to a rescinded offer of employment.
- Continuation beyond initial tour may be subject to evaluation based on AGR Continuation Board
- Selection is not a promise of promotion

## APPLICATION PROCEDURES

Applications must be signed and dated. Applications received with an unsigned NGB 34-1 will not be forwarded for consideration. Per ANGI 36-101, the application package must include at a minimum items 1-3 listed below. If the required documents are not submitted, a letter of explanation must be included. Incomplete packages will not be considered for the position vacancy:

1. **NGB Form 34-1** (*announcement number and position title must be annotated on the form*)
2. **CURRENT full Records Review RIP** from Virtual MPF <https://vmpf.us.af.mil/VMPF/Hub/Pages/Hub.asp>
3. **CURRENT PASSING Report of Individual Fitness** from MyFSS/MyFitness <(must not show a "fitness due date" that is in the past) (or) a signed letter from the UFPM. If exempt, please include Form 469 with application)
4. **Items requested in the "PREFERRED QUALIFICATIONS" section above.**

### **Application Documents Order:**

- 1. (Mandatory) NGB Form 34-1
- 2. (Mandatory) Records Review RIP
- 3. (Mandatory) **Passing** Report of Individual Fitness
- 4. (Optional) Cover Letter
- 5. (Optional) Resume
- 6. (Optional) Last three (3) EPRs / OPRs
- 7. (Optional) Letter(s) of Recommendation

### **EMAILING REQUIREMENTS:**

Ensure all requirements are consolidated into **ONE single PDF** (adobe portfolio is not accepted) (consider printing signed documents to PDF prior to combining files)-Signatures may be stripped once they are saved. PDF File Name should be: Last Name, Announcement Number

Example: Doe, 23-XXX

**Email Subject should be: Last Name, Announcement Number, Position Title**

Example: Doe,23-XXX, Health Services Management

Email Application Package to: [nq.la.laarng.mbx.agr-branch-air@army.mil](mailto:nq.la.laarng.mbx.agr-branch-air@army.mil)

*\*\* There is a known issue that digital signatures are being removed from the NGB Form 34-1 once combined as one PDF. To avoid this, once you sign and save the NGB Form 34-1, go to Print, then select "Microsoft Print to PDF". Click Print. Use this copy of the form to combine into the required documents and send to HRO. Always verify the signature is present before you sent to HRO. \*\**

QUESTIONS: Applicants may call HRO for initial review of application and to verify receipt prior to closeout date. DSN 278-8753/8754 or Commercial 504-278-8753/8754 [cassie.l.ellis.mil@army.mil](mailto:cassie.l.ellis.mil@army.mil) / [khisha.m.donald.civ@army.mil](mailto:khisha.m.donald.civ@army.mil). Assistance will be rendered in the order the request was received.

**INSTRUCTIONS TO COMMANDERS/SUPERVISORS:** Selecting supervisor will contact qualified applicants for interviews. After the Human Resources Officer HRO approves the selection package, the HRO office will send a notification letter to the Hiring Official who will in turn notify all applicants of their selection non-selection. The selection of an applicant is not final until the Hiring Official has been notified by of approval by ANG AGR Manager.

### **THE LOUISIANA NATIONAL GUARD IS AN EQUAL OPPORTUNITY EMPLOYER**

All applicants will be protected under Title VI of the Civil Rights Act of 1964. Eligible applicants will be considered without regard to race, color, religion, gender, national origin, or any other non-merit factor. Due to restrictions in assignment to certain units and AFSC MOS some positions may have gender restrictions.

**CEM Code 4A000**  
**AFSC 4A091, Superintendent**  
**AFSC 4A071\*, Craftsman**  
**AFSC 4A051\*, Journeyman**  
**AFSC 4A031, Apprentice**  
**AFSC 4A011, Helper**

**HEALTH SERVICES MANAGEMENT**  
**(Changed 30 Apr 22)**

**1. Specialty Summary.** Manages health services activities. Plans, develops, manages, and performs health services activities. Related DoD Occupational Subgroup: 134000.

**2. Duties and Responsibilities:**

2.1. Performs and directs patient management functions. Interprets communications, directives, and publications. Coordinates release of information functions. Prepares health record copies and abstracts. Prepares, files, safeguards, transfers, and retires health records. Maintains patient locator and suspense files. Prepares, codes, and transmits clinical record cover sheets. Transcribes daily information onto charts. Transcribes physicians' orders, and prepares requests for diagnostic tests, consultations, and referrals. Performs functions to admit, discharge, and transfer patients. Compiles information and prepares reports, graphs, and charts on bed occupancy, staffing, dental health, medical care from civilian sources, and professional activities.

2.2. Prepares patient related correspondence and special orders for patient assignment, reassignment, and aeromedical evacuation. Coordinates and prepares forms. Identifies and processes Line of Duty (LOD) determinations. Monitors Special Needs Identification and Assignment Coordination (SNIAC) program. Identifies, coordinates, and processes medical conditions requiring Medical Evaluation Board/Integrated Disability Evaluation System (MEB/IDES) proceedings. Verifies patient eligibility. Performs procedures for network referrals. Provides claims assistance and counseling to beneficiaries. Oversees Patient Squadron and Casualty Reporting programs. Manages TRICARE Marketing, birth registration, medical in/outprocessing, TRICARE contract management, TRICARE enrollment and death processing.

2.3. Performs and manages resource management functions. Prepares financial statements and subsistence stock records. Compiles information, subsistence accounting, and prepares statistical reports. Performs market analysis and business-case analysis. Oversees Uniform Business Office programs to include third party collection (TPC) activities, Medical Affirmative Claims (MAC) and Medical Service Account (MSA) program management. Assists in manpower surveys and in developing manpower standards. Identifies manpower standard exceptions and deviations. Screens medical records to gather data for medical audits. Analyzes workload and cost data to validate manpower requirements and develops adjustments and projections to support clinical or mission changes. Monitors the Unit Manpower Document (UMD) to ensure requirements and funding are accurately reflected. Monitors the Unit Personnel Management Roster (UPMR) to ensure correct assignment of personnel resources. Identifies personnel staffing shortages and coordinates permanent or temporary assignment actions. Collects, maintains, prepares, and analyzes Medical Expense and Performance Reporting Systems (MEPRS) data or comparable workload accounting system. Prepares budget estimates and financial plans. Monitors expenditures and obligations; analyzes financial reports and accounting and workload reporting procedures; conducts studies and internal audits.

2.4. Performs and manages medical information technology functions and activities. Requests and documents technical assistance. Manages hardware and software activities. Monitors information technology security programs. Performs customer support activities. Manages user-training programs.

2.5. Performs and manages unit-level medical readiness functions. Ensures understanding of DoD organizational structure and command relationships. Performs duties as the unit deployment manager, managing UTCs and ensuring assigned personnel are appropriately trained and equipped. Assesses the medical unit's capabilities to support wartime, humanitarian assistance and installation response requirements. Ensures publication and currency of unit plans and provides input to wing plans (Medical Contingency Response Plan [MCRP], Comprehensive Emergency Management Plan, Disease Containment Plan, Installation Deployment Plan, etc.). Establishes/maintains memorandums of agreement and understanding. Conducts, coordinates, and manages medical deployment activities. Serves as the Medical Readiness Decision Support System Unit Level Tracking and Reporting Application unit system administrator and monitors unit reports. Coordinates, schedules, tracks, and documents medical readiness training. Liaisons with the Medical Logistics Office on war reserve materials with regards to deployability. Conducts medical readiness in- and out-processing for assigned personnel. Establishes and augments the medical and unit control center and provides training on the management of classified material, utilization of communication devices, log of events, and after-action reports. Supports MCRP and UTC team chiefs. Plans, organizes, and conducts medical readiness training and activities. Assists exercise evaluation team with development of exercise scenarios.

2.6. Analyzes, evaluates, advises, and ensures the validity, completeness and accuracy of healthcare data collected by automated systems used by the military health system. Additionally, serves as the primary clinic interface for data quality initiatives, clinic audits (records, coding, insurance, etc.) and other administrative processes as related to data integrity, quality, and collection. Performs review and research of DoD, Air Force Medical Service and web-based guidance for data quality and business rule compliance. Assists with quantitative and qualitative analysis, trending, projections, and forecasting on patient demographics, clinical data, and patient/provider utilization data from multiple automated information sources. Assists in analysis/trending, and data validation of business clinical

healthcare data for process improvements and DoD workload compliance.

2.7. Manages or performs duties with the Individualized Newcomer Treatment and Orientation (INTRO) program and in/out-processing of unit members. Monitors the OPR/EPR/LOE (Officer Performance Report/Enlisted Performance Report/Letter of Evaluation) program. Tracks and updates duty status. Performs personnel action changes and duty information updates. Manages the awards and decorations program. Assist members with leave, subsistence-in-kind, and controlled spend account issues. Manages the report of survey and inventory management programs.

2.8. Identify Potentially Disqualifying Information (PDI) for personnel assigned to the Personnel Reliability Program (PRP). Manages the suspension and decertification recommendations process as well as the process of returning a member to PRP status.

### 3. Specialty Qualifications:

3.1. Knowledge. Knowledge is mandatory of: general clerical procedures; medical terminology, regulations, and directives; medical ethics; health records administration; principles of coding; and anatomy and physiology.

3.2. Education. For entry into this specialty, completion of high school or General Education Development equivalency is mandatory.

3.3. Training. For award of AFSC 4A031, completion of a health services management apprentice course is mandatory.

3.4. Experience. The following experience is mandatory for award of the AFSC indicated:

3.4.1. 4A051. Qualification in and possession of AFSC 4A031.

3.4.2. 4A071. Qualification in and possession of AFSC 4A051. Also, experience supervising a health services management function and maintenance/management of healthcare-related systems.

3.4.3. 4A091. Qualification in and possession of AFSC 4A071. Also, experience managing a health services management function, associated healthcare-related systems, and personnel.

3.5. Other. The following are mandatory as indicated:

3.5.1. See attachment 4 for additional entry requirements.

3.5.2. For entry into S shred, prior qualification in and possession of PAFSC 4A051/71.

3.5.3. For award and retention of these AFSCs, must maintain local network access IAW AFI 17-130, *Cybersecurity Program Management* and AFMAN 17-1301, *Computer Security*.

### 4. \*Specialty Shredouts:

<i>Suffix</i>	<i>Portion of AFS to Which Related</i>
<i>S</i>	<i>Health Information Technology</i>

**NOTE:** *Suffix S applies to the 5- and 7-skill levels only.*