



## Learning to be Direct in Sales Negotiations

■ FRANK H. LEONE, MBA, MPH

*“We aren’t in 1939 anymore, Alice.”*

In 2008, we live in a vastly different world in which we feel information-saturated, overburdened, and pressed for time. It is a world in which long dialogue is generally a nuisance and short, to-the-point interchange is embraced. It is a world that values Headline News, *USA Today*, and Internet blogs more than traditional news shows or in-depth books.

In short, we live in a world in which people want things short, simple, and digestible. That includes decision-makers to whom you are trying to explain the benefits of your services.

We all need to learn how to prosper within the confines of the sound bite world in which we operate. To do this well, we all need to “cut to the chase” to get our core message across.

### Rule #1: Mince the Written Word

Whether you are writing a proposal, designing promotional material, or simply sending an e-mail, eliminate verbosity to yield big results. This can be accomplished in three simple steps:

- Review everything you write and eliminate any *paragraphs* you can.
- Then review the remaining text and eliminate any *sentences* you can.
- Finally, review your remaining sentences and eliminate any *words* you can.

The shorter a written document, the more likely a reader will read the remaining words and absorb your central point.



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### Rule #2: Enhance Your Verbal Communication Style

Cleaning up your written material is comparatively easy—provided you take the time—because you give yourself a chance to go back and clean things up. Not so with the spoken word; once said, spoken words are forever. Be vigilant about streamlining your verbal communication.

### Rule #3: Set the Stage

State your objective(s) up front in clear and concise terms. Begin sales calls, phone calls or meetings with a clear declaration of your objective. Don’t be afraid to define exactly what you are doing (e.g., “My objective is...”). Be honest and keep it brief.

### Rule #4: Speak Sparingly, but Carry a Big Stick

When you are engaged in dialogue, it is generally a good practice to limit each comment to two or three sentences. We often value depth of detail ahead of being concise when just the opposite should be true.

You want the other person to *feel* that they are controlling the conversation. The best way to create a perception of buyer-control is to let the buyer do most of the talking. In many respects, you are trying to create the verbal equivalent of the aforementioned written communication dictum: “eliminate paragraphs, then eliminate sentences, then eliminate words.”

### Rule #5: “Because”

Tying a reason to everything you say—usually within the same sentence—saves you time. The word *because* should be used over and over again. Rather than say “We’d like to have you tour our clinic,” say “We’d like to have you tour our clinic because it is the best way for you to understand the quality of our program and compare us to other options.”

### Rule #6: Call a Close a Close

Many sales professionals are uncomfortable asking for the

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1. Bill technical component only (modifier -TC); then the radiologist will bill the professional component (modifier -26).

2. Bill global code. The radiologist would be an employee of your clinic who would sign an independent contractor agreement and work under the guidelines provided by the IRS for independent contractors.

3. Bill global code. If the radiologist does an over-read only when you are asking a radiologist a specific question, then you may want to bill the global for the x-ray and then the radiologist will bill a second read with modifier -77 -26 (repeat procedure by another physician).

Although this is a legitimate coding method that has been specifically authorized by several Medicare carriers, the radiologists may not want to use this coding method, as some plans may not pay for the second opinion reading of the x-ray.

Whatever method you choose, you may want to specifically get an opinion from a lawyer with expertise in this field and save the written opinion in your compliance files.

**Q.** In reviewing one payor's EOBs, I noted that a patient was seen and had an influenza A/B screen. The payor only reimbursed \$7.04 for the test, which does not even cover the purchase price of the test.

**It seems crazy that we would not even get back 50% of our outlay. Could we code for two tests or units, as we are testing for both influenza A and influenza B?**

**The test manufacturer's website seems to indicate that is acceptable, but does mention that some local payers may have different policies.**

**All the flu tests that we do are for A and B. If we were able to charge for two tests, at least we would come close to covering our cost for the product, which is close to \$16 per test kit.**

– Question submitted by John Opyoke, Trinity Urgent Care, Trinity, FL

**A.** Great point! Coding influenza tests depends on the type of test being done. If the test gives a generic "positive flu" result, then use code 87804 only once. If the test gives one result for influenza A and a second result for influenza B (example: positive for flu A and negative for flu B), then use code 87804 twice.

You would want to append modifier -59 (repeat procedure, same physician) to the second code. As always, local payors may have specific policies regarding coding and reimbursement for influenza test, so it is a good idea to check with them before submitting billing for these tests.

Note: For Medicare, you will want to also add modifier -QW to this and all other CLIA-waved tests. ■

business because they fear rejection.

Consequently, closing verbiage often becomes hesitant, meandering, or even disingenuous. The best way to ask for the business is to *ask for the business* as directly as possible.

*“The best rule is to look someone in the eye and say what you think.”*

**Rule #7: Learn from Your Written Edits**

If you conscientiously edit your written correspondence (rule #1) you will begin to see patterns such as over-used words or irrelevant tangents. These tendencies tend to crop up in my verbal communiqués.

For example, my first drafts tend to be over-populated by dramatic adjectives (“very,” “extremely,” “extraordinary”) that—no surprise—find their way into my verbal expressions. It is instructive to note any “excess written verbiage” tendencies and strive to minimize these tendencies in conversation.

**Rule #8: Silence is Golden**

Given most conversations, you would never know it. Many sales professionals consider even a few seconds of silence an unacceptable void that must be filled with a stream-of-consciousness discourse.

To the contrary, one should sit still or steer things back to the prospect with such open-ended queries as “Anything else?” and “Your thoughts?”

**Rule #9: Tighten Your Response to Questions**

People tend to ramble on when answering questions. Strive to respond to questions with no more than a succinct sentence or two. Here are some hints:

Repeat the question. This gives you time to organize your response and ensure that you understand the question.

Pause between sentences. Give the other party a chance to clarify or accept your answer as sufficient.

Always conclude, “Does this adequately answer your question?”

**Rule #10: Straight Talk—Above All**

The best rule of all is to look someone in the eye and say exactly what you are thinking. Selling your clinic's occupational medicine services is about creating “win-win” situations in which your clinic's capabilities address the prospect's needs. No hocus pocus—learn a prospect's needs, describe your solution, define and quantify the win-win, and begin service.

The more quickly and precisely you get from point A to Point D, the better off you will be. ■