

OCCUPATIONAL MEDICINE

Buyer Self-interest as a Factor in Occupational Health Sales

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voiding something negative rather than buying on appeal appears to be a very real part of buyer decision-making. Indeed, with sufficient probing, most prospects harbor inner fears that can be successfully addressed during the sales process.

Buyers of urgent care occupational health services generally have two motivations: helping their company save money and making their own life easier. Most occupational health sales emphasize the former: reduce injury/illness incidence and associated lost work time and save the employer money. Consequently, sales efforts focus on just that: how your clinic can proactively save the employer money.

The "making the buyer's life easier" motivating factor is often ignored. But many people are inherently parochial. They are concerned about their finite time, their daily burdens, and their professional success. It is likely you minimize this factor or ignore it altogether. You should strive to determine the relative importance of professional vs. personal motivation and structure your sales approach accordingly.

Professional Factors

- 1. Save the company money.
- 2. Enhance worker health status.

Parochial Personal Factors

- 1. Save the individual buyer time.
- 2. Save the prospect "hassle."
- 3. Make the prospect look better.

Generally, you should incorporate both professional *and* personal factors in a benefit statement. For example:



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"I believe our clinic's approach would provide your company with a compelling opportunity to reduce your lost workday experience and enhance the health of your workforce. Further, it should make life easier for you, since our clinic provides the tracking, reports, and verbal updates that you have been generating piecemeal."

Prospects run the gamut of personality types from those who genuinely place the welfare of their company above all else to those who are card-carrying members of the "me, myself, and I" crowd. You should assess just where each prospect seems to fall on this continuum and position your sales approach accordingly.

The key to a successful sales encounter involves the application of three classic communication principles: ask the right question(s), listen, and probe.

Asking the right questions will help you to readily identify a pressing problem that can be placed on the table for solution. Typically, a sales professional asks only about professional problems, i.e., "What is your company's most significant health and safety problem?"

As part of this process, they should also investigate the potential personal ramifications of these professional problems. For example:

- "What is the most frustrating aspect of your job?"
- "What activity causes you to lose the most amount of valuable time?"
- "When it comes to workers' compensation costs (or workplace health and safety) what do you personally need to achieve to really be successful?"

Such questions can serve two valuable functions:

 You can usually place the prospect on a pretty reliable place on the "care about my company vs. care about myself" continuum. If the prospect does not offer much in response to the preceding questions, there is a strong likelihood that you can safely retreat to the "best for the company" arena.

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Conversely, prospects that bring up personal challenges are more likely to be responsive to solutions that help them (i.e., save them time and/or make them look good).

> "You should not minimize the potential importance of a prospect's self-interest."

2. You now not only know that your solution should include an appeal to their self-interest or survival, but you have a pretty good line on what their personal "hot buttons" are. The sales process is all down hill from there.

Once the importance of personal issues has been uncovered, you should craft your benefit statement accordingly. In most instances you should address both the professional impact and personal impact sides. The art comes in determining the respective emphasis to place on each side of the continuum.

For example:

■ Heavy "company" orientation

"I am confident that our unique, computerized focus on return-to-work outcomes will provide your company with the best chance to reduce unnecessary costs and enhance the health status of your workers."

Company/personal blend

"I am confident that our approach serves two vital purposes: we emphasis early return-to-work, thus reducing unnecessary lost work time and your workers' compensation-related costs while at the same time allowing you to spend more time addressing other important issues."

Heavy personal orientation

"I believe that our injury/illness prevention programs and focus on early return-to-work will dramatically reduce the time that you have to spend on such cases, thus providing you with more time for other matters and making your life a lot easier."

In summary, you should not minimize the potential importance of a prospect's self-interest. Learn to assess the degree of such self interest, and craft recommendations and benefit statements accordingly.

CODING Q & A

When researching our corporate A/R, I found a pattern of drug screens being skipped over for payment. Most of the drug screens that were not being paid were "postaccident" drug screens affiliated with a workers compensation visit. We have never billed workers compensation insurance for drug screens, but usually charge it on a separate ticket and bill either the lab or the company. Does workers compensation insurance normally pay for drug screens associated with an injury visit? Do they have to be billed on the workers compensation claim?

- Question submitted by Julie Galens, Accent Urgent Care & After Hours Pediatrics, PA, Cary, NC

You are absolutely right! Drug screens should *not* be billed • to a work comp carrier and should be billed directly to the employer (or payor designated by the employer) for these tests. Generally, these are invoiced separately from worker's compensation claims on a monthly invoice that includes all employer-paid services for that specific employer. Employers usually (but not always) want these incident testing drug screens to be invoiced along with other employer-paid services, such as postoffer physicals, ethanol breath tests, etc.

If you are billing with this method and not receiving payment, check with the corporate clients, confirm that they do want you to perform post-accident drug screens, and inform them that if they want you to continue performing this service, they must pay their claims on a timely basis.

My doc (urgent care) thinks that Medicare may now be allowing 99051 (evening/weekend/holiday code) in 2008. Is this true? I spent 45 minutes on the phone with Medicare this afternoon and they didn't seem to know.

- Name withheld. Indiana

For Medicare, nothing has changed; Medicare does • not reimburse for 99051. Do not bill this code to Medicare.

Your doctor, however, may have been referring to Indiana Medicaid, which will reimburse for this code. The Indiana State Medical Society explains the appropriate billing code for evening, weekend, and holiday hours as follows:

"Procedure code 99051—Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service, providers may bill a maximum of one unit per patient per day. Evening hours are defined as routinely scheduled after 5 p.m. in the prevailing time zone. Providers may only bill for the following holidays, which represent days when physician offices are generally closed for the day: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. When billing for 99051, please document in the medical chart the time, date, or holiday, as applicable." ■