Understanding the True Value of the Occupational Health Product

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Your clinic needs to sell occupational health services based on their perceived value to the buyer. Hence, you must learn to assess each buyer's perception of what constitutes value to them *before* discussing your services.

Traditionally, such an assessment is done through the use of astute questioning (e.g., "What is most important to you in selecting an external provider of occupational health services?"). Once you have an understanding of what motivates the prospective buyer, only then can you position your "product(s)" in the most appropriate manner.

Here, we present 10 common measures of value. Some may stand on their own, while others more often offer value in combination with one or more other measures.

1. The core equation. This is the starting point for most clinics: "If our intervention(s) can lower your injury/illness incidence and/or decrease the lost work time when such incidence occurs, your company will save money." Logical, true, and often (but not always) understood by the buyer. Nonetheless, the salesperson should always float this concept out to the prospect in order to determine if the prospect embraces this concept, or is likely to embrace it given additional information.

2. Incidence prevention. Many buyers warm to the argument that a strong incident reduction program can, in turn, markedly reduce unnecessary healthcare costs. Logic again reigns supreme: prevent the injury or illness and you eliminate the workers' compensation expense. Strongly credentialed staff and workplace walkthrough programs are typical selling points to address this value need.

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3. Making the buyer look good. In many cases, the buyer's parochial interest wins out. For every buyer that has a "company first" conception of value, there is a buyer that has a "what's in it for me" point of view. Once you determine if your prospect is of "me first" or "all about our company" vintage, you position your appeal accordingly.

4. Convenience. Never underestimate convenience as a powerful buying motive. There are simply vast numbers of buyers who are perfectly satisfied to be working with a clinic that is nearby, offers appropriate hours, and is easy to deal with. Never mind that their clinic of choice may not offer optimal outcomes or systematic management of their workplace health; easy is better. Keep some convenience cards in your portfolio and play them whenever you detect the convenience cue.

5. Communication. For every buyer that touts convenience, another touts communication. These buyers want the personal touch and "true" relationships, and are less likely to be swayed by such technical concepts as outcomes. The effective salesperson needs to emphasize their program's communication skills whenever the communications issue comes up.

6. Price (return on investment). Price-conscience buyers are certainly out there; in fact, they are out there in droves. Such buyers tend to view occupational health as a series of discrete commodities, and lean toward the lowest price option for most of their purchases.

Often (but not always), a salesperson has no recourse when it come to price. The recourse lays in return on investment.

In many cases, the "price trumps all" buyer is likely to respond to the return on investment argument; after all, they do tend to look at the world in terms of dollars and cents. Accordingly, the salesperson must come prepared to trump

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the price objection with a strong return-on-investment argument.

7. Personal accessibility. Many focus group participants have told me that access to a broad array of professionals holds considerable value to them. This is clearly a value best offered by a health system, large hospital, or multi-specialty group. Occupational health often does serve as the access portal to a large healthcare system, thus providing the buyer with a sense of comfort.

Personal accessibility is a card that should be played if available and when appropriate.

8. Comfort. Okay, be honest! How often have you bought something—trivial or significant—primarily because you simply liked (i.e., felt comfortable with) the salesperson. Merits of the product be damned—you just did not want to disappoint the salesperson.

Thus, a salesperson should maintain a keen antenna for those prospects that seem to offer instant chemistry and emphasize the personal relationship when negotiating with such individuals.

9. Continuity of care. Many prospective buyers recognize the inherent value of receiving a tightly knit continuum of occupational healthcare. But not *every* sales prospect is likely to see the inherent value of this attribute. The notion of continuity of care should be part of every sales discussion and used as a value-added feature when it becomes clear that the prospect does recognize its value.

10. Certifications. Many potential buyers are certification wonks; they are unduly impressed by certified credentials and (conversely) uncomfortable with programs that lack such certified personnel. The astute sales professional should have mastery of the certifications and levels/training of key program personnel and be able to articulate the value of each certification.

In Summary

Recognize that the value of the occupational health product may mean different things to different people. All 10 of the values discussed here can be the primary value to a given buyer (and, often, the buyer's perception of value is a combination of two or even more of these values).

Always ask probing questions in order to ferret out the existence and magnitude of each potential value in the buyer's eye.

Develop a cogent reason why your clinic offers particular value in each of the 10 areas, and be prepared to support these values as appropriate. ■

Q. An urgent care physician whose claims I process attended a seminar in Michigan where you lectured. The physician believes that you said that there is a code for a slit lamp exam when there is no foreign body removal.

I have investigated this situation and the consistent answer I am getting is that if there is not a foreign body removal, then the slit lamp exam is not separately billable from the E/M code.

What is your understanding of this subject?

– *Question submitted by Theresa Krynski, Accurate Billing Service, Warren, MI*

A. You are correct. I am not sure what he understood, but it might relate to one of the following two facts:

1. When the doctor performs an eye exam, you may consider using the ophthalmology E/M codes (92002, 92004, 92012, 92014). Some payors may deny payment with the reasoning that only an ophthalmologist may use these codes. Neither CMS nor the AMA, however, restricts these codes to services provided by ophthalmologists. With good documentation of the level of exam and a clear understanding of the code definitions, you are likely to win an appeal. Per your contract with any specific payor, however, the payor may retain the right to restrict codes to specific specialties.
2. In addition, if you code using 99201-99215, you get credit for additional elements in the CMS 1997 E/M guidelines (eye algorithm) when you use a slit lamp.

Q. This question is directly related to a question that was printed in the July/August 2010 issue of *JUCM*. In regard to coding and billing for splints, you stated that it is appropriate to bill Q4022 [or other appropriate supply code] for splint supplies. I would like to know if it is appropriate for us to bill that code, as we also use molded fiberglass splints. We are hospital-based and the physicians are employed. Thus, we split bill our claims. I have been told that Q4022 is not appropriate for facility billing [UB-04]. However, is it appropriate to bill it on the professional side [CMS-1500]?

– *Question submitted by Marie Garcia, Casa Grande Regional Medical Center Urgent Care, Casa Grande, AZ*

A. If your hospital has chosen to split bill the urgent care visits, then the supplies are not billed on the CMS-1500, as the CMS-1500 is used (in the case of split billing) only for professional services (not supplies). As a general rule, you should code all applicable HCPCS codes on the UB-04. However, per the Medicare Claims Processing Manual (*http://www.cms.gov/manuals/downloads/clm104c04.pdf*):

"When medical and surgical supplies (other than prosthetic and orthotic devices as described in the Medicare

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