

Huge Financial Incentive for Doctors and Hospitals to Diagnose all Illnesses as COVID-19

written by GEG | April 15, 2020



Last week, Minnesota State Senator Scott Jensen, MD, told Fox News that Medicare pays \$13,000 to hospitals for COVID-19 admissions and \$39,000 if they are placed on ventilators. In a followup interview with Jon Rappoport, Dr. Jensen says the money is a one-time lump-sum payment, and some hospitals have a pay-share plan with their staff doctors, which means there is strong incentive to call everything COVID-19. Since these single, are lump-sum payments, treating a patient with one 30-minute session produces as much revenue as treating the same patient twenty or more over many days. Therefore, it is incredibly profitable to diagnose those with very light symptoms as COVID-19, give them 30 minutes on a ventilator, send them home, hook up the next patient for 30 minutes, and so-on. [The word racket comes to mind, but that is too gentle. The criminality is much greater than that. A New York ER doctor, Cameron Kyle-Sidell, says that, in some cases, ventilators actually cause injury and death because of the mechanical pressure they create on the lungs. See his comments in the first video below – and also check out the response from Dr. Jason Sonners in the second video. This is critically important information.] -GEG

A state senator has suddenly come out of nowhere and made big news.

My conversation with Minnesota State Senator, Dr. Scott Jensen, took place after I read the explosive statement he made to FOX News, on April 9th. So let's start with his earlier FOX statement [1]:

"Right now Medicare has determined that if you have a COVID-19 admission to the hospital

you'll get paid \$13,000. If that COVID-19 patient goes on a ventilator, you get \$39,000; three times as much. Nobody can tell me, after 35 years in the world of medicine, that sometimes those kinds of things [don't] [have] impact on what we do..."

I reached out to Senator Jensen, and obtained clarification. Jensen told me his remark pertained to patients with Medicare coverage. And the 2 payouts he mentioned are standard insurance payments from Medicare which would go to the hospital.

Of course, he explained, some hospitals have a pay-share plan with their staff doctors. Therefore, a windfall for the hospital is passed along to those doctors.

Jensen told me: Take a Medicare patient who is diagnosed with simple non-COVID pneumonia. The hospital would receive a one-time Medicare lump-sum payout of \$4600.

However, if that Medicare patient is diagnosed with COVID-19 pneumonia, the Medicare coverage is a one-time \$13,000 payment. And if the hospital puts that COVID-19 pneumonia patient on a ventilator, the one-time payment is \$39,000. NOTE: It doesn't matter how long these patients stay in hospital—there is only going to be one lump-sum insurance payment.

So, I infer, there are several types of financial incentives for hospitals—

ONE: Diagnose as many people as possible with COVID-19.

TWO: Diagnose as many people as possible with COVID-19 who have light symptoms—making it easy to move them out of the hospital quickly.

THREE: Put as many COVID patients as possible on ventilators for as short a time as possible.

Under the heading of "diagnose as many patients as possible with COVID-19," there is also the key question of what constitutes "a COVID-19 patient"—and how the use of that label can be multiplied and manipulated. Senator Jensen made a few choice comments to FOX on this subject as well.

From FOX News: "Dr. Scott Jensen, a Minnesota family physician who is also a Republican state senator, told 'The Ingraham Angle' Wednesday that the Centers for Disease Control and Prevention's (CDC) guidelines for doctors to certify whether a patient has died of coronavirus are 'ridiculous' and could be misleading the public."

"Host Laura Ingraham read Jensen the [CDC] guidelines, which say: 'In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'"

"In response, Jensen told Ingraham the CDC's death certificate manual tells physicians to focus on 'precision and specificity,' but the coronavirus death certification guidance runs completely counter to that axiom."

"'The idea that we are going to allow people to massage and sort of game the numbers is a real issue because we are going to undermine the [public] trust,' he said. 'And right

now as we see politicians doing things that aren't necessarily motivated on fact and science, their trust in politicians is already wearing thin'."

"...Jensen then told Ingraham that under the CDC guidelines, a patient who died after being hit by a bus and tested positive for coronavirus would be listed as having presumed to have died from the virus regardless of whatever damage was caused by the bus."

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