

# Mt. Vernon Pharmacy

900 Cathedral St. \* Baltimore, Maryland 21201 \* Phone: 410-539-8030 \* Fax: 410-539-8115  
Prescription and Over the Counter Medications \* Prescription Counseling \* Diabetes Supplies \* Vaccinations

## HB 603 – Pharmacy Benefit Managers – Explanation of Benefits Statements Hearing 2/10/2021 at 1:30 PM

I would urge the committee to Support HB 603 – Pharmacy Benefits Managers – Explanation of Benefits Statements.

Almost every other Healthcare provider bill has an Explanation of Benefits (EOB) issued to the patient. Why should pharmacy not be included? What has been the consequences of keeping this system opaque?

- Spread Pricing: Where the Pharmacy Benefit Manager (PBM) pays the pharmacy a miniscule ingredient cost and charges the insurer/ payer an inflated ingredient cost. The pharmacy gets harmed and the patient gets harmed in the form of higher deductibles and copays.
- Clawbacks from patient copays: Where the PBM mandates that the pharmacy collect an inflated copay or coinsurance, and then the PBM claws that patient's copay back from the pharmacy. Copays might be \$20 - \$50 when the end payment to the pharmacy is < \$10.00.
- DIR/ GER fees: The PBM pays for a prescription on day 1 and takes back part of that payment in the future. The pharmacist can't properly run her business, and the patient paid an inflated copay or deductible.
- Predatory pharmacy audits by the PBM: Funds are captured back from pharmacies for prescriptions often for trivial issues that had no detrimental consequence to the patient nor financial consequence to the plan sponsor. Are copays and deductibles for those prescriptions returned to the patients? Of course not. They are pocketed by the PBM and plan sponsor.

Medicare Part D mails monthly statements to beneficiaries. The sky has not fallen because of it.

The more light that shines on this opaque industry, the better.

I respectfully request a favorable opinion on HB 603.

Sincerely,



Steve Wiener, Pharmacist  
Mt. Vernon Pharmacy and Mt. Vernon Pharmacy at Fallsway  
EPIC PharmPAC Treasurer

Mail Administrator  
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STEPHEN WIENNER  
830 STABLE MANOR RD  
REISTERSTOWN, MD 21136-6455



## 2020 Annual Claims Summary

Includes claims paid between:  
January 1, 2020 - December 31, 2020

Subscriber ID: 905314844

**THIS IS NOT A BILL**



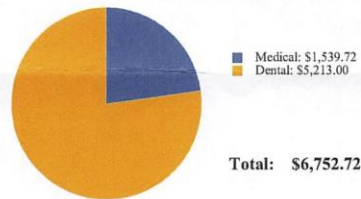
02162 5696765 011117 02223 0001/0004

Dear Stephen Wiener:

Maryland law requires CareFirst BlueCross BlueShield (CareFirst) to provide policyholders with a summary of the medical claims paid in 2020 for those family members who had outpatient surgical care or inpatient hospitalization. For a detailed description of specific claim information, please refer to your Explanation of Benefits (EOB) by logging on to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount).

**Please note:** This document only includes information for members who had medical claims paid from January 1 through December 31 for outpatient surgical care or inpatient hospitalization. The charts on the right are a summary of the information available on *My Account*. Go to [www.carefirst.com/yes](http://www.carefirst.com/yes) to view detailed plan information.

### Your Annual Cost\*



\*Claims paid from January 1 through December 31.  
All products may not be displayed.

### Your Annual Claims Cost By Member

Name	Provider Charges	CareFirst Paid	Member Paid
*Stephen	\$6,998.72	\$1,361.94	\$1,144.95
[REDACTED]	[REDACTED]	[REDACTED]	\$404.77
[REDACTED]	[REDACTED]	[REDACTED]	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	\$5,203.00
[REDACTED]	[REDACTED]	[REDACTED]	\$0.00
<b>Total</b>	<b>\$17,915.82</b>	<b>\$3,215.11</b>	<b>\$6,752.72</b>

\*These members are included in Medical Claims Summary on the following pages.



**Say YES to online access to your claims.**

Go to [www.carefirst.com/yes](http://www.carefirst.com/yes).

While you're there, be sure to set your Preferences to "Paperless."

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.  
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Member Name: Stephen M Wiener						
Claim Number	Date of Service	Provider Name	Date Paid	Provider Charges	Paid by Carefirst	Your Cost
B24416617300	08/24/2020 - 08/24/2020	MT VERNON PHARMACY	09/04/2020	\$38.50	\$28.88	\$0.00
B16810175900	05/12/2020 - 06/12/2020	GROSCHAN & ASSOCIATES PA	06/18/2020	\$125.00	\$0.00	\$125.00
B15419894100	05/01/2020 - 06/01/2020	GROSCHAN & ASSOCIATES PA	06/04/2020	\$125.00	\$0.00	\$125.00
B14010097900	05/18/2020 - 05/18/2020	GROSCHAN & ASSOCIATES PA	05/21/2020	\$125.00	\$0.00	\$125.00
B13917076800	05/13/2020 - 05/13/2020	MT VERNON PHARMACY	05/22/2020	\$66.20	\$0.00	\$66.20
B13416038400	05/12/2020 - 05/12/2020	GROSCHAN & ASSOCIATES PA	05/15/2020	\$125.00	\$0.00	\$125.00
B13310005500	05/06/2020 - 05/06/2020	GROSCHAN & ASSOCIATES PA	05/14/2020	\$225.00	\$0.00	\$225.00
B09420231300	03/09/2020 - 03/09/2020	ENDOSCOPY CENTER OF NORTH BALTIMORE	04/10/2020	\$2500.02	\$657.31	\$0.00
B07911360200	03/09/2020 - 03/09/2020	FORMAN, JOSHUA S.	03/23/2020	\$1347.00	\$251.87	\$84.35
B07114584800	03/09/2020 - 03/09/2020	GUNNING, SEAN T.	03/16/2020	\$167.00	\$0.00	\$124.27
B07310853300	03/09/2020 - 03/09/2020	KELKAR, VANESSA L.	03/20/2020	\$1150.00	\$306.74	\$0.00
B05518438300	02/18/2020 - 02/18/2020	HOFFMAN, PETER C.	03/02/2020	\$170.00	\$0.00	\$85.77
B0421D405600	02/05/2020 - 02/05/2020	MALINOW, LOUIS B.	02/14/2020	\$30.00	\$30.00	\$0.00
B0211B716200	01/17/2020 - 01/17/2020	LABCORP OF AMERICA HOLDINGS	01/23/2020	\$705.00	\$87.14	\$0.00
B01714530700	01/14/2020 - 01/14/2020	HOFFMAN, PETER C.	01/27/2020	\$100.00	\$0.00	\$59.36
Total Cost:						\$1144.95