If there is content you would like to see covered in future newsletters, please email melissa.butler@progressindustries.org.

**Strategic Commitment**

**Celebrating the 25th Anniversary of the Americans with Disabilities Act**

Twenty-five years ago, through the Americans with Disabilities Act (ADA), our nation committed itself to eliminating discrimination against people with disabilities; working towards a future in which all the doors are open to equality of opportunity, full participation, independent living, integration and economic self-sufficiency for persons with disabilities.

Today, approximately 57.8 million Americans have a disability, including 5.5 million disabled American veterans. Unlike a generation ago, people now benefit from wheelchair-accessible public restrooms, curb ramps and parking spaces, wide checkout areas at stores, specialized arts and entertainment accessibility and more.

Despite this landmark legislation, many disability rights issues, especially employment, still need to be addressed. Unemployment levels among people with disabilities are much the same as 1990 when the ADA was enacted. About 80 percent of working age people with disabilities do not have jobs which compares to about 40 percent of the entire working age population.

At Progress Industries, we are committed to improving these statistics. In 2013, we implemented a four-year plan to assist 25% of persons served in pre-vocational services transition to community employment. We are pleased to report that Progress Industries has met this goal each year for the last two years. Let's take a moment and celebrate this success that aligns with our mission and the Employment First initiative to promote community-based, integrated employment as the first option for employment services for individuals with disabilities.
Information about your 403(b) Thrift Plan

403(b) Thrift Plan - Contract #6-15319 ~ Employees who wish to change investment elections or deferral percentages made to their 403(b) account now have two methods to make those changes:

On-line at www.principal.com or calling the Principal Customer Service line (1-800-547-7754). Paper forms will no longer be accepted when making those types of changes.

If you are having problems accessing your individual account on the website to make the change, you may contact Customer Service at Principal (1-800-547-7754) for assistance on the website or you can ask them to make the change for you. Be sure to notify payroll if you see that the amount taken from your check does not change.

Fire Extinguisher training update

About a year ago, all employees had a video added to their list of required training called Fire Extinguisher Training. Since this is going to be an annual requirement for all employees, we have made this video available on our website, along with the other quizzes. You do not need to do anything other than watch the video which can be viewed using a laptop or mobile device such as an iPhone or iPad. Speakers are required for this video.

Once you complete the video Shelly Nesheim will receive an email notifying her that you have completed the required training. If you have any technical issues, please contact Chris Schakel or Eric Hudachek in IT.

Employee Anniversaries

Anniversaries June 29 - July 12, 2015

Pam Wagnor 17 years

The survey says...

It is nearly time for our annual Employee Questionnaire. We are in the process of reviewing the questions, and finalizing the document. We plan to have the link in your Outlook or SComm box by mid-late August.

This is one of several ways employees can provide feedback, however this survey is an especially important, anonymous, collective snapshot of your opinions, plus an opportunity for you to make constructive comments to help P.I. make improvements. Your responses, comments, and suggestions are welcome year-round, but your participation in this annual survey is truly appreciated.

WATCH YOUR INBOX!
**Boats and birthdays**

Debbie Schwarz, Employment Consultant in Jasper County, and her husband Kenny, recently returned from a 10-day fishing trip in Ear Falls, Canada. Staying at a private resort that is only accessible by boat, Debbie and Kenny fished nearly 6 hours a day to catch their daily limit. This was Debbie’s second trip to Canada where she also celebrated her birthday on June 29th.

Photo R: Kenny and Debbie fish for Walleye in Ear Falls, Canada.

Above: Debbie shows off her 23” Walleye.

**Coming Soon**

Terms you will be hearing a lot within Progress Industries in the near future…

- **Medicaid Modernization**: The movement to a comprehensive risk-based approach for the majority of current populations and services in the Medicaid program.

- **MCO**: Managed Care Organization: A general term that refers to health plans that attempt to control the cost and quality of care by coordinating medical and other health-related services.

- **CMS**: Centers for Medicaid and Medicare Services

- **HCBS Final Rule**: A rule published and implemented by CMS that clarifies the types of settings for which Medicaid HCBS waiver funding could be used.

- **Employment First**: A framework for systems change that is centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life.

More details coming soon…
Progress Industries prepares for annual audit

Independent auditors from Henjes, Conner and Williams, PC will be on site at the Newton Office from Monday, July 20th – Thursday, July 23rd. P.I.’s finance team begins preparing for the annual audit weeks in advance to fulfill the auditor’s request for P.I., P.I. Foundation and HUD financial information. Outside stakeholders rely on this information to make decisions on whether or not to do business with our organization(s). Having an outside audit and receiving a favorable result, what is known as a clean opinion, assures the stakeholders that the information they have is correct.

In addition to financial information, the auditors also look at how we conduct business and suggest ways to strengthen our business practices. One important area they review is our internal control over financial resources. Are there checks and balances in place to prevent mistakes from happening or prevent improper business transactions? This is why managers sign expense reports and why purchase orders are required with proper signature for the amount requested.

Transparency within Progress Industries builds trust and confidence in the organization among stakeholders, those we serve, and employees. This best practice has contributed to P.I.’s successful 36 year history and sustained services for central Iowans with disabilities to live more independently.

Members of the Progress Industries Finance Team include: Mark Cahill, CFO; Nancy Ouren, Finance Manager; Fay Coulthard, Billing Manager; Stefanie Squire, Payroll Coordinator; Carla Thompson, Accounts Payable.

Staff work schedules designed to accommodate persons served

Reminder When Scheduling Classes ~ P.I. employee work schedules are developed around the needs of the person served. Please remember when enrolling for fall classes that work schedules cannot be adjusted to accommodate your school schedule.

– HR Department

JULY 2015 WELLMARK FORMULARY CHANGES

Wellmark has provided pharmacy updates on the following pages for P.I. employees. If you have questions about these changes, you may call Wellmark Customer Service using the number on the back of your ID card. The Wellmark Drug List is updated regularly on www.wellmark.com and can be found on the right side of the home page under Quick Links.
To help control costs for members, we regularly update the Wellmark Drug List of covered drugs with a committee of statewide pharmacists and physicians. Sometimes, the cost share for certain drugs may change. This means there may be changes that will affect pharmacy costs and coverage, which will become effective July 31, 2015.

### Drugs moving to a lower tier

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Future tier</th>
<th>Drug name</th>
<th>Future tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair Diskus</td>
<td>2</td>
<td>Leveimir</td>
<td>2</td>
</tr>
<tr>
<td>Advair HFA</td>
<td>2</td>
<td>Leveimir Flexpen</td>
<td>2</td>
</tr>
<tr>
<td>Asmanex HFA</td>
<td>1</td>
<td>Leveimir Flextouch</td>
<td>2</td>
</tr>
<tr>
<td>Asgatraf XL</td>
<td>2</td>
<td>Pradaxa</td>
<td>2</td>
</tr>
<tr>
<td>Eliquis</td>
<td>2</td>
<td>Tradjenta</td>
<td>2</td>
</tr>
<tr>
<td>Janumet</td>
<td>2</td>
<td>Vicroza</td>
<td>2</td>
</tr>
<tr>
<td>Janumet XR</td>
<td>2</td>
<td>Xarelto</td>
<td>2</td>
</tr>
<tr>
<td>Jentadueto</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drugs moving to the highest tier or, in some cases, non-formulary or not covered*

<table>
<thead>
<tr>
<th>Drug name</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actoplus MET XR</td>
<td>Brisdelle</td>
<td>Gralise</td>
<td>Nasonex</td>
</tr>
<tr>
<td>Android</td>
<td>Cambia</td>
<td>Horizant</td>
<td>Proventil HFA</td>
</tr>
<tr>
<td>Apidra</td>
<td>Elidel</td>
<td>Humalog/Humalog Mix</td>
<td>Tiksosyn</td>
</tr>
<tr>
<td>Avandia</td>
<td>Femring</td>
<td>Humulin</td>
<td>Ventolin HFA</td>
</tr>
<tr>
<td>Bethkis</td>
<td>Fluoride Products*</td>
<td>Menest</td>
<td>Vimovo</td>
</tr>
<tr>
<td>Binosto</td>
<td>First-Omeprazole*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drugs moving from tier 1 to tier 2

- Estrace

### Drugs moving from tier 2 to tier 3

- Byetta
- Epzicom
- Multaq
- Ranex
- Elmiron

### Drugs moving from tier 3 to specialty preferred

- Kuvan

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*Drugs moving to the highest tier or, in some cases, non-formulary or not covered* means the drug is more expensive and coverage may be limited. Members may need to pay more for this drug. There may be alternative drugs that are covered and may cost less. Please refer to the Wellmark Drug List for more information.
Changes to manage the rising costs of prescription drugs

Insulin is the No. 1 category in pharmacy spend for non-specialty drugs in both Iowa and South Dakota. Wellmark saw the cost of insulin spend increase 27.3 percent from 2013 to the end of 2014. With no generic or biosimilar availability for insulin, Wellmark is implementing the following management strategy to address the increasing costs.

**Insulin utilization management changes**

<table>
<thead>
<tr>
<th>Management Strategy</th>
<th>Changes</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin tier change</td>
<td>Non-preferred insulins Apidra®, Humulin®, Humalog®, Humalog Mix® and Afrezza® will move to tier 4. Members on non-preferred insulin products should contact their physician about using a preferred insulin product.</td>
<td>July 31, 2015</td>
</tr>
<tr>
<td>Require prior authorization</td>
<td>Medical necessity utilization management criteria will be implemented to encourage the use of preferred products: Novolin®, Novolog® or Novolog Mix®. If the member uses a non-preferred drug, he/she will need to obtain prior authorization approval.</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>Convert to preferred testing product</td>
<td>Members will need to convert to One Touch®, the preferred blood glucose product. Members on non-preferred products will receive instructions and ongoing communications on how to acquire a new glucose meter at no additional cost. Those using insulin pumps will not be required to change strips if they are not compatible.</td>
<td>January 1, 2016</td>
</tr>
</tbody>
</table>

Wellmark will continue to work closely with drug manufacturers to help contain the financial impact of these drugs. Addressing these cost trends is essential to establishing a sustainable health care system, and achieving affordability for customers.

**INSULIN COST DRIVERS**

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Drug Mix</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization</td>
<td>Change in the total number of prescriptions used by members</td>
<td></td>
</tr>
<tr>
<td>Drug Mix</td>
<td>Shift in the proportion of brand-name or generic drugs</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Change in the wholesale price of the drug</td>
<td></td>
</tr>
</tbody>
</table>

*Industry source: Catamaran™

If members have questions about these drug changes, they can call Wellmark Customer Service using the number on the back of their ID card.
In response to the rising costs of compound drugs, and for the safety of our members, Wellmark developed a comprehensive compound management strategy. The strategy evaluates compound drug ingredients to identify needless cost and waste, actively manages the use of compound drugs, and ensures Wellmark does not cover non-FDA-approved ingredients.

**Compound management program changes**

<table>
<thead>
<tr>
<th>Management Strategy</th>
<th>Changes</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluating compound ingredients to identify needless cost and waste</td>
<td>With members’ safety in mind, Wellmark will not cover compounds containing vitamins, minerals, over-the-counter and non-FDA-approved ingredients, compounds for cosmetic use, or compounds for performance enhancement.</td>
<td>July 31, 2015</td>
</tr>
<tr>
<td>Requiring prior authorization for compound medications that exceed $500</td>
<td>The criteria helps determine coverage when compounds are used in accordance with FDA-approved indications, supported uses and routes of administration in current, accepted practice guidelines. This will contain costs and, most importantly, keep your employees safe.</td>
<td>January 1, 2016</td>
</tr>
</tbody>
</table>

Wellmark will continue to monitor the rising costs of compound drugs and develop solutions to control spend. This is essential to assuring a sustainable health care system and achieving affordability for customers.

**UNDERSTANDING COMPOUND DRUGS**

- Many compound drugs contain ingredients lacking medical evidence of their safety and effectiveness.
- Compound drugs can cost more than similar FDA-approved medications, but they are not necessarily more effective.
- There are no standardized manufacturing protocols for compound drugs, which creates a risk of quality differences between batches and no guarantee of 100 percent purity.

**POINT YOUR EMPLOYEES IN THE RIGHT DIRECTION**

If members have questions about these drug changes, they can call Wellmark Customer Service using the number on the back of their ID card.
Attention deficit/hyperactivity disorder (ADHD) and narcolepsy drugs are two of Wellmark’s top trending categories of drug spend with a 9 percent increase in trend. Data indicates the growing ADHD trend is relative to the use in adults. Adults do not have the same limitations as children on the need for more than once-a-day dosing and could benefit from immediate-release products at a fraction of the cost.

### ADHD utilization management program changes

<table>
<thead>
<tr>
<th>Management Strategy</th>
<th>Changes</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Add quantity limits</strong></td>
<td>For members’ safety, Wellmark will add quantity limits on all stimulant drugs regardless of age to ensure maximum daily dosing recommendations are followed.</td>
<td>August 15, 2015</td>
</tr>
<tr>
<td><strong>Require prior authorization</strong></td>
<td>Wellmark will now apply prior authorization criteria to adults, age 18 years and older, for both brand and generic long-acting stimulants. The change will encourage clinically appropriate utilization of these medications and direct members to try generic immediate-release stimulants first before moving on to the more costly alternatives.</td>
<td>August 15, 2015</td>
</tr>
</tbody>
</table>

### ADHD and Narcolepsy Medications Cost Drivers

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Drug Mix</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellmark</td>
<td>Industry*</td>
<td></td>
</tr>
</tbody>
</table>

**Utilization**: Change in the total number of prescriptions used by members  
**Drug Mix**: Shift in the proportion of brand-name or generic drugs  
**Cost**: Change in the wholesale price of the drug

*Industry source: Catamaran™

FAST FACTS

- As many as 70 percent of children with ADHD may continue to experience symptoms as an adult.¹²
- ADHD is present in approximately 4.1 percent of the U.S. adult population, or 8 million adults.³
- 41.3 percent of diagnosed adults, or 1.7 percent of the total U.S. adult population, have severe symptoms.³


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