Preventive Care Program
Frequently Asked Questions

This document provides answers to an initial list of questions relating to the Preventive Care initiative under Marquette University’s wellness program. It is our intention to add to this list as more questions are posed.

**Q. What is the Preventive Care Program?**

A. In an effort to improve awareness of the importance of preventive health practices, Marquette University is encouraging employees to have an annual physical exam and to be up-to-date on recommended cancer screenings for their age and gender. A routine physical is important to overall health and many cancers found early can be successfully treated and cured. This is a voluntary program and information provided by those who participate will be kept confidential; no health information will be shared with Marquette.

**Q. What do I need to do to in order to participate?**

A. All employees who would like to participate need to complete four steps:
   1. Obtain a copy of the Preventive Care Verification form posted on the Marquette Benefits website at [http://www.marquette.edu/hr/employeebenefits.shtml](http://www.marquette.edu/hr/employeebenefits.shtml).
   2. Complete Section I on the form.
   3. Bring the form to your Primary Care Provider who will complete Section II on the Preventive Care Verification Form attesting that you are current on your annual physical exam and recommended cancer screenings.

Submit (or have your provider submit) the form to Aurora via e-mail, fax, or mail (E-mail: justine.plamann@aurora.org, Fax: (414) 525-2570 or Mail: (Aurora Health Care Total Health Department, 112117 W. Forest Home Ave. Unit 1E, Franklin, WI 53132)

**Q. Where can I find the provider verification form?**

A. The provider verification form has been posted on the Marquette benefits website at [http://www.marquette.edu/hr/employeebenefits.shtml](http://www.marquette.edu/hr/employeebenefits.shtml).

**Q. I enrolled in the health plan but do not want to participate in the Preventive Care Program. Do I need to complete the form?**

A. No. If you are enrolled in the health plan but do not want to participate in the Preventive Care Program, you will not need to complete and return the form. Individuals not submitting a form will be considered non-participants.
**Q. My last annual exam was prior to November 1, 2013. Does this visit qualify for the annual physical exam requirement?**

A. Marquette tracks Preventive Care Program participation on a November 1<sup>st</sup> – October 31<sup>st</sup> basis. When the program was initially implemented in 2012, physical exams received between July 1, 2012 and October 31, 2013 satisfied the requirements of the program for the 11/1/2012 – 10/31/2013 program year. Going forward, exams will need to be received during the program year. If you had a physical exam prior to November 1, 2013, this would have satisfied the requirement for the 11/1/2012 – 10/31/2013 program year. You would need to have another physical exam between November 1, 2013 and October 31, 2014 in order to satisfy the requirement for the 11/1/2013 – 10/31/2014 program year.

**Q. I currently receive a 10% discount off of my health plan premium contributions by participating in the Health Risk Assessment (HRA) process. Do I need to be compliant with the preventive screenings in order to obtain the 10% discount?**

A. No. The 10% discount is awarded for participating in the HRA process and is separate from the Preventive Care Program.

**Q. The Preventive Care Verification form has a section for my health care provider to indicate if I am “up-to-date” on my cancer screenings. What does “up-to-date” mean?**

A. The purpose of the Preventive Care Program is to encourage everyone to schedule an annual exam and any cancer screenings recommended for them based on their age and gender. “Up-to-date” is defined as “current” as of October 31, 2014.

**Q. I see a nurse practitioner. Does the Preventive Care Verification form need to be completed by a physician or is it ok for my nurse practitioner to sign the form?**

A. Your primary care provider, which can be a physician or a nurse practitioner, can complete and sign the form.