



# CONNECTING COMMUNITIES

2017 Blue Cross Blue Shield of Michigan Foundation Annual Report

## MISSION

To support health care research and innovative programs designed to improve the health of all Michigan residents.

## VISION

Michigan's population will enjoy improved health and access to cost-effective, quality care. The Foundation will be a leader in fostering the development of socially responsible and innovative solutions to critical issues that affect the health of all Michigan residents.

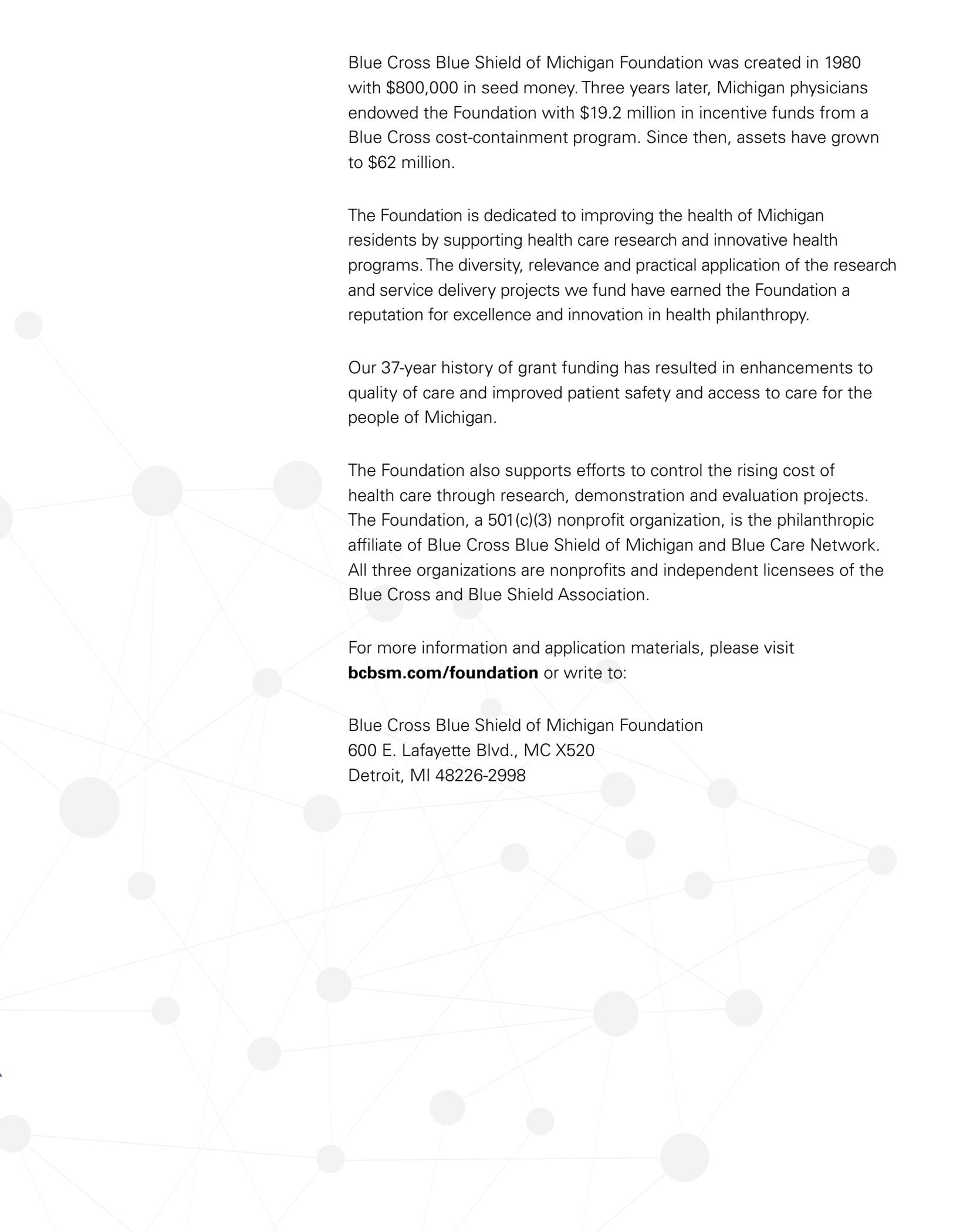
## VALUES

Commitment to quality performance

Honesty, integrity, collaboration and teamwork

Effective and efficient use of resources

Excellence in programs, grants and communications



Blue Cross Blue Shield of Michigan Foundation was created in 1980 with \$800,000 in seed money. Three years later, Michigan physicians endowed the Foundation with \$19.2 million in incentive funds from a Blue Cross cost-containment program. Since then, assets have grown to \$62 million.

The Foundation is dedicated to improving the health of Michigan residents by supporting health care research and innovative health programs. The diversity, relevance and practical application of the research and service delivery projects we fund have earned the Foundation a reputation for excellence and innovation in health philanthropy.

Our 37-year history of grant funding has resulted in enhancements to quality of care and improved patient safety and access to care for the people of Michigan.

The Foundation also supports efforts to control the rising cost of health care through research, demonstration and evaluation projects. The Foundation, a 501(c)(3) nonprofit organization, is the philanthropic affiliate of Blue Cross Blue Shield of Michigan and Blue Care Network. All three organizations are nonprofits and independent licensees of the Blue Cross and Blue Shield Association.

For more information and application materials, please visit **[bcbsm.com/foundation](http://bcbsm.com/foundation)** or write to:

Blue Cross Blue Shield of Michigan Foundation  
600 E. Lafayette Blvd., MC X520  
Detroit, MI 48226-2998



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## Presidents' letter

As Michigan's largest health insurer, Blue Cross Blue Shield of Michigan is pleased to continue our longstanding support of Michigan residents in their quest to live healthier lives. Through community-based initiatives, we strive to increase access to affordable health care, enhance the quality of care patients receive and improve health.

Our Foundation is the only one in the state focused on health care research and interventions.

Last year, we awarded 101 grants to organizations and individuals working on innovative health care research and programming. In 2017, the Blue Cross Foundation and statewide partners have given more than \$2.5 million to enable community organizations, researchers and health care experts to identify and address critical health issues affecting Michigan residents.

This collaborative grant-making addresses the many health needs of Michigan residents and strengthens communities by funding sustainable projects and sharing the outcome of research and community projects with the grantee community.

Last year, our grant-making helped to improve outcomes from cancer treatment, supported mental health of military veterans, assessed and addressed childhood trauma, developed interventions to increase medication adherence and supported community coalitions to reduce opioid dependence and misuse.

Our report highlights six community grants that improved the health of communities we serve. We look forward to continuing this important work with collaborative grant-making focused on key health issues.

Daniel J. Loepp

**President and CEO**  
Blue Cross Blue Shield of Michigan

Lynda M. Rossi

**Executive Vice President, Strategy,  
Government and Public Affairs**  
Blue Cross Blue Shield of Michigan  
**President**  
Blue Cross Blue Shield of Michigan Foundation



## From the Executive Director and Board Chair

In 2017, the Foundation connected communities across the state to improve the health of Michigan’s residents. During the past four years, we’ve enhanced our activities by connecting with new partners and bringing communities together to address health care issues.

Our focus has included bringing together new health care providers and funders to share information and innovation and increase the speed of change to address problems that plague our communities.



From Marquette to Wayne county, we’ve worked with the communities to understand the issues that prevent residents from achieving optimal health, and funded programs to address those issues. We’re proud that organizations seek our programs for funding research, community interventions, physician pilot programs and student research assistance. This strong mix allows us to achieve our mission.

Last year, the strongest example of the strength and impact of our partnerships was through the “Taking Action Against Opioid and Prescription Drug Abuse Through Community Action” grants. In this program, five philanthropic partners came together to provide funding: Blue Cross Blue Shield of Michigan, the BCBSM Foundation, the Michigan Health Endowment Fund, the Community Foundation for Southeast Michigan and the Superior Health Foundation. These grants funded work of community partners that addressed this public health epidemic. Because of its success, we’ll build on this funding model to address future community issues to improve the health of Michigan residents.

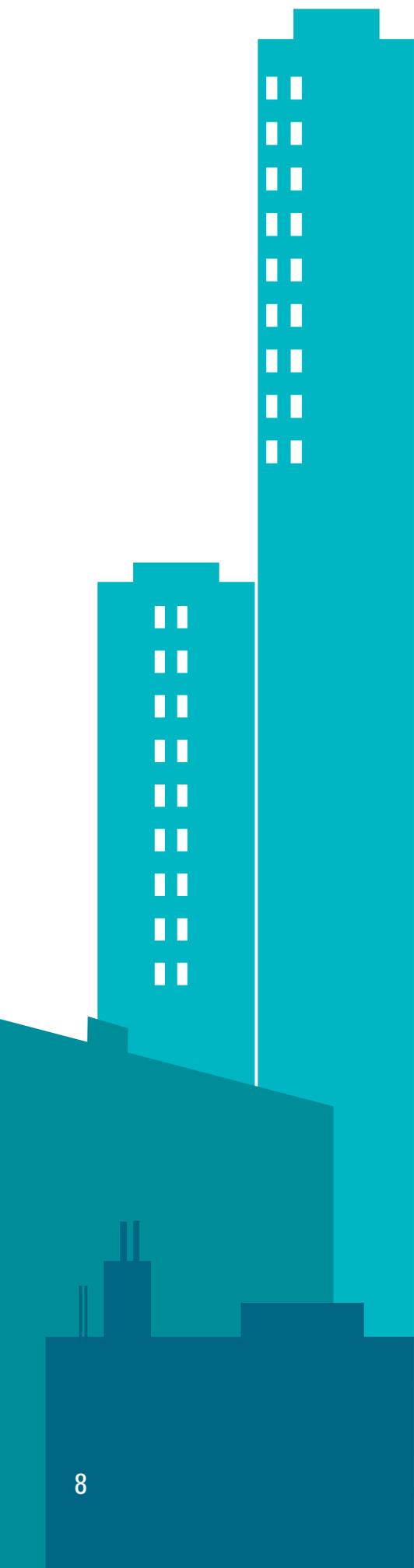
The BCBSM Foundation is pleased to acknowledge the work of grantee organizations. We thank them for their service to the community and are proud to fund their innovative health programs.

Audrey J. Harvey

**Executive Director and CEO**  
Blue Cross Blue Shield of Michigan Foundation

Shauna Ryder Diggs, M.D.

**Chairwoman, Board of Directors**  
Blue Cross Blue Shield of Michigan Foundation



# Blue Cross Foundation agrees that Detroit Life is Valuable Everyday

Intentional violence has become a health issue in Southeast Michigan that's causing concern among the health care community. However, there's not a lot of data to guide efforts for possible solutions. One group, D.L.I.V.E. (Detroit Lives are Valuable Everyday), is doing something about it with funding support from the Foundation.

"There is a knowledge gap when it comes to research that is aimed at prevention for violence," says Audrey Harvey, executive director and CEO of the Foundation. "We are always looking for partners to fund with interventions to preserve health."

The hospital-based, community-focused violence intervention initiative — based out of Detroit Medical Center – Sinai Grace Hospital with support from the Wayne State University Department of Emergency Medicine — aims to discover the causes of Detroit's high rate of recurring injuries and deaths among victims of violence.

"Recurrence is a serious problem in cases of violence," says Dr. Tolulope Sonuyi, the project's principal investigator. "It places preventable strain on health care resources."

The initiative's research has shown that victims of violence have a high risk of experiencing another violent event within two years of the first. It also reveals a history of psychological issues among victims of recurring violence, which indicates a need for mental health interventions.

This project is expected to lead to future Detroit studies and interventions to eradicate future morbidity and mortality predicted by the initial injury and prevent retaliatory violence and future incarceration often associated with victims of traumatic violence.

"This is the beginning," says Sonuyi. "Increased knowledge will lead to increased health care for the city and its people. There is much to do."

For more information, visit [bcbsm.com/foundation](https://bcbsm.com/foundation).

# Jewish Family Services helps elderly clients get to and from appointments

Jewish Family Services of Washtenaw County received Foundation support for its Partners in Care Concierge program, which pairs elderly clients with trained volunteers who accompany them to appointments, facilitate communication with health care professionals and offer emotional support and companionship.

Volunteers drive participants to medical appointments, the pharmacy and back to their homes, which creates a true “door-through-door” service. Beyond health, the program raises overall quality of life by bringing trust, companionship and genuine care for seniors.

“It’s a wonderful feeling to be looked out for. This is a miracle — no exaggeration — to us,” says Jennifer, the daughter of a Partners in Care Concierge client. “Jewish Family Services changes lives. Heartfelt thanks for the part you play.”

Anya Abramzon, executive director of Jewish Family Services, says the program is rooted in compassion and care, which bridges generations and gives seniors the opportunity to live long, full lives. “Its success is expected to increase as more people learn about it,” she says, noting that Jewish Family

Services has already helped other organizations implement the Partners in Care Concierge program in their respective communities.

Audrey Harvey, executive director and CEO of the Foundation, says Blue Cross is extremely proud to list Jewish Family Services among its many successful partners making an impact on Michigan health. “Programs like Partners in Care Concierge are putting us on the path to a more comprehensive health care system that is truly there for you every step of the way.”

# The Joy-Southfield Community Development Corporation teaches healthy eating habits

The Joy-Southfield Community Development Corporation, with support from the Foundation, led a collaborative effort to address social determinants of health to improve health outcomes and reduce health care costs. The project attracted the attention of several leading nonprofit organizations including the University of Michigan, Eastern Market Corporation, the National Kidney Foundation of Michigan and the Kresge Foundation.

“This is the sort of collaboration that gets things done,” says Audrey Harvey, executive director and CEO of the Foundation. “Health care organizations, nonprofits, universities and community leaders working together — this is what we strive for — multi-level collaboration. It’s the way forward.”

The project offered workshops that included topics on exercise, making healthy food choices and cooking, all of which resulted in an increase in knowledge regarding healthy habits.

The Foundation’s support created the opportunity for this project to receive an additional \$100,000 from the City of Detroit Neighborhood Opportunity Fund and H.R. Kendall Fund.

“The success of this project proved that health care costs can be reduced, and health outcomes improved by developing links between clinical care and community-based health and wellness programs,” says David Law, executive director of JSCDC. The corporation continues to share the lessons learned and advocate for systemic health reform locally, regionally and nationally.

# Foundation helps women recover from domestic abuse

Intimate partner violence against women is a major health issue that affects millions of women and children per year, costing about \$5.8 billion annually for health care, and another \$1.8 billion due to lost productivity, according to estimates of the Centers for Disease Control and Prevention.

In 2008, the Foundation funded a project that held educational sessions on mental health and coping methods to help women recover from their experiences and prevent long-term harm. More recently, it supported a follow-up project to see if the positive results have lasted.

“The programs implemented in the first grant were found to be affordable, accessible and effective,” says Professor Sandra Graham-Bermann, project investigator. “However, it was not known whether the changes due to intervention could hold up over time.”

Graham-Bermann says the follow-up project compared mothers who participated in the initial trial with others who had not participated. Results showed that mothers who participated had fewer symptoms of traumatic stress, less exposure to violence and better parenting skills overall. “These women deserve to be happy, healthy and strong — not only for themselves, but for their children as well,” she says.

Nora Maloy, director of programs for the Foundation, says that those who have experienced intimate partner violence can regain control of their health and their lives with proper education. “Professor Graham-Bermann’s work shows us that they don’t have to be victims forever. They can recover. They will recover.”

Maloy and Graham-Bermann agree that using prevention treatment plans is a viable way to achieve positive, long-term health outcomes.

# University of Michigan offers incentives to increase preventive care visits

The cost of health care services can be difficult and frustrating for people with low to moderate income. “Many feel that the health care system is unfair to them,” says Audrey Harvey, executive director and CEO of the Foundation. “We must make it right. They need to know we’re here for them.”

The Foundation’s support of a project, “*Promoting Preventive Health Care in Michigan: The impact of information and incentives*,” led by Dean Yang of the University of Michigan, was part of that effort, she said.

Yang’s team used gift cards to motivate low- and moderate-income residents throughout metro Detroit to get preventive health care. The goal, he says, was to help build trust between patients and their providers so they would feel more comfortable using available services.

Yang’s team measured the effectiveness of providing information about where to obtain low-cost health screenings and offered \$10 to \$50 subsidies to encourage study participants to get these services at a nearby health clinic. “Because many of these people must be very careful with their money, we have to give them a reason to believe

that health care is worth it,” Yang says. “They trust the health system so little that they would put themselves at risk rather than take a loss.”

The project found that incentives were effective in bringing people in for basic health screenings, but not enough to convince them to pursue much beyond that. It was an important first step toward resolving this unspoken issue, Yang says, adding that there’s still more work to be done. “We’d like to thank the Blue Cross Blue Shield of Michigan Foundation for their support of this work. We know that it will lead to a great change in how health care is viewed by the public.”

# Greater Flint Coalition focuses on advance care planning

One of the Foundation's greatest priorities over the years has been improving health care for seniors.

In 2014, that included funding for the Greater Flint Health Coalition's advance care planning project, "*Your Health, Your Choice*."

The program sought to create an advance care planning system that would serve Genesee County, making advance care planning a standard of care for residents 55 and older. It's laying the foundation for a countywide system, and continues to take steps toward completion, which will include a trained workforce dedicated to advance care planning.

In just two years, it's efforts are already showing tremendous success.

Kirk Smith, president and CEO of the Greater Flint Health Coalition, says, "The project has resulted in more than 8,000 new advance directives prepared by community members, each stored in an accessible manner so that plans can be retrieved in clinical settings when they are most needed. This has been possible thanks to the vision of three competing health systems as well as the county medical society, collaborating on the use of a single advance directive form and process on a communitywide scale."

The program is free to residents of Genesee County and includes guidance from certified advance care planners who help them document end-of-life health care wishes and share them with loved ones and health care professionals.

Many participants agree that the project provides a great source of comfort to patients and their family members. "For the first time in a long time, I feel safe," says Jonathan, who now has his own advance care plan, "Whatever happens, I've got a plan for it now."

For more information, visit [bcbsm.com/foundation](http://bcbsm.com/foundation).

# Grant program awardees

The grants offered by the Blue Cross Blue Shield of Michigan Foundation are categorized to allow for a wide range of applicants and ideas. This method increases our range of support, partnerships, grantee research and impact across the state. All who share in our mission will find opportunity with us.

## PROGRAM AWARD TOTALS

### Community Health Matching Grant Program

Program total: \$886,912

### Investigator Initiated Research Program

Program total: \$456,954

### Request for Proposal

Program total: \$801,950

### Student Award Program

Program total: \$111,000

### Physician Investigator Research Award Program

Program total: \$207,713

### Proposal Development Award

Program total: \$7,000

**Total research and program grants in 2017: \$2,471,529**

**Total membership grants in 2017: \$28,130**

**Grand total: \$2,499,659**

# Community Health Matching Grant Program

PROGRAM TOTAL: \$886,912

Through our Community Health Matching Grant Program, we partner with community-based nonprofit organizations to develop, test or validate new techniques and programs that will address the needs of residents and produce a tangible effect in their lives. With increased collaboration at the community and organizational levels, we're sowing the seeds for a future when communities will have the resources and ability to meet their own health needs.

During 2017, matching grants represented innovative solutions to address common chronic health issues and the special needs of women, children and seniors. Each grant solution is sustainable and will be shared to connect organizations that address similar community issues. The strategies funded in communities throughout Michigan help families manage trauma, provide solutions to manage physical and mental issues of aging adults, manage and control hypertension and diabetes. The programs will help to reduce health disparities experienced by LGBTQ individuals and homeless families, and reduce substance abuse and drug overdoses plaguing our entire state.

We accept applications year-round. Find materials and instructions at [bcbsm.com/foundation](http://bcbsm.com/foundation).

<b>Affirmations</b> <i>Lesbian Gay Bisexual Transgender Questioning Learning Labs: Healthcare Professional Training</i> Oakland	<b>\$35,000</b>	<b>Clark Retirement Community, Inc.</b> <i>Montessori for Aging and Dementia - A Demonstration Project</i> Kent	<b>\$50,000</b>	<b>Holland Free Health Clinic</b> <i>Diabetes/Pre-Diabetes Care and Education for Local High-risk/ Low-income Population</i> Ottawa	<b>\$50,000</b>
<b>Cedar Tree Institute</b> <i>The Medicine Wheel Project</i> Marquette	<b>\$50,000</b>	<b>Community Health and Social Services Center, Inc.</b> <i>Fresh Prescription</i> Wayne	<b>\$50,000</b>	<b>Home of New Vision</b> <i>Development and Evaluation of ACT NOW Naloxone Training for Law Enforcement Officers</i> Washtenaw	<b>\$50,000</b>
<b>CentraCare</b> <i>Extended Community Respite Options</i> Calhoun	<b>\$50,000</b>	<b>Family Futures</b> <i>The Impact of Parental Adverse Childhood Experiences Score on Child Development</i> Kent	<b>\$50,000</b>	<b>Jackson County Health Department</b> <i>Teen Outreach Program Expansion</i> Jackson	<b>\$50,000</b>
<b>Central Detroit Christian Community Development Corporation</b> <i>Be Right! Move and Eat Right!</i> Wayne	<b>\$20,000</b>	<b>Focus: Hope</b> <i>Doula and Breastfeeding Services</i> Wayne	<b>\$25,000</b>		

**Michigan State  
Medical Society**      **\$36,000**  
*21st Annual Conference on  
Bioethics*  
Ingham

**NAMI (National Alliance  
on Mental Illness)  
Michigan**      **\$21,000**  
*NAMI Michigan Helping Veterans'  
Families in Michigan*  
Washtenaw

**North Eastern  
Michigan Rehabilitation  
Opportunity Center**      **\$14,600**  
*Be Better Next Year Employee  
Wellness Program*  
Alpena

**Oakland University,  
School of Nursing**      **\$35,312**  
*Fall Prevention Exercise Program  
in Older Arab Americans*  
Oakland

**Portage Health  
Foundation**      **\$50,000**  
*Upper Peninsula Behavioral  
Health*  
Houghton

**Samaritas**      **\$50,000**  
*Multidisciplinary Health Clinic*  
Wayne

**Starfish Family  
Services**      **\$50,000**  
*Starfish Family Services  
Head Start Trauma*  
Wayne

**Superior Health  
Foundation**      **\$50,000**  
*Substance Abuse Prevention*  
Marquette

**The Lansing Congregational  
Health Network**      **\$50,000**  
*Greater Lansing Congregational  
Health Initiative*  
Ingham

**YMCA of Metropolitan  
Detroit**      **\$50,000**  
*Million Hearts Blood Pressure  
Monitoring Program*  
Oakland

# Investigator Initiated Research Program

**PROGRAM TOTAL: \$456,954**

Before an innovative idea can be implemented, it must first be tested. The Investigator Initiated Research Program is the arm we extend to Michigan researchers, enabling them to turn theory into data and data into knowledge. These grantees often go on to be published in scholarly journals, academic circles and community platforms to inform and shape future thought and improvement.

In 2017, these grants wove a pattern of addressing statewide problems that focus on common concerns that have a large impact on the health care received by individuals in our communities. We aim to connect communities in a web of health by funding researchers who are addressing hospital emergency room diagnostic efficiencies, surgical follow-up care improvements to reduce readmissions, innovative ways to determine individuals at risk for certain types of cancer, collaborative strategies to address opioid prescribing and the evaluation of how community health workers can improve patient health outcomes.

We accept applications year-round. Find materials and instructions at [bcbsm.com/foundation](http://bcbsm.com/foundation).

**Robert Cleary, M.D.,**  
**FACS, FASCRS**      **\$82,000**

*An Assessment of Enhanced Recovery Pathway Interventions Designed to Decrease Readmissions and ED Visits After Colorectal Surgery*  
St. Joseph Mercy Hospital,  
Department of Surgery

**Elisabeth I. Heath, M.D.,**  
**FACP**      **\$75,000**

*Identifying Total Cost of Care in the Era of Precision Medicine: What is the Value of Molecular Profiling in Cancer Care?*  
Babara Ann Karmanos  
Cancer Institute,  
Department of Oncology

**Michele Heisler, M.D.,**  
**MPA**      **\$75,000**

*Evaluation of a Comprehensive Neighborhood-based Community Health Worker-Led Program for Medicaid Enrollees in Detroit*  
University of Michigan,  
Department of Internal Medicine

**David F. Keren, M.D.**      **\$74,954**

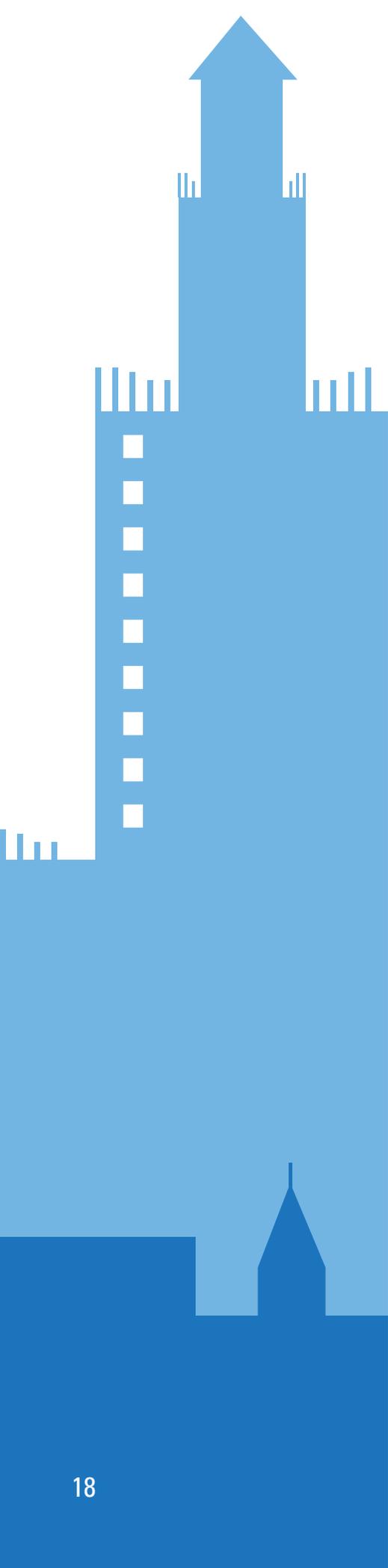
*Identifying Patients at Increased Risk of Hereditary Cancer Using InheRET*  
University of Michigan,  
Department of Pathology

**Vijaya Kumar, M.D.,**  
**MPH**      **\$75,000**

*Chest Pain Assessment and Follow-up Reinforcement in the Emergency Room*  
Wayne State University,  
Department of Emergency  
Medicine

**Pooja Lagisetty, M.D.,**  
**MSc**      **\$75,000**

*Physician-Pharmacist Collaborative to Enhance Safe Opioid and Buprenorphine Prescribing*  
University of Michigan,  
Division of General Internal  
Medicine



# Request for Proposal

**PROGRAM TOTAL: \$801,950**

The Foundation doesn't just sit back and wait for grant applications. With the Request for Proposal program, we reach out to Michigan-based safety net organizations that primarily serve the uninsured, underinsured, Medicaid recipients and other vulnerable populations. Our goal is to solicit proposals that align with areas of need that we identify.

In 2017, the Foundation developed funding collaboratives to address two issues identified as opportunities to work at improving the health of all Michigan residents.

Working in collaboration with Blue Cross Blue Shield of Michigan, the Foundation funded five grants to support initiatives that improve the overall wellness and health status of uninsured, underinsured, low-income and vulnerable people with chronic diseases, while lowering health care costs. These grants are intended to start new programs, or enhance or expand existing programs to help patients take their recommended medications and improve their health status.

The Foundation participated in a second RFP collaboration with Blue Cross, the Superior Health Foundation, the Michigan Health Endowment Fund and the Community Foundation of Southeast Michigan to address the state's opioid crisis. Taking Action on Opioid and Prescription Drug Abuse in Michigan by Supporting Community Responses initiative represents an opportunity to support evidence-based programs that address the opioid epidemic in local communities, ranging from education to law enforcement, clinical interventions and support for residents incarcerated.

The partnership provided one-time grants for new projects, or to enhance or expand existing projects aimed at reducing opioid and prescription drug abuse and harm. The joint effort is a major initiative to help community coalitions address the growing opioid epidemic impacting Michigan residents in every corner of our state. This funding will promote a larger network of resources with an emphasis on prevention, treatment and support services.

## MEDICATION ADHERENCE

### **East Jordan Family Health Center**      **\$70,000**

*Clinical Pharmacist Counseling and Education Avancing Medication Adherence*  
Charlevoix

### **Love in Action of the Tri-Cities**      **\$11,000**

*My Rx Health*  
Ottawa

### **Montcalm Care Network**      **\$65,000**

*Pathways To Medication Adherence*  
Montcalm

### **Tuscola Behavioral Health Systems**      **\$15,550**

*Medication Adherence*  
Tuscola

### **Western Wayne Family Health Centers**      **\$70,000**

*Community Health Workers, PATH and Medication Adherence Counseling*  
Wayne

## OPIOIDS

### **Alliance of Coalitions for Healthy Communities**      **\$70,000**

*Opiate Harm Reduction Initiative*  
Oakland

### **Catholic Human Services, Inc./ Up North Prevention**      **\$70,000**

*Up North Prevention's Physician and Community Partnership*  
Alpena

### **Families Against Narcotics**      **\$75,000**

*Hope Not Handcuffs*  
Macomb

### **Health Department of Northwest MI/SAFE in Northern Michigan**      **\$65,000**

*SAFE in Northern Michigan Taking Action on Opioid and Prescription Drug Abuse*  
Emmet

### **Ingham County Health Department**      **\$70,000**

*An Evidence-Based Criminal Justice Response to Substance Abuse and Drug Offending*  
Ingham

### **Ottawa County Prescription Drug and Opiate Taskforce**      **\$27,900**

*Project #1: Prescription Drug and Opiate Misuse Education and Awareness Project*  
*Project #2: Holland Physician's Health Organization Opiate Misuse Reduction Project*  
Ottawa

### **Substance Abuse Council**      **\$70,000**

*Calhoun County Opioid Coalition*  
Calhoun

### **U.P. Coalition Network/ Northcare Network**      **\$52,500**

*Decreasing Opioid Addiction in Upper Peninsula Communities*  
Marquette

### **Wayne State University/ Center for Urban Studies**      **\$70,000**

*Reduction of Opioid Overdose Deaths Through Training of Citizen First Responders*  
Wayne

# Student Award Program

PROGRAM TOTAL: \$111,000

As a frequent partner of Michigan universities and researchers, the Foundation is acutely aware of the importance of higher education. Without properly trained professionals, Michigan would have little hope of creating effective and efficient solutions to the many health issues that people face every day.

The Student Award Program recognizes Michigan students who excel in the academic programs offered by our universities. It's our responsibility to support these young minds in their journey to complete their degree programs and become the researchers, medical professionals and healers of tomorrow.

The 2017 Student Award Program provided support for the research of 37 students at seven Michigan universities.

All applications are due by April 30. Find materials and instructions at [bcbsm.com/foundation](http://bcbsm.com/foundation).

## CENTRAL MICHIGAN UNIVERSITY

**Merna Abdou** \$3,000

*Aortic Stenosis Community Awareness Project*  
Central Michigan University,  
College of Medicine

**Kristin Bartman** \$3,000

*Barriers to Mental Health Treatment in Rural Primary Care Populations*  
Central Michigan University,  
College of Medicine

**Alexandra Gamber** \$3,000

*Michigan Community Assessment of Opioid Awareness and Efficacy of Educational Interventions*  
Central Michigan University,  
College of Medicine

**Maryssa Lyons** \$3,000

*Barriers to Mental Health Treatment in Rural Primary Care Populations*  
Central Michigan University,  
College of Medicine

**George Matar** \$3,000

*Aortic Stenosis Community Awareness Project*  
Central Michigan University,  
College of Medicine

**Joe Zhao** \$3,000

*The Impact of Computerized Information Management Systems (CIMS) on Primary Healthcare Information Management*  
Central Michigan University,  
Health Administration

## EASTERN MICHIGAN UNIVERSITY

**Caitlyn B. Sorensen-Kowalski** \$3,000

*What Do We Know About Girls with Autism Spectrum Disorder? An Investigation of Social Communication Differences Between Preschool-Aged Girls and Boys with Autism Spectrum Disorder*  
Eastern Michigan University,  
Department of Psychology



## MICHIGAN STATE UNIVERSITY

**Kimberly Clevenger** \$3,000

*Characterizing the Physical Activity Environment in Michigan*  
Michigan State University,  
Department of Kinesiology

**Michelle Conway** \$3,000

*Reliability and Validity of Physical Activity Monitors When Worn During Pregnancy and Postpartum Depression*  
Michigan State University,  
Department of Kinesiology

**Amber Cussen** \$3,000

*The Effect of Exercise on the Motions and Forces of the Thumb*  
Michigan State University,  
College of Human Medicine

**Haben Debessai** \$3,000

*Expert Opinions on Access to Healthcare for Immigrants*  
Michigan State University,  
College of Human Medicine

**Anne Drolet** \$3,000

*A Multi-Dimensional View of Contraception and Teen Pregnancy in Flint, Michigan*  
Michigan State University,  
College of Human Medicine

**Andrea Kubicki** \$3,000

*Expert Opinions on Access to Healthcare for Immigrants in the United States*  
Michigan State University,  
College of Human Medicine

**Megan Masten** \$3,000

*Opinions on Access to Healthcare for Immigrants*  
Michigan State University,  
College of Human Medicine

**Reena Pullukat** \$3,000

*Opinions on Access to Healthcare for Immigrants in Michigan*  
Michigan State University,  
College of Human Medicine

**Kirsten Salmela** \$3,000

*Opinions on Access to Healthcare for Immigrants in Michigan*  
Michigan State University,  
College of Human Medicine

## OAKLAND UNIVERSITY

**Kade S. McQuivey** \$3,000

*Implementing the Lever Sign in the Emergency Department to Assist in Acute ACL Rupture Diagnosis*  
Oakland University,  
School of Medicine

## UNIVERSITY OF MICHIGAN

**Alejandra Arango** \$3,000

*The Protective Role of Interpersonal Connectedness in the Prospective Relationship between Bullying Victimization and Youth Suicide Risk*  
University of Michigan,  
Department of Psychology

## WAYNE STATE UNIVERSITY

**Oluwabunmi Adebayo** \$3,000

*Improving Nursing Staff Knowledge of Pulmonary Arterial Hypertensive Patients through an Educational Video Module*  
Wayne State University,  
College of Nursing

**Nia Billings** \$3,000

*Race and Emotion Perception in Adults with Traumatic Brain Injury*  
Wayne State University,  
Department of Psychology

**Shannon Clark** \$3,000

*Acceptability and Feasibility of a Multicomponent Group Intervention to Initiate Health Behavior Change*  
Wayne State University,  
Department of Psychology

**Lana Ruvolo Grasser** \$3,000

*Non-Pharmacological Interventions for Syrian Refugee Children Suffering from PTSD Trauma*  
Wayne State University,  
School of Medicine

**Hannah Holmes** \$3,000

*Arab American Women's Health Study*  
Wayne State University,  
Department of Psychology

**Anum Naseem** \$3,000

*Exploring Muslim Women's Contraception Preferences and Needs*  
Wayne State University,  
School of Medicine

**Sheri E. Pegram**      **\$3,000**  
*Sexual Assault Stigmatization, Secrecy, and Avoidance: Implications for Health-Injurious Processes and Outcomes*  
Wayne State University,  
Department of Psychology

**Jamie C. Piercy**      **\$3,000**  
*Twin Gestation and Neuropsychological Outcome in Preterm-born Preschoolers*  
Wayne State University,  
Department of Psychology

**Indrakshi Roy**      **\$3,000**  
*Effects of The Great Recession On Older U.S. Workers and Their Compensation, Including Fringe Benefits*  
Wayne State University,  
Department of Economics

**Victoria Sattarova**      **\$3,000**  
*Measuring Amblyopia Patching Compliance at Children's Hospital of Michigan*  
Wayne State University,  
School of Medicine

**Kelly Shakoor**      **\$3,000**  
*QI Project to Increase Venipuncture Best Practice in Patients with Decreased Glomerular Filtration Rate*  
Wayne State University,  
College of Nursing

**Kinjal K. Talati**      **\$3,000**  
*Improving Transition of Care in Diabetic Patients*  
Wayne State University,  
College of Nursing

**Mohammad Usama Toseef**      **\$3,000**  
*Effects of Medicaid HMOs on Care Quality and Racial/Ethnic Healthcare Disparities*  
Wayne State University,  
Department of Economics

**Areeg Zuair**      **\$3,000**  
*The Prevalence of Eating Disorders among Female Arab Americans*  
Wayne State University,  
College of Nursing

## WESTERN MICHIGAN UNIVERSITY

**Nicole L. Bardford**      **\$3,000**  
*Diversity in Community Health*  
Western Michigan University,  
College of Health and Human Service

**McKenna Corlis**      **\$3,000**  
*Examining the Effects of Cell Phone Use on Caregiver Supervision and Child Injury Risk*  
Western Michigan University,  
Department of Psychology

**Hilary Richardson**      **\$3,000**  
*Examination of an Internet Program to Improve Discipline Strategies for Parents*  
Western Michigan University,  
Department of Psychology

**Lydia Royeen**      **\$3,000**  
*Perspectives on Occupational Therapy Services in the Primary Care Setting*  
Western Michigan University,  
College of Health and Human Services

**Rosemary Stawasz**      **\$3,000**  
*The Use of iPad Accessibility Features by Children with Low Vision on Reading Outcomes*  
Western Michigan University,  
College of Health and Human Services

# Physician Investigator Research Award Program

**PROGRAM TOTAL: \$207,713**

As professionals who bear witness to unmet health needs, unsatisfactory medical practices and potential areas of interest firsthand, doctors are in the best position to identify and act on innovative breakthroughs in health care. The Physician Investigator Research Award Program supports these physicians in their studies and, in doing so, improves the delivery and quality of patient care.

The 2017 Physician Investigator Research awards focused on the quality of the patient experience and the cost of health care. These grants represent an evaluation of a very narrow improvement plan that can be shared across medical facilities and often enlarged with additional funding after the pilot has been completed. The funded awards are working to evaluate family stress in the ICU; manage ICU decision-making; implement screening for social determinants to improve patient outcomes; address complications of cardiac surgery; study the impact of a fresh food diet on patients, women and complicated pregnancies; improve the care of transgender patients and reduce opioid dependence after surgery.

We accept applications year-round. Find materials and instructions at [bcbsm.com/foundation](http://bcbsm.com/foundation).

**Lindsay Admon, M.D. \$10,000**

*Medicaid Expenditures and Health Services Utilization among Childbearing Women with Chronic Conditions*  
University of Michigan,  
Department of Obstetrics & Gynecology

**Mary-Margaret Brandt, M.D. \$9,985**

*Should Urinalysis be Included in the Evaluation of Elderly People Who Fall?*  
St. Joseph's Mercy Hospital-Ann Arbor, IHA Trauma & Surgical Critical Care

**Aaron Brody, M.D. \$10,000**

*Prospective Analysis on the Progression of Subclinical Hypertensive Heart Disease*  
Wayne State University,  
Department of Emergency Medicine

**Thair Dawood, M.D. \$10,000**

*Improving Chronic Prescription of Opiates in a Community Hospital's Adult Internal Medicine Clinic*  
Hurley Medical Center, Internal Medicine Residency Program

**Amy DeLaroche, M.D. \$9,865**

*The American Academy of Pediatrics BRUE CPG: Evaluation of Patient Outcomes*  
Children's Hospital of Michigan,  
Department of Pediatrics

**Margaret Greenwood-Ericksen, M.D. \$10,000**

*Identifying Best Practices for Screening for Social Determinants of Health in Michigan Community Health Centers*  
University of Michigan,  
Department of Emergency Medicine

**Ryan Howard, M.D. \$10,000**

*Opioid Prescribing Guidelines for Common General Surgery Procedures*  
University of Michigan  
Department of Surgery

**Arash Javanbakht, M.D.** **\$10,000**

*Improving Emotional Well-Being by Way of Alternative Therapies for Refugees*  
Wayne State University,  
Department of Psychiatry  
and Behavioral Neurosciences

**Deborah Kaye, M.D.** **\$10,000**

*Understanding the Relationship Between Medicare's Readmission Reduction Program and 30-day Readmissions Among Patients in Michigan with Private Insurance*  
University of Michigan,  
Department of Urology

**Monica Konerman, M.D., MSc** **\$10,000**

*Assessing the Prevalence and Impact of Prescription Opioid Use among Patients with Chronic Liver Disease*  
University of Michigan,  
Department of Internal Medicine

**Rachel Lee, M.D.** **\$8,030**

*Caring for Transgender Patients in the Emergency Department: The Physicians' Perspective*  
Henry Ford Health System,  
Department of Family Medicine

**Michael Mathis, M.D.** **\$10,000**

*Lung Protective Ventilation in Elective Cardiac Surgery*  
University of Michigan,  
Department of Anesthesiology

**Jennifer Noble, M.D.** **\$10,000**

*Improving Time to Analgesia in Children with Acute Long Bone Fractures in the Pediatric Emergency Department at Children's Hospital of Michigan*  
Children's Hospital of Michigan,  
Department of Pediatrics

**Yagnaram Ravichandran, M.D., MBBS, FAAP** **\$9,897**

*Bladder Stimulation Technique for Clean Catch Urine Collection in Infants: Assessing Impact on Patients and Providers in a Pediatric Emergency Department*  
Children's Hospital of Michigan,  
Department of Pediatrics

**Michelle Seguin, M.D.** **\$10,000**

*Prescription for Health*  
Portage Health Foundation,  
Family Medicine

**Sarah Shubeck, M.D.** **\$10,000**

*Hot Spotting in Surgical Populations*  
University of Michigan,  
Department of General Surgery

**Brian Stagg, M.D.** **\$9,936**

*Understanding the Burden of Glaucoma Care Delivery: The Patients' Perspective*  
University of Michigan,  
Department of Ophthalmology

**Devraj Sukul, M.D.** **\$10,000**

*Variation in 90-day Episodes of Myocardial Infarction*  
University of Michigan,  
Institute for Healthcare Policy  
and Innovation

**Valerie Vaughn, M.D., MSc** **\$10,000**

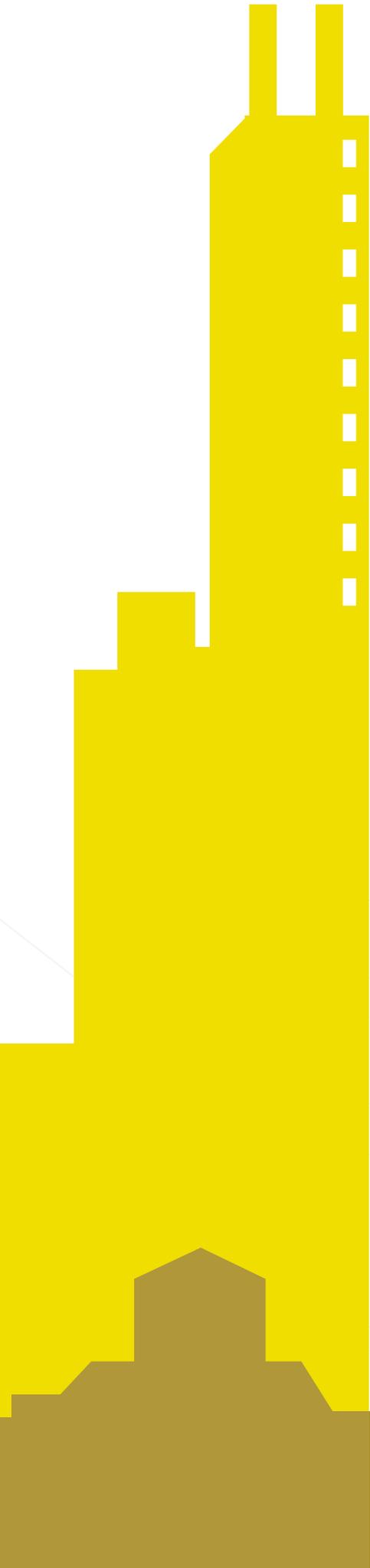
*Diagnostic Error and Antibiotic Use in Patients Hospitalized With Presumed Pneumonia*  
University of Michigan,  
Department of Internal Medicine

**Thomas Valley, M.D.** **\$10,000**

*Understanding Family Distress in the Intensive Care Unit*  
University of Michigan,  
Department of Internal Medicine

**Amber Young, M.D.** **\$10,000**

*Use of a Physical Activity Tracker to Measure Physical Activity and Effect of Physical Activity on Health-Related Quality of Life in Systemic Sclerosis*  
University of Michigan,  
Department of Internal Medicine



# Proposal Development Award

**PROGRAM TOTAL: \$7,000**

Crafting a proposal that makes a project stand out from the rest can be challenging, and often requires special grant writing resources. The Proposal Development Award helps organizations attain these services.

We accept applications year-round. Find materials and instructions at **[bcbsm.com/foundation](http://bcbsm.com/foundation)**.

**Schoolcraft Memorial  
Hospital**

**\$3,500**

*Schoolcraft Memorial  
Hospital Substance Abuse  
Treatment Program  
Schoolcraft*

**The Lansing Congregational  
Health Network**

**\$3,500**

*The Lansing Congregational  
Health Network Project  
Ingham*

# Administration

If you're seeking a grant, start by reviewing the requirements of our individual grant programs. For more detailed information on our grant programs, reach out to the Foundation's program officers at [foundation@bcbsm.com](mailto:foundation@bcbsm.com).

What happens next? When the Foundation receives a grant proposal, our staff determines if it meets the program guidelines and objectives. Our Grant Advisory Panel then evaluates the suitable proposals. Lastly, the Foundation Board of Directors receives funding recommendations based on reviews of the staff and Grant Advisory Panel.

## RESEARCH PROPOSAL EVALUATION CRITERIA

### SIGNIFICANCE OF PROJECT

This criterion evaluates the project as a means of understanding or improving important health care problems and concerns.

To the extent possible, applicants must document the:

- Significance of the problem being addressed
- Anticipated effect of the project on the problem
- Potential for widespread dissemination and replication of the results

### NEW INFORMATION

To what extent does the proposed project contribute new information not otherwise available?

This criterion additionally evaluates whether or not the:

- Intervention has been tested or evaluated elsewhere
- Research is original
- Proposed program or research is particularly innovative

### TECHNICAL QUALITY

This is demonstrated by the:

- Clarity of the presentation
- Degree to which the applicant shows understanding of the problem
- Description of the methodology to be employed
- Suitability of the proposed analytical methods for the proposed research
- Quality, appropriateness and availability of the data

### QUALIFICATIONS OF PROJECT STAFF

This criterion requires documentation of the experience, qualifications and time commitment of the project director and key project staff who will conduct the proposed research or implement the proposed initiative.

### FEASIBILITY

The feasibility of the project is demonstrated by how clearly the applicant describes the tasks to be undertaken and objectives of carrying out the project. This includes the appropriateness and reasonableness of the budget as well as the feasibility of achieving project objectives within the specified time frame and budget.

# GRANTS ADVISORY PANEL

## **Asheesh Bedi, M.D.**

*Associate Professor*  
Orthopedic Surgery  
Medical School  
University of Michigan

## **Lawrence J. Baer, Ph.D.**

*Consultant*  
Grand Rapids

## **Jane Banaszak-Holl, Ph.D.**

*Associate Professor*  
Department of Health  
Management & Policy  
School of Public Health  
University of Michigan

## **John E. Billi, M.D.**

*Associate Vice President for  
Medical Affairs*  
*Professor*  
Department of Internal Medicine  
University of Michigan

## **Clifford L. Broman, Ph.D.**

*Professor*  
Department of Sociology  
Michigan State University

## **Kirk J. Brower, M.D.**

*Professor*  
Department of Psychiatry  
Medical School  
University of Michigan

## **Robert Burack, M.D., M.P.H.**

*Professor*  
Internal Medicine  
Wayne State University  
Detroit Medical Center

## **Cleopatra Howard Caldwell, Ph.D.**

*Professor*  
Department of Health  
Behavior & Health Education  
School of Public Health  
University of Michigan

## **Derek E. Dimcheff, M.D., Ph.D.**

*Instructor*  
Department of Internal Medicine  
Medical School  
University of Michigan

## **Kim Eagle, M.D.**

*Professor*  
Department of Internal Medicine,  
Cardiology  
Medical School  
University of Michigan

## **Daniel Eisenberg**

*Associate Professor*  
Department of Health  
Management & Policy  
School of Public Health  
University of Michigan

## **N. Cary Engleberg, M.D.**

*Professor*  
Department of Internal Medicine  
Medical School  
University of Michigan

## **Scott A. Flanders, M.D.**

*Director*  
Hospitalist Program  
Professor of Internal Medicine  
  
*Associate Division Chief*  
Division of General Medicine  
University of Michigan Health System

## **Gary L. Freed, M.D., M.P.H.**

*Professor*  
Pediatrics and Communicable  
Diseases  
Health Management and Policy  
Division of General Pediatrics  
University of Michigan  
Medical School

## **Charles Given, Ph.D.**

*Professor*  
Department of Family Practice  
Michigan State University

## **John Goddeeris, Ph.D.**

*Professor*  
Department of Economics  
Michigan State University

## **Allen Goodman, Ph.D.**

*Professor*  
Economics Department  
Wayne State University

## **Robert Goodman, D.O., MHSA, FACEP, FACOEP**

*Medical Director*  
Blue Care Network of Michigan

## **John R. Griffith, M.B.A.**

*Professor Emeritus*  
Health Management & Policy  
School of Public Health  
University of Michigan

## **Andy Haig, M.D.**

*Professor*  
Physical Medicine & Rehabilitation  
University of Michigan

## **James R. Holmes, M.D.**

*Assistant Professor*  
Orthopedic Surgery  
Division of Foot & Ankle Surgery  
University of Michigan

## **Phillip Levy, M.D., M.P.H., FACEP**

*Associate Director of Clinical  
Research*  
Department of Emergency Medicine  
Wayne State University  
Detroit Medical Center

## **Jersey Liang, Ph.D.**

*Professor*  
Department of Health  
Management & Policy  
School of Public Health  
University of Michigan

## **Richard L. Lichtenstein, Ph.D.**

*Associate Professor Emeritus*  
Department of Health  
Management & Policy  
School of Public Health  
University of Michigan

## **Milisa Manojlovich, Ph.D., R.N., C.C.R.N.**

*Associate Professor*  
School of Nursing  
University of Michigan

## **Tamara McKay, Ph.D., L.P.**

*Director*  
Counseling and Psychological Services  
University of Michigan

**Laurence McMahon, M.D., M.P.H.**

*Professor*

Department of Internal Medicine

*Chief*

Division of General Medicine

University of Michigan Health System

**Sharon Milberger, Sc.D.**

*Director*

Henry Ford Live Well

Henry Ford Health System

**Mary M. Noel, M.P.H., Ph.D., R.D.**

*Professor*

Department of Family Medicine

Michigan State University

**Kagan Ozer, M.D.**

*Associate Professor*

Orthopedic and Plastic Surgery

University of Michigan

**Neal W. Persky, M.D., M.P.H.**

*Assistant Professor Emeritus*

Internal Medicine, Medical School

University of Michigan

**Barbara Pieper, Ph.D., R.N.,**

**C.W.O.C.N., C.S., F.A.A.N.**

*Professor*

College of Nursing

Wayne State University

**Mary A.M. Rogers, Ph.D., P.S.E.P.**

*Research Associate Professor*

Department of Internal Medicine

University of Michigan

**Phillip Rodgers, M.D.**

*Associate Professor*

Department of Family Medicine

University of Michigan

**Sanjay Saint, M.D., M.P.H.**

*Professor*

Department of Internal Medicine

*Director*

Patient Safety Enhancement Program

University of Michigan Health System

**Kendra Schwartz, M.D., M.S.P.H.**

*Assistant Dean*

Medical Academic and Student

Programs

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Wayne State University

**James A. Shayman, M.D.**

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Internal Medicine and Pharmacology

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*Professor*

Department of Internal Medicine

School of Medicine

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Department of Economics

& Management

Oakland University

**Ira Strumwasser, Ph.D.**

*Executive Director & CEO (Retired)*

BCBSM Foundation

**Marianne Udow-Phillips, M.H.S.A.**

*Director*

Center for Healthcare Quality

& Transformation

**Ksenia I. Ustinova, Ph.D.**

*Associate Professor*

School of Rehabilitation and

Medical Sciences

Central Michigan University

**Deborah Banazak Wagenaar, D.O.**

*Associate Professor*

Department of Psychiatry

Michigan State University

**Lori J. Warner, Ph.D., LP, BCBA-D**

*Director*

HOPE Center

Center for Human Development

Beaumont Hospital

**Teresa Wehrwein, Ph.D., R.N.**

*Associate Dean for Academic and*

*Clinical Affairs*

*Associate Professor*

College of Nursing

Michigan State University

**Robert Dean Welch, M.D., M.S.**

*Professor and Director of Clinical*

*Research*

Department of Emergency Medicine

Wayne State University

Detroit Receiving Hospital

**Henry M. Wellman, Ph.D.**

*Professor*

Center for Human Growth

& Development

University of Michigan

**Ann Flanagan Whall, Ph.D., RN**

*Professor Emeritus*

School of Nursing

University of Michigan

**John R.C. Wheeler, Ph.D.**

*Professor Emeritus*

Department of Health Management

& Policy

School of Public Health

University of Michigan

**Feleta Wilson, Ph.D., R.N.**

*Associate Professor*

School of Nursing

Wayne State University

**Robert A. Zucker, Ph.D.**

*Professor*

Department of Psychiatry

University of Michigan

# FOUNDATION STAFF, OFFICERS AND BOARD COMMITTEES



*Executive Director  
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*Director of  
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**NORA MALOY, DrPH**



*Senior Analyst*  
**ELBA HUERTA**



*Program  
Associate*  
**JACQUELINE PAUL**



*Executive  
Assistant*  
**SUSAN SHELTON**

## OFFICERS

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### SECRETARY

Susan Shelton

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Shauna Ryder Diggs, M.D.

Haifa Fakhouri, Ph.D.

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Bruce A. Wolf, D.O.

#### VICE CHAIRWOMAN

Shauna Ryder Diggs, M.D.

Joel I. Ferguson

James K. Haveman

Thomas L. Simmer, M.D.

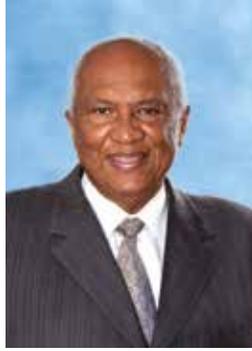
Spencer C. Johnson

# BOARD OF DIRECTORS



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*Dermatologist,  
CosmeticDerm  
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American Chaldean Council  
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*Director (Retired),  
Michigan Department  
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Grand Rapids, Michigan*



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*Senior Vice President and  
Chief Medical Officer,  
Health Care Value  
Blue Cross Blue Shield  
of Michigan*



**SPENCER C. JOHNSON**  
*Retired President of the  
Michigan Health & Hospital  
Okemos, Michigan*



**BRUCE A. WOLF, D.O.**  
*Assistant Professor,  
Interventional Radiology  
Michigan State University*

# Independent Auditors' Report

## BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

Financial statements as of and for the  
years ended December 31, 2017 and 2016, and  
Independent Auditors' Report



## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of  
Blue Cross Blue Shield of Michigan Foundation  
Detroit, Michigan

We have audited the accompanying financial statements of Blue Cross Blue Shield of Michigan Foundation (the Foundation), which comprise the balance sheets as of December 31, 2017 and 2016; the related statements of activities and changes in net assets, and cash flows for the years then ended; and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Foundation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Deloitte & Touche LLP*

March 30, 2018

# BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

## BALANCE SHEETS AS OF DECEMBER 31, 2017 AND 2016 (In thousands)

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	2017	2016
<b>ASSETS</b>		
Cash and cash equivalents	\$ 96	\$ 1,486
Investments	61,956	54,864
Accounts receivable — affiliates	-	85
Accrued investment income	29	30
Software — net	8	14
Other assets	<u>20</u>	<u>-</u>
<b>TOTAL</b>	<u>\$ 62,109</u>	<u>\$ 56,479</u>
 <b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES:</b>		
Grants payable	\$ 2,520	\$ 2,918
Accounts payable — affiliates	921	699
Other liabilities	<u>97</u>	<u>79</u>
Total liabilities	<u>3,538</u>	<u>3,696</u>
 <b>NET ASSETS:</b>		
Common stock, \$100 par value — 2 shares authorized, issued, and outstanding	-	-
Unrestricted net assets	56,722	52,783
Temporarily restricted net assets	<u>1,849</u>	<u>-</u>
Total net assets	<u>58,571</u>	<u>52,783</u>
<b>TOTAL</b>	<u>\$ 62,109</u>	<u>\$ 56,479</u>

See notes to financial statements.

# BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

## STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 (In thousands)

	2017	2016
UNRESTRICTED NET ASSETS:		
Revenue:		
Investment income – net of investment expense of \$184 and \$263 for 2017 and 2016, respectively	\$ (57)	\$ 130
Net realized and unrealized gain on investments	7,384	2,610
Contributions	<u>85</u>	<u>20</u>
Total unrestricted revenue	<u>7,412</u>	<u>2,760</u>
Expenses:		
Grants	1,898	1,670
Supporting activities	<u>1,575</u>	<u>1,441</u>
Total unrestricted expenses	<u>3,473</u>	<u>3,111</u>
TOTAL INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	3,939	(351)
TEMPORARILY RESTRICTED NET ASSETS:		
Investment income – net of investment expense of \$2 and \$0 for 2017 and 2016, respectively	16	-
Net realized and unrealized gain on investments	169	-
Temporarily restricted contributions	1,664	-
Net assets released from restrictions	<u>-</u>	<u>(150)</u>
Increase (decrease) in temporarily restricted net assets	<u>1,849</u>	<u>(150)</u>
TOTAL INCREASE (DECREASE) IN NET ASSETS	5,788	(501)
TOTAL NET ASSETS — Beginning of year	<u>52,783</u>	<u>53,284</u>
TOTAL NET ASSETS — End of year	<u>\$ 58,571</u>	<u>\$ 52,783</u>

See notes to financial statements.

# BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

## STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 (In thousands)

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	\$ 5,788	\$ (501)
Reconciliation of increase (decrease) in net assets to net cash used in operating activities:		
Depreciation	6	3
Net gain on sale of investments	(275)	(4,350)
Unrealized (gain) loss on investments	(7,278)	1,740
Changes in:		
Accounts receivable — affiliates	85	(85)
Accrued investment income	1	(19)
Other assets	(20)	23
Grants payable	(398)	186
Accounts payable — affiliates	222	(29)
Other liabilities	18	(16)
	<u>(1,851)</u>	<u>(3,048)</u>
Net cash used in operating activities		
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of investments	(1,889)	(46,435)
Proceeds from sales and maturities of investments	2,350	50,774
Acquisition of software	<u>-</u>	<u>(17)</u>
	<u>461</u>	<u>4,322</u>
Net cash provided by investing activities		
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(1,390)	1,274
CASH AND CASH EQUIVALENTS — Beginning of year	<u>1,486</u>	<u>212</u>
CASH AND CASH EQUIVALENTS — End of year	<u>\$ 96</u>	<u>\$ 1,486</u>

See notes to financial statements.

# BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION

## NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

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### 1. SIGNIFICANT ACCOUNTING POLICIES

**Organization** — Blue Cross Blue Shield of Michigan Foundation (the Foundation) is a Michigan nonprofit corporation and a wholly owned subsidiary of Blue Care of Michigan, Inc. (BCMI), which in turn is a wholly owned subsidiary of Blue Cross Blue Shield of Michigan Mutual Insurance Company (BCBSM). BCMI does not exercise control over the Foundation, therefore, the Foundation is not consolidated with BCMI. The Foundation was organized to improve individual and community health through the support of research and innovative health programs designed to provide high-quality, appropriate access to efficient health care for the residents of Michigan.

**Basis of Presentation** — The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). The significant policies followed by the Foundation are summarized below.

**Cash Equivalents** — Cash equivalents, which are carried at fair value, are composed of short-term investments that mature within 90 days or less from the date of acquisition and have minimal credit or liquidity risk. If applicable, cash overdrafts are reported in the liability section of the Balance Sheets.

**Investments** — The Foundation classifies its investments in debt and equity securities as trading in accordance with its intent, for they are actively managed by external investment managers with broad authority to buy and sell securities without prior approval and, accordingly, such securities are carried at fair value. Realized gains and losses on sales of securities are determined based on the specific identification method, and both realized and unrealized gains and losses are included in the Statements of Activities and Changes in Net Assets.

**Fair Value Measurements** — The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than in a forced liquidation or sale. The fair value of a liability is the amount at which that liability could be incurred or settled in a current transaction between willing parties, that is, other than in a forced liquidation or sale.

Fair values are based on quoted market prices when available. The Foundation obtains quoted or other observable inputs for the determination of fair value for actively traded securities. For securities not actively traded, the Foundation determines fair value using discounted cash flow analyses, incorporating inputs such as nonbinding broker quotes, benchmark yields, and credit spreads. In instances where there is little or no market activity for the same or similar instruments, the Foundation estimates fair value using methods, models, and assumptions that management believes market participants would use to determine a current transaction price. These valuation techniques involve some level of management estimation and judgment. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model, or input used. The Foundation's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. ASC 820 defines fair value as the price that would be received for an asset or paid to transfer a liability (exit price) in the most advantageous market for the asset or liability in an orderly transaction between market participants. An asset's or a liability's classification is based on the lowest-level input that is significant to its measurement. For example, a Level 3 fair value

measurement may include inputs that are both observable (Level 1 and Level 2) and unobservable (Level 3).

**Software** — Purchased software is stated at cost, net of depreciation. Depreciation is recorded using the straight-line method over the estimated useful life of the asset, which is three years. Capitalized software costs were \$17,000, offset by accumulated depreciation of \$9,000 and \$3,000, resulting in a net book value of \$8,000 and \$14,000 as of December 31, 2017 and 2016, respectively. Depreciation expense was \$6,000 and \$3,000 for the year ended December 31, 2017 and 2016, respectively.

**Grants Payable** — Grants payable are recorded as of the date of approval. Grants subsequently canceled or adjusted are recorded as reductions of grant expense in the year of cancellation or adjustment.

**Common Stock** — In the event of dissolution, the stockholder is entitled to the original subscription price of the stock. All other assets, after all obligations have been met, must be distributed to one or more organizations described in Section 501(c)(3) of the Internal Revenue Code.

**Unrestricted Net Assets** — Unrestricted net assets are those not limited by donor-imposed restrictions and are available for the designated purposes of the Foundation. These funds are available for and used in the Foundation's regular activities entirely at the discretion of the Board of Directors.

**Temporarily Restricted Net Assets** — Temporarily restricted net assets consist of monies received in 2017 in support of grants to be awarded by the Foundation to qualified recipients for use in the Upper Peninsula of Michigan. Any earnings on these funds are also restricted and included in the temporarily restricted net asset balance. As the funds are paid, amounts are released from restrictions. Monies that were received in the same year that the restriction has been met are not reported in temporarily restricted net assets, but are reported as unrestricted contributions.

Net assets released from restrictions in 2016 relates to monies received from BCBSM in 2015 in support of grants to be administered by the Foundation on behalf of BCBSM. The outstanding balance as of December 31, 2015 was released during 2016, and there were no temporarily restricted assets remaining as of December 31, 2016.

**Income Tax Status** — The Internal Revenue Service has determined that the Foundation meets the applicable requirements of Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code and is generally exempt from federal income taxes under Section 501(a).

**Use of Estimates** — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**New Accounting Standards — Adopted** — In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This guidance removes the requirement to categorize within the fair value hierarchy all investments for which the fair value is measured using the net asset value (NAV) per share practical expedient. This guidance also removes the requirement to make certain disclosures for investments that the Foundation elected to measure at fair value using the NAV per share practical expedient. This guidance became effective January 1, 2017. The adoption of ASU No. 2015-07 did not have a material impact on the financial statements and related

disclosures. This guidance was applied retrospectively, and the 2016 tables have been adjusted to conform to the 2017 presentation.

**New Accounting Standards — Forthcoming** — In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments-Overall (Subtopic 825-10), Recognition and Measurement of Financial Assets and Financial Liabilities*. This guidance requires equity investments, not accounted for under the equity method of accounting or those that result in the consolidation of the investee, to be measured at fair value with changes in value recognized in net income. The guidance simplifies impairment assessment of equity investments without readily determinable fair values by requiring a qualitative assessment to identify impairment. The guidance also removes the requirement to disclose fair value of financial instrument measured at amortized costs for entities that are not public business entities. This guidance is effective beginning January 1, 2020. The Foundation continues to evaluate the effects the adoption of ASU No. 2016-01 will have on the financial statements and related disclosures.

In June 2016, the FASB issued ASU No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. The guidance in ASU No. 2016-13 amends the reporting of credit losses for assets held at amortized cost basis, eliminating the probable initial recognition threshold and replacing it with a current estimate of all expected credit losses. This estimate credit loss allowance is reflected in a valuation account that is deducted from the amortized cost basis of the financial asset to present the net amount expected to be collected. The guidance also addresses available for sale securities, whereby credit losses remain measured on an incurred loss basis with the presentation of the credit losses using an allowance rather than as a write-down. This guidance is effective beginning January 1, 2021. The Foundation continues to evaluate the effects the adoption of ASU No. 2016-13 will have on the financial statements and related disclosures.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The guidance in ASU No. 2016-14 addresses changes in the presentation and disclosure requirements for not-for-profit entities. The guidance is effective for the fiscal years beginning after December 15, 2017. Early adoption is permitted. The Foundation continues to evaluate the effects the adoption of ASU No. 2016-14 will have on the financial statements and related disclosures.

In August 2016, the FASB issued ASU No. 2016-15, *Statement of Cash Flows (Topic 230): Classification of Certain Cash Receipts and Cash Payments*. The guidance of ASU No. 2016-15 addresses various cash flow issues. The guidance should be applied using a retrospective transition method for each period presented. This guidance is effective for the fiscal years beginning January 1, 2019. Early adoption of the guidance is permitted. The Foundation continues to evaluate the effects the adoption of ASU No. 2016-15 will have on the financial statements and related disclosures.

## 2. INVESTMENTS

Investments at December 31, 2017 and 2016, by asset category are as follows (in thousands):

	2017	2016
Common stock	\$ 2,583	\$ 2,000
Limited liability companies	19,196	16,044
Commingled fixed income investment trust	16,565	16,228
International equity funds	13,413	10,874
Limited partnerships	<u>10,199</u>	<u>9,718</u>
Total investments	<u>\$ 61,956</u>	<u>\$ 54,864</u>

The Foundation recognized net unrealized gains of \$7,278,000 and net unrealized losses of \$1,740,000 at December 31, 2017 and 2016, respectively, relating to trading investments still held at year end.

**Realized Gains/Losses** — In the ordinary course of business, sales will produce realized gains and losses. The Foundation will sell securities at a loss for a number of reasons, including, but not limited to: (i) changes in the investment environment; (ii) expectations that the fair value could deteriorate further; (iii) desire to reduce exposure to an issuer or an industry; or (iv) a change in credit quality.

During the years ended December 31, 2017 and 2016, the Foundation sold \$2,350,000 and \$50,729,000 of investments, which resulted in gross realized gains of \$275,000 and \$5,713,000, and gross realized losses of \$0 and \$1,363,000, respectively.

### 3. FAIR VALUE MEASUREMENTS

The fair values of the Foundation's securities are based on quoted market prices, where available. These fair values are obtained from either custodian banks or third-party pricing services, which generally use Level 1 or Level 2 inputs for the determination of fair value.

The Foundation obtains only one quoted price for each security, either from the custodian banks or third-party pricing services, which are derived through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available market observable information. For securities not actively traded, either the custodian banks or third-party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Foundation is responsible for the determination of fair value, management performs periodic analysis on the prices received from third parties to determine whether the prices are reasonable estimates of fair value.

In certain circumstances, it may not be possible to derive pricing model inputs from observable market activity, and therefore, such inputs are estimated internally. Such securities would be designated Level 3. The fair values of these securities are estimated using a discounted cash flow model that incorporates inputs such as credit spreads, default rates, and benchmark yields.

The primary market risks are exposures to (i) changes in interest rates that affect our investment income and interest expense and the fair value of our fixed-rate financial investments and debt and (ii) changes in equity prices that affect our equity investments.

An increase in the market interest rates decreases the market value of fixed-rate investments and fixed-rate debt. Conversely, a decrease in market interest rates increases the market value of fixed-rate investments and fixed-rate debt.

The Foundation manages exposure to market interest rates by diversifying investments across fixed-income market sectors and across various maturities. Future increases in prevailing interest rates could have an adverse effect on the Foundation's financial results.

The Foundation and its investment managers classify fair value balances based on the hierarchy defined below:

*Level 1* — Quoted prices in active markets for identical assets or liabilities as of the reporting date.

*Level 2* — Inputs other than Level 1 that are observable, either directly or indirectly, such as: (a) quoted prices for similar assets or liabilities, (b) quoted prices in markets that are not active, or (c) other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities as of the reporting date.

*Level 3* — Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities.

The fair values of certain securities do not have readily determined fair values; however, the securities' underlying investments are measured at fair value. The Foundation uses the net asset value per share for valuation purposes on these securities. According to ASU No. 2015-07, effective January 1, 2017, securities measured using NAV are not required to be classified into the fair value hierarchy levels.

The following techniques were used to estimate the fair value and determine the classification of assets and liabilities pursuant to the valuation hierarchy:

*Cash Equivalents* — Consist of money market funds that mature within 90 days or less of acquisition and have minimal credit or liquidity risk. Valuation is based on unadjusted quoted prices and are classified as Level 1.

*Common Stocks* — Consist of actively traded, exchange listed equity securities and equity mutual funds. Valuation is based on unadjusted quoted prices for these securities or funds in an active market and are classified as Level 1.

*Limited Liability Companies* — Consist of interests in limited liability companies providing large cap U.S. equity exposure. Valuation is recorded at NAV based on the underlying investments held by the limited liability companies. These securities are not required to be classified in the fair value hierarchy.

*Commingled Fixed Income Investment Trust* — Underlying assets in the trust consist of corporate notes and bonds, collateralized mortgage obligations, asset backed and mortgage backed fixed income securities, commercial paper, government and agency bonds, public and private debt obligations issued by corporate and non-corporate entities and other fixed income commingled investment vehicles. Valuation is recorded at NAV based on the underlying investments held by the trust. These securities are not required to be classified in the fair value hierarchy.

*International Equity Funds* — Consist of an international equity mutual fund and an investment in a commingled investment vehicle that holds underlying international equity securities with readily determinable market prices. The mutual fund is classified as Level 1 as a market price is readily available. For the commingled international equity fund, valuation is recorded at NAV based on the underlying investments in the vehicle. These securities are not required to be classified in the fair value hierarchy.

*Limited Partnerships* — Consist of interests in hedge funds structured as limited partnerships. Valuation is recorded at NAV based on information provided by the fund managers along with audited financial information. These securities are not required to be classified in the fair value hierarchy.

The Foundation's assets recorded at fair value at December 31, 2017 and 2016, are as follows (in thousands):

	<b>Fair Value Measurements Using</b>			
	<b>Quoted Prices In Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total Fair Value</b>
<b>2017</b>				
Cash equivalents	<u>\$ 67</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 67</u>
Common stock	\$ 2,583	\$ -	\$ -	\$ 2,583
International equity funds	<u>6,476</u>	<u>-</u>	<u>-</u>	<u>6,476</u>
Total investments measured at fair value	<u>9,059</u>	<u>-</u>	<u>-</u>	<u>9,059</u>
Total investments measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>52,897</u>
Total investments	<u>\$ 9,059</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 61,956</u>
<b>2016</b>				
Cash equivalents	<u>\$ 1,459</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,459</u>
Common stock	\$ 2,000	\$ -	\$ -	\$ 2,000
International equity funds	<u>5,471</u>	<u>-</u>	<u>-</u>	<u>5,471</u>
Total investments measured at fair value	<u>7,471</u>	<u>-</u>	<u>-</u>	<u>7,471</u>
Total investments measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>47,393</u>
Total investments	<u>\$ 7,471</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 54,864</u>

Transfers between levels may occur due to changes in the availability of market observable inputs. Transfers in and/or out of any level are assumed to occur at the end of the period.

There were no assets or liabilities measured at fair value on a nonrecurring basis as of December 31, 2017 and 2016, and there were no transfers into or out of Level 1, Level 2 or Level 3.

As of December 31, 2017, the Foundation's investment portfolio includes \$19,196,000 of investments in limited liability companies, \$16,565,000 of investments in a commingled fixed income investment trust, and \$6,937,000 of investments in a commingled international equity fund that can be redeemed with 30 days' notice. The portfolio also includes \$3,387,000 of holdings in a limited partnership that can be redeemed with 60 days' notice, \$3,462,000 of holdings in a limited partnership that can be redeemed with 75 days' notice, and \$3,350,000 of holdings in a limited partnership in which the entire interest can be redeemed effective February 1, 2018 or, thereafter, the Foundation can redeem 25 percent per quarter with 45 days' notice. None of the investments have unfunded commitments.

As of December 31, 2016, the Foundation's investment portfolio includes \$16,044,000 of investments in limited liability companies, \$16,228,000 of investments in a commingled fixed income investment trust, and \$5,403,000 of investments in a commingled international equity fund that can be redeemed with 30 days' notice. The portfolio also includes \$6,487,000 of holdings in limited partnerships that allow redemptions with 75 days' notice, and \$3,231,000 of holdings in limited partnerships that have a three-

year lockup provision where redemptions are not allowed until February of 2018. The Foundation can redeem its entire interest in this fund effective February 1, 2018 or, thereafter, the Foundation can redeem 25 percent per quarter with 45 days' notice. None of the investments have unfunded commitments.

#### **4. RELATED-PARTY TRANSACTIONS**

On a routine basis, the Foundation conducts business transactions with affiliates: BCBSM and Blue Care Network of Michigan (BCN). These transactions include management, administrative, and professional services, including computer operations and accounting services.

For the years ended December 31, 2017 and 2016, \$1,313,000 and \$1,192,000, respectively, were billed from affiliates and are included in supporting activities in the Statements of Activities and Changes in Net Assets; and \$921,000 and \$699,000, respectively, were due to affiliates. The majority of the transactions and balances are related to BCBSM.

For the year ended December 31, 2016, \$85,000 was due from BCBSM as a result of BCBSM receiving funding on the Foundation's behalf. For the year ended December 31, 2017, there were no amounts due from affiliates.

The accompanying financial statements present the financial position, results of operations, and changes in net assets and cash flows for the Foundation and are not necessarily indicative of what the financial position, results of operations, and changes in net assets and cash flows would have been if the Foundation had been operated as an unaffiliated corporation during the periods presented.

All outstanding shares of the Foundation are owned by BCMI. In addition, the Foundation, BCBSM, BCN, Blue Cross Complete of Michigan LLC, owned by BCBSM through a joint venture, and COBX CO., a subsidiary of BCBSM, have some common officers and board members.

#### **5. SUBSEQUENT EVENTS**

Management has evaluated all events subsequent to the balance sheet date of December 31, 2017, through March 30, 2018, the date the financial statements were available to be issued, and has determined that there are no subsequent events that require disclosure under FASB ASC 855, *Subsequent Events*.

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[bcbsm.com/foundation](http://bcbsm.com/foundation)



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

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