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

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, innovative solutions to critical issues that affect the health of all Michigan residents.

Commitment to quality performance:
- Honesty, integrity, collaboration and teamwork
- Effective and efficient use of resources
- Excellence in programs, grants and communications

The 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, the Foundation’s assets have grown to $55 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 the fund has supported over the years has earned the Foundation a reputation for excellence and innovation in health philanthropy.

Our 38-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 nonprofit and independent licensees of the Blue Cross and Blue Shield Association.

For more information and application materials, please visit 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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SUSTAINING THE PRESENT AND PREPARING FOR THE FUTURE

We at Blue Cross Blue Shield of Michigan recognize that Michigan’s future depends heavily on the health and well-being of its residents. We’re proud that over the last 80 years, we’ve worked hard to make sure people have access to quality, affordable care. These efforts span our insurance business — where we offer coverage in every Michigan ZIP code — to our social mission activities, where we help communities address health disparities, strengthen the safety net for the uninsured and combat chronic health conditions.

The Blue Cross Blue Shield of Michigan Foundation, one of Michigan’s largest nonprofit foundations, also works with partners across the state to support a healthier Michigan. In 2018, the Foundation and our statewide partners gave more than $2.7 million to address critical health issues.

We funded innovative community interventions that directly impacted health issues. This year’s annual report highlights specific community grants focused on improving the health of the children in various communities.

The Foundation is also proud to support our medical research community. As the landscape of health care changes, we must assist Michigan’s leading academic and clinical researchers to discover ideas and innovations to improve lives and change health care. In 2018, we were proud to award 28 research grants to established, professional researchers and cultivate the research talents of 42 students at eight Michigan universities.

We’re pleased to offer this report about our outcomes from the past year, as we continue to work with our partners to invest in the health of all Michiganders and to be a Force for Positive Change for many years to come.

FROM THE CEO AND BOARD CHAIR

In 2018, the Foundation’s focus on families was driven by the health crises of substance abuse and undiagnosed and untreated behavioral health disorders. As part of our focus on the overall health and wellness of Michigan families, these issues reach across the state and into many homes as people grapple with the difficulties they present.

To help counteract the ongoing issue of opioid use and abuse in the state, we partnered with researchers who addressed the many facets of the crisis. They looked at different aspects, including opioid use in after-surgery care, prescribing guidelines in Michigan, addicted mothers and infants and residential treatment plans.

One aspect of behavioral health we focused on was the impact childhood trauma could have on parents and children. We funded community development innovative interventions that taught families how to manage the lifelong impacts. The interventions give a positive voice and access to diagnosis and treatment of behavioral health issues, so families can become active members of their own health care teams. In Detroit, we’re partnering with other funders, the Detroit Public Schools and the University of Michigan, to implement a three-year, evidence-based behavioral health plan for children in grades K-12.

In the Upper Peninsula, we sought to improve health and access to cost-effective quality care for the residents. This special investment gave 14 community organizations more than $800,000 in grant funding for projects that address critical health problems in their communities. These projects were funded through a partnership between Blue Cross Blue Shield of Michigan, the Blue Cross Blue Shield of Michigan Foundation and the Superior Health Foundation.

We’re proud to continue to serve the state of Michigan and hope you’ll enjoy reading about these and our other accomplishments of 2018.

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 Foundation

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

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Blue Cross Blue Shield of Michigan Foundation

DANIEL J. LOEPP
LYNDA M. ROSSI
AUDREY J. HARVEY
SHAUNA RYDER DIGGS, M.D.
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ELIZABETH KOSCHMANN, PH.D., DEPARTMENT OF PSYCHIATRY UNIVERSITY OF MICHIGAN SOUTHEAST MICHIGAN
A $65,000 grant from the Blue Cross Blue Shield of Michigan Foundation is helping an Upper Peninsula Head Start program implement an intervention program for kids who’ve experienced early childhood trauma that’s impacting their ability to interact with adults. The program, Watch Me Shine, helps caring adults build supportive, responsive relationships in an effort to stave off lifelong repercussions to learning and physical and mental health.

Cheryl Mills, executive director and Head Start director, Baraga-Houghton-Keweenaw Child Development Board, Inc., said, she’s noticed a trend developing in the last few years that’s gone beyond typical toddler and early childhood behavior.

BHK covers a wide swath of rural geography in the Upper Peninsula counties. Meaningful employment that pays a decent wage can be hard to come by, opioid and alcohol addiction have hit the region hard and accessing mental and behavioral health services is difficult considering how far away families might need to travel to get them.

About 63 percent of the children who attend BHK come from families with income below 100 percent of the federal poverty level. An additional 27 percent are on some type of public assistance.

Stressful situations in childhood can weaken a child’s developing brain and permanently set his or her body’s stress response system on high alert. A large part of the program that started at the beginning of the 2018-2019 school year involves training teachers to recognize trauma in kids and identify ways to build relationships that help those kids feel safe.

BHK is also working through intervention plans with parents so that they can implement supportive strategies in the home. “I’m a strong believer that if you can help the parents, they can help the children,” said Tracy Newton-Cadeau, mental health and disabilities coordinator, BHK. That might mean helping parents address the source of trauma a child has been exposed to through referrals to counseling or other types of community resources or programs.

As the program progresses, Mills hopes to build awareness about the effects of childhood trauma in the broader community, so a stronger support system is put in place to help kids and their families build resiliency.

“I’m a strong believer that if you can help the parents, they can help the children.”
Through GREAT MOMs, women simply schedule a block of appointments during a single day with an addiction specialist, certified nurse midwife and others involved in their care. It saves them from having to make up to four different appointments in four different locations during a given week.

Women are treated with buprenorphine to help reduce or quit use of heroin or other opioids. Cara Poland, M.D., M.Ed., spokesperson for GREAT MOMs, said medication to treat addiction during pregnancy is preferable and produces better outcomes than quitting “cold turkey.” Without treatment, opioid use disorder during pregnancy can cause low birth weight, stillbirth and prematurity in infants.

Poland noted, “If somebody is actively using opioids, their body is often going in and out of withdrawal, and withdrawal is a physical stress on the body and that results in stress on the baby.” Poland is one of the first 1,200 American Board of Medical Specialties board-certified addiction medicine specialists. She’s also the president of the Michigan chapter of the American Society of Addiction Medicine.

Women who enter treatment during pregnancy have higher rates of compliance with prenatal care, and their babies need fewer medical interventions after birth. On average, six-week postpartum checkups are adhered to by only about 40 percent of women. The rate of compliance for GREAT MOMS is 95 percent.

Long-term, babies born to moms taking medication to treat an opioid use disorder do well, Poland said, typically without lasting complications.

The Grand Rapids Encompassing Addiction Treatment with Maternal Obstetric Management program, or GREAT MOMs, with grant funding from the Blue Cross Foundation, is offering hope to expectant mothers recovering from or actively battling a substance use disorder. Spectrum Health in Grand Rapids, Michigan, runs the program that embeds addiction treatment in a prenatal care clinic that streamlines their patients’ individual needs to promote better outcomes for moms and their babies.

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“If somebody is actively using opioids, their body is often going in and out of withdrawal and withdrawal is a physical stress on the body and that results in stress on the baby.”
Roan Collins’ white blood cells don’t work optimally. A deficiency like this makes Virginia vulnerable to illness. His immune deficiency also makes the Caledonia fourth grader vulnerable to something else: isolation and loneliness.

Thanks to the Children’s Healing Center, a Grand Rapids-based facility that’s kept as germ-free as possible, Collins, 9, is no longer alone. CHC is a place where families and their immune-compromised children and young adults up to 26 years old can play, learn and connect with others.

After his first visit, Collins’ dad reported, “He said, ‘Dad, I feel like I fit in here.’”

It’s stories from kids such as Roan Collins that keep CHC founder and executive director Amanda Winn focused on the expansive goals she has for the center.

A $24,000 grant from the Blue Cross Blue Shield of Michigan Foundation is helping researchers from Helen DeVos Children’s Hospital and Calvin College’s Center for Social Research see how the center’s programming impacts the well-being and quality of life for kids and the adults in their lives.

Programming is split into four main zones at the center and includes:

- **Exploratory play** — A hub for exploration, this space helps younger children work on their fine motor skills and reading, and offers play-based learning.
- **Active fitness** — This space allows children to move and exercise. The CHC hosts a wide variety of fitness classes, group games and sports for the entire family.
- **Art and learning** — Group and educational projects take place here, including science experiments and therapeutic art sessions.
- **Technology zone** — A favorite space for teens and young adults, this area encourages hanging out and fun uses of technology, such as karaoke, movie nights and fitness-based video games. A stage encourages kids to explore their dramatic side.

Winn said she expects the Blue Cross-funded research will show improvements in mental and emotional health for caregivers, parents and their children. She said earlier research showed that it helped reduce stress and improve moods.

“We feel that by strengthening families, we’re strengthening every person’s mental and emotional health,” Winn said.
In Michigan, the participation rate for summer food programs that target underserved children averages about 12 to 15 percent. In Kalamazoo County, it’s 21 percent, which Hepp credits to a dedicated anti-hunger coalition in the community and the use of an innovative data mapping program that allowed the group to visualize where the need is and take appropriate action to up the number of kids getting summer meals.

Helping summer food programs increase effectiveness is just one of many wins realized since Western Michigan University instituted the Health Data Research, Analysis and Mapping Center, or HDReAM, in 2014.

By mapping things like education and economics, transportation, maternal and child health, infectious disease hotspots, housing, services, medical information and population census data, community groups can pinpoint geographic areas where needs aren’t being met.

Blue Cross Blue Shield of Michigan Foundation and the Battle Creek Community Foundation provided the initial funding for HDReAM, a collaboration between WMU, the Calhoun County Health Department and the Kalamazoo County Health and Community Services Department, along with other organizations.

The program is prompting discussion about how data can be used to improve health services and outcomes, explains Kathleen Baker, director of the HDReAM Center at WMU. Her team is working to update the data mapping technology and website. They’re also helping other communities institute their own data mapping systems.

The project is instrumental in teaching a new generation of students about the role technology can play in shaping public health initiatives, as well as providing them insights into their communities. Researchers have worked with other local organizations to identify and address gaps in health services related to sexually transmitted infections, maternal health care for at-risk moms and other complex issues.

For kids who rely on free and reduced lunch programs at school, summer vacation is sometimes synonymous with hunger. A lack of food is unhealthy for growing bodies.

“If it’s not maintained throughout childhood, even if they don’t feel the immediate effects of it, it can affect the child’s health as they age,” said Phyllis Hepp, policy and planning director, Kalamazoo Loaves & Fishes.

“To actually be able to map that out and see how it’s affecting different areas of the community was just so much more powerful.”
Despite their tiny frames, kids have big, sometimes out-of-control feelings. When those emotions erupt, the outbursts can fray the nerves of teachers and caregivers. At Starfish Family Services, efforts have been under way to address the behavior and understand why it’s happening in the first place. The nonprofit organization works with families in metro Detroit through early childhood education, behavioral health services and community and parenting classes.

Starfish serves a population where adverse childhood experiences are significantly higher than the national average, meaning the kids they work with have seen more trauma in their short lives than many of their counterparts in other parts of the state and country.

Starfish has been implementing evidence-based Trauma Smart training for all staff, which has been recognized as an effective tool in helping children and the adults who care for them address the negative impact of violence and trauma.

A $50,000 grant from the Blue Cross Blue Shield of Michigan Foundation is helping the organization measure the effectiveness of the work, which has found broad support from many philanthropic organizations.

Staff has made an empathetic shift in how they deal and interact with outbursts, particularly for kids with recurring behavioral issues. Children who act out aren’t immediately labeled as “bad.” Instead, caregivers put themselves in those children’s shoes and consider what they might be going through outside the classroom.

“We are helping to create a place that feels safe, where children in the classrooms are able to learn,” said Brianne Twombly, trauma manager at Starfish. For example, students might not have enough to eat at home. Their family might be going through a difficult time due to drugs, crime or abuse. They might simply not feel safe. The coping mechanisms they use to overcome trauma at home might not be the best response to use in the classroom, which needs to be recognized by their teachers.

Mental health experts also have been helping teachers shift their thinking about what causes behavioral problems. Additionally, parents can take classes to learn strategies to break negative habits they learned from their own parents. The hope is that more resilient adults will lead to more resilient children.
A $27,900 grant from the Michigan Opioid Partnership (Blue Cross Blue Shield of Michigan, the Blue Cross Blue Shield of Michigan Foundation, the Michigan Health Endowment Fund, the Community Foundation for Southeast Michigan and the Superior Health Foundation) is funding this initiative to educate local teens about the epidemic and overall dangers of substance use disorders. The funding also supports a second initiative — the Holland Physician Organization Opiate Misuse Reduction Project, a physician-led, multi-pronged strategy to reduce the rate of opiate misuse in southwest Ottawa County. The PHO represents 193 providers in the Holland and Zeeland area.

Since 2016, the PHO taskforce, that also includes representatives from law enforcement and community organizations, has worked to increase drug takeback days, distribute the opioid-reversal drug Narcan and train to the community about its use.

The state average for opioid prescriptions is a staggering 131 for every 100 people. Holland's numbers were closer to 166 prescriptions for every 100 people. In 2017, there were 31 overdose deaths in Ottawa County, with 90 percent involving an opiate.

Gina Schutter, quality manager at the Holland Physician Hospital Organization, said there are three key areas the PHO is focusing on with help from the grant funding:

• Reducing the quantity of prescribed opiates
• Creating a protocol for responsible prescribing
• Increasing medication-assisted treatment for patients with opiate-related substance use disorders

The organization is also establishing a dashboard of opiate prescribing rates for each primary care physician and will then provide feedback if rates seem especially high compared to their peers. Responsible prescribing protocols will help physicians understand how to appropriately limit opiate prescriptions and recognize the signs of medication misuse.

On a recent afternoon, a group of teenage girls gathered in tight quarters at Silkscreen Marketing in Holland. They got busy screen printing blue T-shirts with a humorous image of large glasses and a mustache with the logo: “Hidden Heroes: Solving the world’s opiate problem … one day at a time.”

Community Mental Health of Ottawa County Prevention Specialist Jessica Petri has been working with the teens through the Boys and Girls Club of Greater Holland. It’s one of many initiatives being undertaken by the Ottawa County Prescription Drug and Opiate Taskforce.

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The nonprofit serves more than 20 counties in northern Michigan through foster care and adoption services, counseling services, a youth shelter and other wraparound programs.

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A $25,000 grant from the Blue Cross Blue Shield of Michigan Foundation will help CFS provide increased access to affordable trauma-informed behavioral health services in rural northern Michigan. The nonprofit serves more than 20 counties through foster care and adoption and counseling services, a youth shelter and other wraparound programs.

The funding will help children avoid disruptions to services when they go through a family transition due to changes in foster care or adoption status. Smith points to a recent example of a sibling group able to continue horse-assisted therapy throughout parental termination, foster care and subsequent adoption.

“The grant funding could be used for cases like that to help cover therapeutic intervention that benefits the children as they are going through this challenging transition,” she said. “Having those funds available to bridge the deficit allows for circumstances like that when we’re either uninsured or underinsured.”

In addition to helping children through their trauma, CFS is committed to family reunification for foster children when possible. This includes counseling services to parents in need.

Making sure children and teens have access to behavioral health services is important to their long-term well-being. Left unresolved, Smith said, children with trauma tend to have difficulties in the classroom, are more likely to be truant and break the law. They’re also at a higher risk of self-harm and suicide.

When the little girl first came to Child & Family Services of Northwestern Michigan, it was clear she needed help. Her mother’s parental rights had been terminated and her custodial grandmother described a child who couldn’t regulate herself emotionally at home, at school or in any social situation. “She just couldn’t make friends, couldn’t engage in a positive way with her peers or her teachers,” said Paula Smith, director of behavioral health, CFS.

She underwent a comprehensive trauma assessment with many health professionals who dug for previous or ongoing traumatic events. Their goal was to learn what happened to this child so they could help her.

With buy-in from the adults in her life, who received recommendations from the findings, the 8-year-old made amazing progress. Her grandmother remarked that she had “a new child in my home,” Smith recounted.

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The Blue Cross Blue Shield of Michigan Foundation awarded a $50,000 grant to aid its expansion into the Detroit Public Schools Community District. TRAILS is implementing the first of a three-year plan that hopes to impact all students. To date, nearly 150 Michigan schools have participated.

The TRAILS model has three levels of behavioral health programming. They include:

- A universal approach that emphasizes education, awareness and stigma reduction
- Early intervention for students at risk and in need of additional support
- Crisis intervention and response to students in need of intensive mental health services

School professionals receive access to comprehensive online tools, plus in-person support from a TRAILS-trained coach. Although program materials target middle and high school students, additional resources for grades K-5 are currently being developed. Skills learned through the program can help all children, particularly those facing high-stress situations such as poverty, homelessness, food insecurity and abuse.

TRAILS is affiliated with the University of Michigan Depression Center and co-funded by multiple organizations including the Blue Cross Blue Shield of Michigan Foundation, Ethel & James Flinn Foundation, Michigan Health Endowment Fund, Metro Health Foundation, Children’s Hospital of Michigan, as well as the Jewish Fund, DMC Foundation, and Community Foundation of Southeast Michigan. It also receives support from the Centers for Medicare and Medicaid Services through the Michigan Department of Health and Human Services.

“Knowing that children spend nearly half of their awake hours at school, schools are an ideal place to provide health services,” said Dr. Elliott Attisha, Chief Medical Officer at DPSCD. “Awareness and early intervention is key but schools obviously can’t do it alone. Through partnerships and collaboration, we can work to overcome existing challenges and help our students receive the safe and healthy learning environments they deserve.”

In the United States, nearly one in five children experience a behavioral health problem during the school year. Due to stigma and lack of access, only 20 percent receive necessary treatment. Typically, students are supported through social workers, counselors and partnerships with local agencies. But now, school districts are taking a more clinical approach.

Dr. Elizabeth Koschmann, an assistant research scientist at University of Michigan-Ann Arbor, spearheaded a pilot project in 2013 that focused on cognitive behavioral therapy in schools. Since then, it’s grown into a full-fledged mental health program called TRAILS (Transforming Research into Action to Improve the Lives of Students). It provides educational staff with clinical training in the evidence-based techniques, cognitive behavioral therapy and mindfulness.

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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 opportunities to work with us to improve the health of Michigan residents.
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. Sixteen community organizations throughout Michigan’s Upper Peninsula received funding in 2018 to begin new projects or expand existing projects that address critical health care problems.

The funding was provided through Blue Cross Blue Shield of Michigan, the Blue Cross Blue Shield of Michigan Foundation and the Superior Health Foundation’s Investing in Upper Peninsula Health grant initiative. The partnership provides one-time grants that will be used to improve health and access to cost-effective, quality care for residents in Michigan’s UP.

Some of the most prevalent health issues affecting residents of the UP are linked to obesity, mental and behavioral health, substance abuse and chronic disease. The goal of this initiative is to identify and support programs that address the following focus areas: expanding access to health care, improving quality of health care and addressing critical health problems.

All 15 counties of the Upper Peninsula will benefit from the projects funded.

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Project Title</th>
<th>Amount</th>
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<tbody>
<tr>
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<td>Menominee</td>
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<td>Watch Me Shine</td>
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<td>Life After Stroke</td>
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<td>Exercise-based Intervention Enhancing Recovery Outcomes</td>
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<td>Behavioral Health Services Expansion</td>
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<td>Addressing Substance Abuse Use Issues in the Upper Peninsula</td>
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<td>Upper Peninsula RFP – Technical Assistance</td>
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<td>UPPER GREAT LAKES FAMILY HEALTH CENTER</td>
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<td>Oassen Family Health Center Service Expansion</td>
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<td>UPPER PENINSULA HEALTH CARE SOLUTIONS, INC.</td>
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<td>Upper Peninsula Health Care Solutions Diabetes Retinopathy Screening Telehealth Project</td>
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<td>WESTERN UPPER PENINSULA HEALTH DEPARTMENT</td>
<td>Houghton</td>
<td>Leadership for the Local Health Improvement Cycle: Assess, Plan, Implement, Evaluate</td>
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**REQUEST FOR PROPOSAL PROGRAM TOTAL** $949,652
Through our Community Health Matching Grant Program, we partner with community-based nonprofit organizations to develop, test or validate new techniques and programs that 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 2018, matching grants represented innovative solutions to address pressing public health issues that prevented communities from being healthy. Communities addressed the behavioral concerns of all residents. Behavioral health was the focus of interventions designed to improve the health of veterans, seniors, first responders and children. Communities also focused attention on the care of the aging, the health of homeless seniors and the needs of caregivers. Finally, communities tested interventions to reduce addiction and support the health of those who seek recovery.

Applications are accepted any time. Application materials and instructions are at bcbsm.com/foundation.

<table>
<thead>
<tr>
<th>Grantee Name</th>
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<td>Alzheimer's Association</td>
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<td>Barry-Eaton District Health Department</td>
<td>$50,000</td>
<td>PATHWAYS to Improving Rural Health Disparities Eaton</td>
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<td>Child &amp; Family Services of Northwestern Michigan</td>
<td>$25,000</td>
<td>Increased Behavioral Health Capacity for Child &amp; Family Services Grand Traverse</td>
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<td>Children's Healing Center</td>
<td>$24,000</td>
<td>Improving Mental Health With No Germs, Just Fun Kent</td>
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<td>Community Encompass</td>
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<td>Muskegon Prescribe Food for Health Muskegon</td>
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<td>Good Samaritan Ministries</td>
<td>$25,000</td>
<td>Circles Ottawa County – Health Interventions Initiative Ottawa</td>
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<td>Harbor Beach Community Hospital</td>
<td>$50,000</td>
<td>Increase Access to Psychiatry Services in Huron County Huron</td>
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<td>Healthy Homes Coalition of West Michigan, Inc.</td>
<td>$50,000</td>
<td>The Breath Easier Asthma Program Kent</td>
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<td>Judson Center</td>
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<td>An Integrated Health Care Solution for Poor Children with Mental Illness Oakland</td>
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<td>KADIMA</td>
<td>$25,000</td>
<td>The Kadima Integrated Care Program Oakland</td>
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<td>LueLLA Harran Memorial Foundation</td>
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<td>Zema Baum Outreach Program Wayne</td>
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<td>Macomb Children's Healthcare Access Program</td>
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<td>Macomb-Oakland Children's Healthcare Access Program Macomb</td>
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<td>Michigan State Medical Society</td>
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<td>22nd Annual Conference on Bioethics Ingham</td>
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<td>Michigan State University, Department of Psychology</td>
<td>$50,000</td>
<td>Leveraging Peers to Decrease Stigma and Increase Access to Mental Health Services for Veterans Washtenaw</td>
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<td>Monroe County Opportunity Program</td>
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<td>Partnering Agencies Integrating Resources Monroe</td>
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<td>Mental Health First Aid Training Saginaw</td>
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<td>Shelter Association of Washtenaw County</td>
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<td>Shelter-Association of Washtenaw County Older Adult Medical Respite Care Program Washtenaw</td>
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<td>Spectrum Health Foundation</td>
<td>$50,000</td>
<td>Grand Rapids Encompassing Addiction Treatment with Maternal Obstetrics Management Kent</td>
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<td>University of Michigan, Department of Psychiatry</td>
<td>$35,000</td>
<td>3-Tiered School Mental Health Program with Detroit Public School Community District Washtenaw</td>
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<tr>
<td>University of Michigan, Department of Psychology</td>
<td>$50,000</td>
<td>Leveraging Peers to Decrease Stigma and Increase Access to Mental Health Services for Veterans Washtenaw</td>
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<td>United Way for Southeastern Michigan</td>
<td>$50,000</td>
<td>Detroit Regional Workforce Fund – Henry Ford Health System Apprenticeship Program Wayne</td>
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<tr>
<td>Wayne State University, School of Medicine</td>
<td>$12,200</td>
<td>Educational Projects to Prevent Falls at Extended Care Facilities, Created by Medical Students Wayne</td>
</tr>
</tbody>
</table>
Before an innovative idea can be implemented, it must 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 grants are often go to be published in scholarly journals, academic circles and community platforms to inform and shape future thought and improvement.

In 2018, the investigator researchers received grants to address a wide variety of health issues that impact the quality and cost of health care. The quality of care received by children will be improved by research funded to address illness at each stage of a child’s development, including assessing pre-term viability, developing infant intensive care treatment protocols and assessing transition programs for children with autism spectrum disorder.

Applications are accepted any time. Application materials and instructions are at bcbsm.com/foundation.

APPLICATIONS ACCEP TED ANY TIME.
APPLICATION MATERIALS AND INSTRUCTIONS ARE AT BCBSM.COM/FUNDATION.

CYNTHIA AFREED, PH.D. | $60,000
High-risk Prescribing of Controlled Medications
Wayne State University, Department of Psychiatry and Behavioral Neurosciences

ADEJOKE AYOOLA, PH.D. | $60,000
Women’s Reproductive Knowledge Promotion
Calvin College, Department of Nursing

STEVEN ELMER, PH.D. | $52,093
Be FREE in the UP! Improving Recovery after a Knee Replacement with Blood Flow Restriction Exercise Enhancement
Michigan Technological University, Department of Kinesiology and Integrative Physiology

BRIAN KELLY, D.O. | $35,000
Clinical Evaluation of Custom 3D-Printed Silicone Prosthetic Finger
University of Michigan, Department of Physical Medicine & Rehabilitation

JAY LEE, M.D. | $50,000
Preventing Iatrogenic Opioid Dependence after Cancer Surgery
University of Michigan, Department of Surgery

SUSAN MEYNARCZYK, PH.D. | $60,000
Validating a New Assessment Tool to Detect Need for Early Intervention Services in Preterm Infants
Grand Valley State University, College of Nursing

MICHELLE MONIZ, M.D. | $50,000
Expanding Postpartum Contraceptive Treatment Options: Estimating Payer & Hospital Costs
University of Michigan, Department of Obstetrics and Gynecology

FOLA O. ODETOLA, M.B.C.H.B., MPH | $60,000
Outcomes of Transfer to Level I Pediatric Intensive Care Units in Michigan
University of Michigan, Medical School

ANDREW SHUMAN, M.D. | $50,000
Statewide Approaches to Drug Shortages
University of Michigan, Department of Otolaryngology – Head and Neck Surgery

MEGAN SCHIMPF, M.D. | $50,000
Effect of Irritating Beverages on Overactive Bladder Symptoms: A Randomized Controlled Trial
University of Michigan, Department of Psychiatry

ARCHANA RADHAKRISHNAN, M.D. | $50,000
Characterizing Active Surveillance Care Delivery: Examining Current Patterns in Care and Patients’ and Providers’ Perspectives
University of Michigan, Division of General Medicine

Megan Shnapp, M.D. | $50,000
Identifying Unmet Treatment Needs for Perinatal Depression in Michigan Medicaid
University of Michigan, Department of Psychiatry

XIAOLING XIANG, PH.D. | $65,000
Happy@Home: Training Personal Care Aides to Administer Online Therapy for Depression in Homecare Settings
University of Michigan, School of Social Work

KARA ZIVIN, PH.D. | $40,000
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Outcomes of Transfer to Level I Pediatric Intensive Care Units in Michigan
University of Michigan, Medical School

JOSHUA PAVNICK, PH.D. | $50,000
Connections: A Pilot Investigation of an Early Childhood Transition Program for Children with Autism Spectrum Disorders
Michigan State University, Department of Counseling, Educational Psychology and Special Education

ARCHANA RADHAKRISHNAN, M.D. | $50,000
Characterizing Active Surveillance Care Delivery: Examining Current Patterns in Care and Patients’ and Providers’ Perspectives
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As professionals who bear witness to unmet health needs, unsatisfactory medical practices and potential areas of interest, 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 2018 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 awards are working to evaluate models for decision-making for patients receiving gender affirming hormones, effective practices for addressing social determinants of health factors impacting patients, creating prototypes risk calculator for recovery after a prostatectomy, and methods to improve a patient's medication education before and after discharge from the hospital.

Applications are accepted any time. Application materials and instructions are at bcbsm.com/foundation.

**PHYSICIAN INVESTIGATOR RESEARCH AWARD PROGRAM**

**PROGRAM TOTAL**

$137,117

- **NNENAYA AGOCHUKWU, M.D.** | $10,000
  Development of a Prototype Risk Calculator for Sexual Function Recovery Following Radical Prostatectomy
  University of Michigan, Urologic Health Services, Global Health

- **DAVID BERGER, M.D.** | $10,000
  Evaluating Post Acute Hospital Care for Patients Resuscitated after Out of Hospital Cardiac Arrest
  Patients in Michigan
  William Beaumont Hospital Research Institute

- **VINNET CHOPRA, M.D.** | $10,000
  Vascular Access Patterns in the ICU
  University of Michigan, Internal Medicine

- **JOSHIKA EHRICH, M.D.** | $10,000
  Does Incident Diagnosis of Age-related Eye Disease Increase the Likelihood of Falls in Older Adults
  University of Michigan, Ophthalmology and Visual Sciences

- **RITA HADDAD, M.D.** | $9,957
  Brief Resolved Unexplained Events: Epidemiology, Clinical Evaluation and Patient Outcome
  Wayne State University, Department of Psychiatry and Behavioral Neuroscience
  Emergency Medicine

- **NAMITA JAYAPRAKASH, M.D.** | $10,000
  Accelerated Critical Therapy Now in the Emergency Department: The Effects of Early Critical Care Consultation on Intensive Care Unit Boarders
  Henry Ford Health System

- **MICHAEL KLINMAN, M.D.** | $10,000
  Patient Perspectives on Social Determinants of Health Screening at FQHCs in Michigan
  University of Michigan, Family Medicine

- **KELLY LEVASSEUR, D.O.** | $10,000
  Comparison of Anaphylaxis Epidemiology Between (near City and Suburban Populations in Metro Detroit Area Pediatric Emergency Departments
  William Beaumont Hospital Research Institute

- **JOEL MAURER, M.D.** | $10,000
  Reasons for Lack of Follow-up after Prenatal Abnormal Abdominal Fetal Test in Postpartum Medicaid Women
  Michigan State University, Obstetrics, Gynecology, and Reproductive Biology

- **VIVEK NAGARAJA, M.D.** | $10,000
  Integration of Patient-reported Outcome Measurement into Rheumatology Clinical Practice
  University of Michigan, Division of Rheumatology

- **YAGNARAM RAVICHANDRAN, M.D.** | $7,160
  Systemic Steroids in the Emergency Department Management of Mild to Moderate Pediatric Asthma
  Wayne State University, Pediatric Emergency Medicine

- **NADIA SHEKHAWAT, M.D.** | $10,000
  Improving Patient Medication Education before and after Discharge in Patients with Chronic Liver Disease
  University of Michigan, Internal Medicine

- **DAHNA STRONIS, M.D., MPH** | $10,000
  Models for Initiation Decision for Gender Affirming Hormones: Patient and Provider Perspectives
  University of Michigan, Health Management and Policy

- **MARY THOMSON, M.D.** | $10,000
  Enhanced Medication Education Before and After Discharge in Patients with Chronic Liver Disease
  University of Michigan, Internal Medicine

**bcbsm.com/foundation**
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 2018 Student Award Program provided support for the research of 42 students at eight Michigan universities. All applications are due April 30. Find materials and instructions at [bcbsm.com/foundation](http://bcbsm.com/foundation).

### CENTRAL MICHIGAN UNIVERSITY

<table>
<thead>
<tr>
<th>Student</th>
<th>Amount</th>
<th>Project Title</th>
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<tr>
<td>CARLA CAVALINI</td>
<td>$1,500</td>
<td>Risk Factors for Trigger Finger Development Following Open vs. Endoscopic Carpal Tunnel Release</td>
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<tr>
<td>GHAZALEH GOLDAR</td>
<td>$1,500</td>
<td>Differences in Quality of Anticoagulant Therapy for Atrial Fibrillation in Men</td>
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<tr>
<td>NATHALIE HAMILTON</td>
<td>$3,000</td>
<td>Access Barriers to Healthcare for People with Disabilities</td>
</tr>
<tr>
<td>AKSR HUSAIN</td>
<td>$1,500</td>
<td>Aortic Stenosis Community Research Project</td>
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<td>THOMAS ITTOOPI</td>
<td>$3,000</td>
<td>Prevalence and Impact of Adverse Childhood Experiences on Diabetes and Obesity in Adults</td>
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<tr>
<td>YASMEEN MANJ</td>
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<td>Differences in Quality of Anticoagulant Therapy for Atrial Fibrillation in Minority Patients</td>
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### EASTERN MICHIGAN UNIVERSITY

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<tr>
<td>NATALIE MORRIS</td>
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<td>The Impact of Duration as a Modality to Reduce Oral Hypersensitivity and Improve Intake in Children with Pediatric Feeding Disorders</td>
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<td>STEFANIE POEHACKER</td>
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<td>What are the Neural Networks Underlying Social Aggression?</td>
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### MICHIGAN STATE UNIVERSITY

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<th>Student</th>
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<td>DANIELLE CHIARAMONTE</td>
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<td>Qualitative Examination of Factors Impeding HIV Care Engagement for Transgender Youth Living with HIV</td>
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<tr>
<td>MEGAN FLANIGAN</td>
<td>$3,000</td>
<td>Exploring Pain and Spiritual Quality of Life in Women with Advanced Breast Cancer</td>
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<td>ERICA LESCH</td>
<td>$3,000</td>
<td>Effective Function Skills in Young Children with Developmental Stuttering</td>
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<td>DONDRA STRAION</td>
<td>$3,000</td>
<td>Optimal Pain Management to Prevent Complications in Patients with Three or More Rib Fractures</td>
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The **Program Total** is $117,000.
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<tr>
<th>UNIVERSITY</th>
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<td>ANKUSH CHANDRA</td>
<td>$3,000</td>
<td>Sarcoptes as a Predictor of Survival and Mortality in Spinal Metastasis</td>
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<td>MEASURING PROVIDER COST REDUCTION THROUGH USE OF TELEMEDICINE VIDEO VISITS USING TIME-DRIVEN ACTIVITY-BASED COATING</td>
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<td></td>
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<td>Meet the Geriatric Care Needs of an Aging Population: Patient and Caregiver Perspectives</td>
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<td>ELYSE DESHAW</td>
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<tr>
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<td>Measuring Provider Cost Reduction through Use of Telemedicine Video Visits using Time-Driven Activity-Based Costing</td>
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<td>MINAKSHI RAJ</td>
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<td>Street Medicine Pontiac: A Collaboration and Extension of the Gary Burnstein Community Health Clinic and the Oakland University William Beaumont Student Run Free Clinic</td>
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<td>KEVIN WEISZ</td>
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<td>Retrospective Review of Infected Shoulder Arthroplasty Cases to Assess Culture-positive and Culture-negative Infections</td>
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<tr>
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</table>
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 financially supports organizations that need these services.

Applications are accepted any time. Application materials and instructions are at bcbsm.com/foundation.

ALL THINGS WOMEN, INC. | $3,500
Ferndale Homeless Veteran Housing and Supportive Services Program – Corinthian House
Wayne

SUICIDE LOSS FOUNDATION | $3,500
Suicide Loss Foundation Fund Development Program
Oakland

PROPOSAL DEVELOPMENT AWARD
PROGRAM TOTAL
$7,000
If you’re seeking a grant, start by reviewing the requirements of our individual grant programs. For more detailed information on Blue Cross Blue Shield of Michigan Foundation grant programs, email the Foundation’s program officers at 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’s Board of Directors receives funding recommendations based on the staff and Grant Advisory Panel’s reviews.

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:

• 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 criterion evaluates the project as a means of understanding or improving important health care problems and concerns. This is demonstrated by:

• 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

LAWRENCE J. LAER, PH.D.
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Henry Ford Vive Health
Henry Ford Health System

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Patient Safety Enhancement Program
University of Michigan Health System

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University of Michigan
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, 2018 and 2017, 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, 2018 and 2017, 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.

March 29, 2019
### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>332</td>
<td>96</td>
</tr>
<tr>
<td>Investments</td>
<td>54,727</td>
<td>61,956</td>
</tr>
<tr>
<td>Accrued investment income</td>
<td>-</td>
<td>29</td>
</tr>
<tr>
<td>Software — net</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Other assets</td>
<td>35</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>55,097</strong></td>
<td><strong>62,109</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

#### LIABILITIES:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>2,791</td>
<td>2,520</td>
</tr>
<tr>
<td>Accounts payable — parent and affiliates</td>
<td>536</td>
<td>921</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>108</td>
<td>97</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>3,435</strong></td>
<td><strong>3,538</strong></td>
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</tbody>
</table>

#### NET ASSETS:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common stock, $100 par value — shares authorized, issued, and outstanding</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Without donor restrictions</strong></td>
<td>50,245</td>
<td>56,722</td>
</tr>
<tr>
<td><strong>With donor restrictions</strong></td>
<td>1,417</td>
<td>1,849</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>51,662</strong></td>
<td><strong>58,571</strong></td>
</tr>
</tbody>
</table>

#### NET ASSETS WITHOUT DONOR RESTRICTIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment loss – net</td>
<td>(146)</td>
<td>(57)</td>
</tr>
<tr>
<td>Net realized and unrealized (loss) gain on investments</td>
<td>(2,712)</td>
<td>7,364</td>
</tr>
<tr>
<td>Contributions</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>396</td>
<td></td>
</tr>
<tr>
<td><strong>Total (loss) revenue without donor restrictions</strong></td>
<td>(2,462)</td>
<td>7,412</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>2,534</td>
<td>1,898</td>
</tr>
<tr>
<td>Supporting activities</td>
<td>1,481</td>
<td>1,575</td>
</tr>
<tr>
<td><strong>Total expenses without donor restrictions</strong></td>
<td>4,015</td>
<td>3,473</td>
</tr>
<tr>
<td><strong>TOTAL (DECREASE) INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS</strong></td>
<td>(6,477)</td>
<td>3,939</td>
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#### NET ASSETS WITH DONOR RESTRICTIONS

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<tr>
<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
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</thead>
<tbody>
<tr>
<td>Investment income – net</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Net realized and unrealized (loss) gain on investments</td>
<td>(155)</td>
<td>169</td>
</tr>
<tr>
<td>Agency funds and other contributions</td>
<td>100</td>
<td>1,664</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>(396)</td>
<td></td>
</tr>
<tr>
<td><strong>Total (decrease) increase in net assets with donor restrictions</strong></td>
<td>(432)</td>
<td>1,849</td>
</tr>
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#### TOTAL (DECREASE) INCREASE IN NET ASSETS

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<th>Description</th>
<th>2018 ($k)</th>
<th>2017 ($k)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL INCOME DURING THE PERIOD</strong></td>
<td>(6,909)</td>
<td>5,788</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS — Beginning of year</strong></td>
<td>58,571</td>
<td>52,783</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS — End of year</strong></td>
<td><strong>51,662</strong></td>
<td><strong>58,374</strong></td>
</tr>
</tbody>
</table>

See notes to financial statements.
NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

1. SIGNIFICANT ACCOUNTING POLICIES

Organization — Blue Cross Blue Shield of Michigan Foundation (the Foundation) is a Michigan nonprofit corporation and was a wholly owned subsidiary of Blue Care of Michigan, Inc. (BCMI), which was a wholly owned subsidiary of Blue Cross Blue Shield of Michigan Mutual Insurance Company (BCBSM). On July 1, 2018, BCMI merged into Blue Care Network of Michigan (BCN), which is a wholly owned subsidiary of BCBSM. Due to the merger, the Foundation became a wholly owned subsidiary of BCN. Neither BCBSM, BCN or BCBSM exercise control over the Foundation, therefore, the Foundation is not consolidated in the financial statements of these entities.

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).

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, the 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 value is 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 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).

2. FAIR VALUE MEASUREMENTS

Carrying amounts reported in the balance sheets approximate fair value for all assets and liabilities except for long-term investments, which are actively managed and are reported at fair value using methods, models, and assumptions that management believes market participants would use to determine a current transaction price.

Net Assets — The Foundation's net assets have been presented on the face of the Statements of Activities and Changes in Net Assets. The fair value of net assets is measured based on the assessment of the value of the net assets as a whole and is a Level 3 measurement.

3. BASIS OF PRESENTATION

The amounts presented in the financial statements include estimated fair value amounts for assets and liabilities that are carried at historical cost or amortized cost. Fair value is a market-based measurement, focused on the market participant perspective and is based on observable market assumptions.
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 at 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 at 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.

Certain securities that do not have readily determined fair values are measured at fair value using methods, models and assumptions that management deems appropriate. The Foundation uses the net asset value (NAV) per share for valuation purposes on these securities. According to ASC 820, Level 3 securities measured using NAV are not required to be classified into 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.

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.

Common Stocks — Consist of actively traded, exchange listed equity securities and equity mutual funds. Valuation is based on unadjusted quoted prices in active markets for identical assets or in inactive markets for identical assets.

Limited Liability Companies — 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 valuation is based on unadjusted quoted prices and are classified as Level 1. The commingled investment 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.

International Equity Funds — Consist of an international equity mutual fund and an investment in a commingled investment vehicle holding underlying international equity securities with readily determinable market prices. The mutual fund valuation is based on unadjusted quoted prices and are classified as Level 1. 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.

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 $14,000 and $9,000, resulting in a net book value of $3,000 and $8,000 as of December 31, 2018 and 2017, respectively. Depreciation expense was $5,000 and $6,000 for the years ended December 31, 2018 and 2017, 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 sole stockholder, BCN, 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.

Net Assets Without Donor Restrictions — Net assets without donor restrictions 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.

Net Assets With Donor Restrictions — Net assets without donor restrictions 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.

Net Assets With Donor Restrictions — Net assets with donor restrictions are consigned to recipients in support of purposes described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from federal income taxes under Section 501(a).

Liquidity — The Foundation has $52,767,000 of financial assets available within one year of the balance sheet date to meet its cash needs to cover grants and administrative expenses. These assets include cash and cash equivalents of $32,332,000 and short-term investments of $20,435,000. A portion of the Foundation’s investments are subject to donor restrictions and are unavailable for general expenditure. Additionally, income from the investments held related to the contribution is also limited to the specified purposes and, therefore, is not available for general expenditure.

As part of the Foundation’s liquidity management, the Foundation structures its investment portfolio to provide sufficient liquidity to cover grants and administrative expenses as they come due. Investments with lock-up provisions may reduce the total amount of investments immediately available to cover grants and administrative expenses. As of the balance sheet date, 1.6% of the Foundation’s investment assets are subject to lock-up provisions preventing redemption during the next 12 months. The remainder of the Foundation’s investment portfolio is expected to be liquidated at or near NAV within 75 days’ notice or less.

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, contingent losses, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
In June 2018, the FASB issued ASU No. 2018-08, **Instruments in an Entity’s Own Equity**. This guidance requires entities to apply the equity method of accounting to certain transactions with the reporting entity that are not equity transactions. This guidance was effective January 1, 2018. The adoption of ASU No. 2018-08 did not have a material impact on the financial statements, and the related disclosures include a new classification of expense table in Note 5, Classification of Expenses.

In June 2016, the FASB issued ASU No. 2016-13, **Fair Value Measurement**. The guidance in ASU No. 2016-13 addresses changes in the presentation and disclosure requirements for fair value measurements. The guidance became effective January 1, 2017. The adoption of ASU No. 2016-13 did not have a material impact on the financial statements and related disclosures.

In August 2016, the FASB issued ASU No. 2016-14, **Classification of Transfers and Reversals of Financial Assets**. This guidance addresses the accounting for transfers of financial assets and the reuse of transferred assets. This guidance became effective January 1, 2018. Early adoption of the guidance 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 January 2016, the FASB issued ASU No. 2016-01, **Recognition and Measurement of Financial Assets and Financial Liabilities**. This guidance requires entities to recognize the impact of an instrument on initial recognition at fair value and to measure changes in fair value through net income. The requirement to use the fair value measurement practical expedient and to make certain disclosures for investments that the Foundation elected to measure at fair value using the NAV per share practical expedient. This guidance also removes the requirements to disclose fair value of financial instrument measured at amortized costs in Note 5—Financial Instruments. The guidance is effective January 1, 2018. The adoption of ASU No. 2018-06 will have a material impact on the financial statements, and the related disclosures include a new classification of expense table in Note 5, Classification of Expenses.

In May 2015, the FASB issued ASU No. 2015-07, **Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement**. This guidance reduces the financial statement disclosure requirements for the fair value measurement disclosures. This guidance became effective January 1, 2016. Early adoption of the guidance is permitted. The Foundation continues to evaluate the effects the adoption of ASU No. 2018-05 will have on the financial statements and related disclosures.

**2. INVESTMENTS**

**Investments at December 31, 2018 and 2017, by asset category, are as follows (in thousands):**

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common stock</td>
<td>$1,700</td>
</tr>
<tr>
<td>Limited liability companies</td>
<td>$18,219</td>
</tr>
<tr>
<td>Commingled fixed income investment trust</td>
<td>$15,932</td>
</tr>
<tr>
<td>International equity funds</td>
<td>$9,066</td>
</tr>
<tr>
<td>Less: unrealized gains/losses</td>
<td>$4,727</td>
</tr>
<tr>
<td>Total investments</td>
<td>$74,843</td>
</tr>
</tbody>
</table>

The Foundation recognized net unrealized gains of $4,843,000 and net unrealized gains of $7,278,000 at December 31, 2018 and 2017, respectively, related 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, 2018 and 2017, the Foundation sold $10,207,000 and $2,350,000 of investments, which resulted in gross realized gains of $2,140,000 and $275,000, and gross realized losses of $159,000 and $0, respectively.
3. FAIR VALUE MEASUREMENTS

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 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.

<table>
<thead>
<tr>
<th>Fair Value Measurements Using</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quoted Prices in Active Markets for Identical Assets (Level 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash equivalents</td>
<td>$3</td>
<td>$67</td>
</tr>
<tr>
<td>Common stock</td>
<td>$1,700</td>
<td>$2,583</td>
</tr>
<tr>
<td>International equity funds</td>
<td>$3,402</td>
<td>$6,476</td>
</tr>
<tr>
<td>Total investments measured at fair value</td>
<td>$5,102</td>
<td>$9,059</td>
</tr>
<tr>
<td>Total investments measured at NAV</td>
<td>49,625</td>
<td>52,897</td>
</tr>
<tr>
<td>Total investments</td>
<td>$54,727</td>
<td>$61,956</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observable Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
<th>Total Fair Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash equivalents</td>
<td>$3</td>
<td>$-</td>
<td>$-</td>
<td>$3</td>
</tr>
<tr>
<td>Common stock</td>
<td>$1,700</td>
<td>$-</td>
<td>$-</td>
<td>$1,700</td>
</tr>
<tr>
<td>International equity funds</td>
<td>$3,402</td>
<td>$-</td>
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<td>$-</td>
<td>$-</td>
<td>49,625</td>
</tr>
<tr>
<td>Total investments</td>
<td>$54,727</td>
<td>$-</td>
<td>$-</td>
<td>$54,727</td>
</tr>
</tbody>
</table>

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.

The Foundation’s assets recorded at fair value at December 31, 2018 and 2017, are as follows (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash equivalents</td>
<td>$3</td>
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<td>52,897</td>
</tr>
<tr>
<td>Total investments</td>
<td>$54,727</td>
<td>$61,956</td>
</tr>
</tbody>
</table>
4. RELATED-PARTY TRANSACTIONS
On a routine basis, the Foundation conducts business transactions with BCBSM and BCN. These transactions include management, administrative, and professional services, including computer operations and accounting services.

For the years ended December 31, 2018 and 2017, $1,129,000 and $1,313,000, respectively, were billed from BCBSM and BCN and are included in supporting activities in the Statements of Activities and Changes in Net Assets, and $536,000 and $921,000, respectively, were due to BCBSM and BCN. The majority of the transactions and balances are related to BCBSM.

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 were owned by BCMI through July 1, 2018, after which all outstanding shares of the Foundation are owned by BCN. 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 a BCBSM wholly-owned affiliate, Emergent Holdings, Inc., have some common officers and board members.

5. CLASSIFICATION OF EXPENSES
The financial statements include certain categories of expenses that are attributable to more than one program or supporting function, and therefore, requires an allocation. Salaries and benefits are allocated based on estimates of time spent on each program. Office expense, information technology, occupancy, travel, dues and subscriptions, and other expenses are allocated based on their impact to the programs.

The table below presents expenses by both their nature and function at December 31, 2018 (in thousands):

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
<th>Management &amp; General Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>2,534</td>
<td>2,534</td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>772</td>
<td>486</td>
</tr>
<tr>
<td>Other employee benefits</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>-</td>
<td>41</td>
</tr>
<tr>
<td>Office expenses</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Information technology</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Occupancy</td>
<td>56</td>
<td>35</td>
</tr>
<tr>
<td>Travel</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Contractors</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Grants review panel</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Other expenses</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total expenses</td>
<td>3,431</td>
<td>584</td>
</tr>
</tbody>
</table>

6. SUBSEQUENT EVENTS
Management has evaluated all events subsequent to the balance sheet date of December 31, 2018, through March 29, 2019, 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.