Medical Education & Research Cost (MERC) Grant Program

GRANT APPLICATION INSTRUCTIONS
Fiscal Year 2018 Clinical Training
Contents

Part 1: Overview .................................................................................................................................................. 4
  General Information........................................................................................................................................ 4
    Grant Title .............................................................................................................................................. 4
    Application Portal: .................................................................................................................. 4
    Program Website ............................................................................................................................ 4
    Quick References ............................................................................................................................ 4
  Communication ....................................................................................................................................... 4
  Background ................................................................................................................................................ 4
  Funding ...................................................................................................................................................... 5
  Grant Determination ................................................................................................................................. 5
  Eligible Applicants...................................................................................................................................... 5
    Minnesota Sponsoring Institution .................................................................................................. 5
    Minnesota Teaching Program ......................................................................................................... 5
    Minnesota Clinical Training Site...................................................................................................... 6

Part 2: Application and Submission Instructions ................................................................................................ 7
  Application Process ................................................................................................................................... 7
    Minnesota Clinical Training Site ...................................................................................................... 7
    Minnesota Teaching Program ......................................................................................................... 8
    Minnesota Sponsoring Institution.................................................................................................. 9
  Reporting Period ............................................................................................................................. 9
  Deadlines ......................................................................................................................................... 9
    Minnesota Clinical Training Sites .............................................................................................. 9
    Minnesota Teaching Programs ....................................................................................................... 9
    Minnesota Sponsoring Institutions ................................................................................................ 10
  Application Instructions – All Users ........................................................................................................ 11
    Beginning the Application Process ............................................................................................... 11
    Grant Applicant Registration & Sign In ......................................................................................... 12
    Sign Out ......................................................................................................................................... 13
    User Profile ..................................................................................................................................... 14
    Home Screen ................................................................................................................................... 15
    Application Status ............................................................................................................................ 16
    Printing the Application .................................................................................................................. 16
  Minnesota Sponsoring Institutions ......................................................................................................... 17
Manage Sponsoring Institutions & Teaching Programs ............................................................... 18
  Request Access to Sponsoring Institution ............................................................................. 19
  Add/Edit Teaching Programs .................................................................................................. 20
  Edit Teaching Programs ......................................................................................................... 22
  Grant/Revoke Access – Sponsoring Institution Representative ............................................. 23
  Grant/Revoke Access – Teaching Program Representative ................................................... 24

Sponsoring Institution Demographics .......................................................................................... 26
  Sponsoring Institution Information ........................................................................................ 26
  Authorized Representative – Sponsoring Institution ............................................................. 27
  Vendor Information ................................................................................................................ 28
  Opening the Sponsoring Institution Grant Application .......................................................... 29
  Applicant Trainees .................................................................................................................. 29
  Update/Save ........................................................................................................................... 29

Sponsoring Institution Applications ............................................................................................ 30
  Approving & Submitting Teaching Program Applications ...................................................... 30
  Status - Sponsoring Institution Application (Status Approval by Program) ........................... 36

Minnesota Teaching Program ................................................................................................................. 37

Teaching Program Demographics................................................................................................. 38
  Program’s Sponsoring Institution Information ....................................................................... 38
  Opening the Teaching Program Grant Application ................................................................. 39
  Teaching Program Information ................................................................................................ 40
  Authorized Representatives – Teaching Program .................................................................. 41
  Accreditation ........................................................................................................................... 42

Teaching Program Application ......................................................................................................... 44
  Status – Teaching Program Application (Status Approval by Site) ......................................... 45
  Training Sites of the Teaching Program .................................................................................. 46
  Trainee Summary .................................................................................................................... 47
  Finalize Training Site Application ........................................................................................ 49

Minnesota Clinical Training Site .............................................................................................................. 52

Request Access to Clinical Training Site ..................................................................................... 53
  Claim Representation of the Clinical Training Site ................................................................. 55

Manage Access to Clinical Training Site ...................................................................................... 56

Clinical Training Site Demographics............................................................................................... 57
  Training Site Information ......................................................................................................... 57
  Hospital or Free-Standing ......................................................................................................... 58
  Main Hospital ........................................................................................................................... 58
Part 1: Overview

General Information

Grant Title: Medical Education and Research Cost (MERC) Grant
Application Portal: https://merc.web.health.state.mn.us
Program Website: https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html

Quick References

- Grant Information
- Committee
- Definitions
- History
- Legislation
- Publications

Communication

- Applicants must subscribe to GovDelivery to receive MERC grant notifications.
- Individual communication from applicants must be directed to health.merc@state.mn.us.

MERC Program Staff
Diane Reger - Administrator (651)-201-3566
Cirrie Byrnes - Verification Reporting (651)-201-3844
Paia Vang - Expenditure Reporting (651)-201-3856

Identify the following in the subject line of all email correspondence:

Sites: NPI Number Clinical Training Site Name - FY2018 Training MERC Application
Programs: Sponsor Institution Name - Teaching Program Name – FY2018 Training MERC Application
Sponsors: Sponsoring Institution Name – FY2018 Training MERC Application

Background

Minnesota Statute 62J.692 authorizes the Commission of Health to award grants to support clinical medical education. The MERC grant was established in 1996, and funded for the first time in 1997. Its purpose is to provide support for certain medical education activities in Minnesota that historically were supported in significant part by patient care revenues. Due to Minnesota’s competitive health care market, payers became increasingly unwilling to pay the extra costs associated with the purchase of services at teaching facilities. Teaching facilities are forced to compete with non-teaching facilities, which results in greater difficulty in funding teaching activities. The Commissioner of Health has been responsible for administering the MERC grant since 1998.
Funding

The Minnesota Legislature has appropriated $59 million in state fiscal year 2020. Funding comes from multiple sources including a carve-out on the Prepaid Medical Assistance Program (PMAP) rates, an appropriation from the Minnesota cigarette tax, federal matching funds, the general fund, and the health care access fund.

Funding will be allocated through a grant formula.

<table>
<thead>
<tr>
<th>Funding</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Amount to Grant</td>
<td>$59,127,000</td>
</tr>
<tr>
<td>Estimated Number of Awards</td>
<td>Unknown – Formula Grant</td>
</tr>
<tr>
<td>Estimated Award Maximum</td>
<td>Unknown – Formula Grant</td>
</tr>
<tr>
<td>Estimated Award Minimum</td>
<td>$5,000 Minimum – Meeting Formula</td>
</tr>
</tbody>
</table>

Grant Determination

Grant are awarded based on the eligibility criteria and formula found in Minnesota Statute 62J.692.

The formula is explained in detail on the MDH website.

Eligible Applicants

Minnesota Sponsoring Institution

“Sponsoring institution means a hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.” Minnesota Statute 62J.692, subdivision 1(e).

Minnesota Teaching Program

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, doctors of chiropractic, dentists, advanced practice nurses* (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.” Minnesota Statute 62J.692, subdivision 1(d).

- The program must be accredited by an organization recognized by the Department of Education, the Centers for Medicare and Medicaid Services, or another national body that reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the commissioner of health.
- Accreditation is required to be in place both at the time of training and ongoing.
- Program must be located in Minnesota.
The program must have students/residents in clinical training that is funded in part by patient care revenues and occurs in either an inpatient or ambulatory patient care training site during fiscal year 2018.

Training programs for Advanced Practice Nursing must be “sponsored by the University of Minnesota Academic Health Center, the Mayo Foundation, or institutions that are part of the Minnesota State Colleges and Universities System or members of the Minnesota Private College Council.” Minnesota Statute 62J.692, Subdivision 3(b).

Minnesota Clinical Training Site

- The training site is the facility at a given practice address where clinical training occurred.
  - Training site must be located in Minnesota.
  - Clinical training must be funded in part by patient care revenue and occurs in either an inpatient or ambulatory patient care training site.
  - Individual preceptors or departments within a facility should not be listed as the training site.
  - If the training site is a physician owned clinic, the training site is defined as the clinic and not the physician.
  - The facility where clinical training occurred should be listed as the “training site” even if the preceptor that provided the training has moved to another facility.
  - Training that occurs in a nursing facility (or a hospital swing bed unit) is not eligible.

- Site must be actively enrolled in the Minnesota Health Care Program (MHCP) and have a National Provider Identification (NPI) Number.

- Training site must have public program revenue in Minnesota during 2018 from Medical Assistance/Prepaid Medical Assistance (MA/PMAP).
  - Training sites that receive no public program revenue are ineligible for funds.

- Training site provided clinical training to a minimum of 0.1 eligible FTE trainees (208 hours) in fiscal year 2018.
  - Trainee total is comprised of overall MERC eligible sponsoring institutions, accredited teaching programs, and provider types.
  - “Eligible trainee FTE's means the number of trainees, as measured by full-time equivalent counts, that are at training sites located in Minnesota with currently active medical assistance enrollment status and a National Provider Identification (NPI) number where training occurs in either an inpatient or ambulatory patient care setting and where the training is funded, in part, by patient care revenues. Training that occurs in nursing facility settings is not eligible for funding under this section.” Minnesota Statute 62J.692, Subdivision 1 (h).

- The use of funds are limited to expenses related to clinical training program costs for eligible programs.
  - Training site must incur a minimum of $5,000 in clinical training expenditures related to the eligible trainees.
Part 2: Application and Submission Instructions

Application Process

- The application is completed electronically through an online portal available at https://merc.web.health.state.mn.us.

- It’s recommended that users do not use their web browser autocomplete function for completing names and addresses in the application.

The application consists of three sections:

- Minnesota Clinical Training Site
- Minnesota Teaching Program
- Minnesota Sponsoring Institution

Minnesota Clinical Training Site

Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota.

Clinical training sites have a two-step process for applying.

Step One:

- Clinical training sites will apply electronically through the teaching program.
- Sites must receive trainee information from the teaching program for completing their application (see teaching program section for details).
- Training sites will identify the practice location where training took place and the sponsoring institution/teaching program associated with the trainees.
- The application will link to the corresponding teaching program upon submission.
- The sponsoring institution/teaching program must then approve the application for submission to MDH.
  - Due October 7, 2019.

Step Two:

-Submit clinical training expenditures for MERC eligible clinical trainees.
  - Applicants signed-up for GovDelivery will receive a notification opening the expenditure process in November 2019.
  - Expenditure processing is currently being automated to be included through the online portal.
  - Instructions will be posted on the MERC website when Step Two opens.
  - Due December 20, 2019.
Minnesota Teaching Program

Accredited Minnesota teaching program at a Minnesota institution that enrolls trainees and is responsible for the trainee’s overall education. Teaching program coordinates clinical training for their enrolled students/residents at clinical training locations throughout Minnesota.

Application includes teaching program demographics, program accreditation, clinical trainees, and the clinical training sites applying under the teaching program.

- The teaching program will no longer complete the data entry for clinical training sites. Instead, the clinical training sites will apply electronically to the teaching program.

- The training site application will indicate the sponsoring institution, teaching program, trainee type, trainee setting, and trainee count. The site’s application will automatically link to the corresponding program’s application.

- **To make it possible for the sites to apply, teaching programs must provide the information in the list below to their clinical training sites.** This information is necessary for the grant application.
  
  - Grant application [website](#).
  - Sponsoring institution name.
  - Teaching program name and contact information.
  - Dates of clinical training.
  - Type of trainee (provider type).
  - Training site name and address where training occurred.
  - Clinical trainee FTE count
    
    Clinical training hours/2,080 hours = Full Time Equivalent (FTE) Trainee Count

- The following information is not captured in the application; however, the information is valuable to sites when completing the application’s clinical training expenditure report. **Provide this information upfront or be prepared to provide on a case-by-case basis.**
  
  - Primary preceptor(s)
  - Student/Resident name(s).

- The teaching program must approve the clinical training site applying (location of training and eligible trainee FTEs).

\[
((\text{Student/Resident} \times \text{Weeks in Rotation}) \times \text{Hours per Week}) = \text{Clinical Training Hours}
\]

\[
\text{Clinical Training Hours} / 2,080 = \text{FTE Count}
\]

- \text{FTE} = 2,080 hours, 52 weeks, or 260 days.
  
  One person cannot exceed one FTE.

  Do not round FTEs.
Minnesota Sponsoring Institution

A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

Application includes the sponsoring institution demographics, the teaching programs applying under sponsoring institution, and the clinical training sites applying through the sponsoring institution’s teaching programs.

- Sponsoring Institutions will approve the teaching program’s applications.
- Sponsors will be responsible for submission of the grant application to MDH.
- Application Due: October 31, 2019.

Applications must be submitted to the Minnesota Department of Health by a sponsoring institution on behalf of one or more teaching programs and clinical training sites hosting the clinical trainees. The sponsoring institution is designated as the applicant because, in some cases, programs are not prepared to handle funding directly, but rely on the sponsoring institution or consortium for those functions. This system also reduces the administrative complexity in the event that more than one program at a given institution is receiving funding because the application and reporting process can be coordinated at a higher level. In some cases, the sponsoring institution, the teaching program and the training site will be three different entities. However, because other models also exist, the sponsoring institution may be the same as both the program and training site.

Reporting Period

With the exception of names and addresses, the grant application must reflect clinical training during fiscal year 2018.

Deadlines

Training site application must be approved by the teaching program and sponsoring institution. No applications will be accepted after the deadlines below.

**Minnesota Clinical Training Sites**

- Submit application to teaching program for approval: October 7, 2019
- Submit expenditure report to MDH: December 20, 2019
- Funding received: By June 30, 2020
- GVR reporting to MDH: July 31, 2020

**Minnesota Teaching Programs**

- Application to sponsor for approval: Deadline Set by Sponsoring Institution
**Minnesota Sponsoring Institutions**

- Submit Application to MDH: October 31, 2019 (Statutory Deadline)
- Grant Agreement Returned to MDH: By April 15, 2020
- Funding Received: By April 30, 2020
- Payments to Site: 60-day after Funding Received
- GVR Reporting to MDH: 60-day after Funding Received

The MERC application has a statutory deadline. All **sponsoring institution grant applications must be received by MDH no later than 4:30 p.m. on October 31, 2019**. The system will not allow applications to be submitted after the deadline.

**Late applications will not be accepted.** It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH strongly suggests that applicants apply **at least three calendar days before the deadline** to allow for any unforeseen circumstances. MDH will not be responsible for delays caused by notification, computer or technology problems. This extends to the submission of information from the clinical training sites to the teaching program and sponsoring institution.
Application Instructions – All Users

Grant application online portal is available at [https://merc.web.health.state.mn.us](https://merc.web.health.state.mn.us).

Beginning the Application Process

Applicants will be directed to Medical Education and Research Cost (MERC) Grant Application.

- In the black menu bar at the top of each page, users will find quick links.
- Just below the black menu bar, links to previous pages are available for navigation.
- Click, Sign In to begin.

1. Contains a link to the MDH website for instructions and grant details.
2. Click sign-in/register to begin.
Grant Applicant Registration & Sign In

- Applicants must register before beginning the application.

1. Click Register for initial access.
2. Applicants who are already registered must enter their:
   - Email address.
   - Password.
   - Press, log in.
1. When registering for the first time, complete each field.  
   - Usernames are based on email.
     - Each registered user must have a unique email address.
     - Email must be with the organization you represent.
     - Do not use personal email.

2. Press register.

3. User must verify email address within 15 minutes of registration.
   - Check email associated with the registration and following the instructions in the email.
   - Email servers have been known to block system generated emails to guard against phishing.
     Check your junk mail folder if your system is block messages from reaching your inbox.

**Passwords are case sensitive.**
*The application will remain active for 15 minutes without activity.*
*If left inactive, any unsaved data will be lost.*

**Sign Out**

- Sign out is found on the top menu bar under the user’s name.
User Profile

Each user must complete a profile (name, job title, work phone, employer name, and their address at their place of employment). These fields are mandatory.

- All data in the profile must correspond to the registered user.
- The user will be asked to update (verify) their profile each time they access the application.
- Email cannot be changed in profile. If you’re email changes, contact health.merc@state.mn.us.
- Press update to verify the information.
- Changes to the user’s profile will be reflected throughout the application where the user is named.
- Ability to Manage User Profile is also available on the top menu bar and the Home Screen (See Figure 5).
Home Screen

- Link to instructions manual.
- Ability to manage user profile.
- Defines the applicant types.
- Applicant can access the relevant application by:
  - Clicking on the box under the applicant type.
  - Clicking Applications found on the top menu bar and selecting the relevant section.

![Home Screen Screenshot](image)

Figure 5

- **Medical Education and Research Cost (MERC) - Grant Application**

Grant Application
Please refer to the instructions before beginning the application.

**Manage User Profile**

**Minnesota Clinical Training Site**
Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota. A clinical training site is the Minnesota Health Care Program (MHCP) enrolled practice address where training occurs.

**Minneosota Teaching Program**
Accredited Minnesota teaching program at a Minnesota institution that enrolls trainees and is responsible for the trainee’s overall education. Teaching program coordinates clinical training for their enrolled students/residents at clinical training locations.

**Minnesota Sponsoring Institution**
A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.
Application Status

As the applications process, a status will be recorded on the application table. Detailed status examples are also included in each section according to the applicant.

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>Application Opened.</td>
</tr>
<tr>
<td>PENDING</td>
<td>Pending Approval.</td>
</tr>
<tr>
<td>TP-DISAPPROVED</td>
<td>Teaching program disapproved site application.</td>
</tr>
<tr>
<td>TP-APPROVED</td>
<td>Teaching program approved site application.</td>
</tr>
<tr>
<td>TP-SUBMITTED</td>
<td>Teaching program submitted teaching program/site’s under teaching program to sponsor requesting approval.</td>
</tr>
<tr>
<td>SP-DISAPPROVED</td>
<td>Sponsoring institution did not approve teaching program’s application.</td>
</tr>
<tr>
<td></td>
<td>Requested teaching program amend and resubmit.</td>
</tr>
<tr>
<td>SP-APPROVED</td>
<td>Sponsoring institution approved teaching program’s application.</td>
</tr>
<tr>
<td></td>
<td>Pending submission to MDH.</td>
</tr>
<tr>
<td>SP-SUBMITTED</td>
<td>Sponsoring Institution approved applications and submitted to MDH.</td>
</tr>
</tbody>
</table>

Printing the Application

Users will have the ability to print within the system; however, this function will not be available in the initial opening of the application. The enhanced print function should be in place later in September before applicants begin submitting their applications. In the meantime, use the normal browser print function or screen print.
Minnesota Sponsoring Institutions

The MERC grant application must be opened by the sponsoring institution representative before teaching programs and clinical training sites can apply through the sponsoring institution.

The sponsor will:

1. Setup user access for the sponsoring institution representative, add accredited teaching programs to the sponsor’s application, and assign additional sponsoring institution representatives and teaching program representatives (as necessary).
2. Complete the sponsoring institution demographics.
3. Approve the teaching program application(s) for submission to MDH.

The tasks must be done in order. Instructions for each task are broken out.

Complete Steps 1 & 2 immediately.
Complete Step 3 after the teaching programs submit their training sites applications for approval (October 15, 2019).
Manage Sponsoring Institutions & Teaching Programs

- The sponsoring institution representative must be granted access by MERC program administrators.
- After initial access is granted, the representative will be able to manage access for additional users at the sponsoring institution, manage access for teaching programs at the sponsoring institution, and manage the teaching programs that are part of the sponsoring institution.

Figure 7

1. Main representative can request access to a sponsoring institution.
   - Click request access to sponsoring institution.
   - If the sponsoring institution was not an applicant in the previous year, send an email to:
     - health.merc@state.mn.us
     - Subject Line: Sponsoring Institution Name – FY2018 Training MERC Application
     - In the body of the email, indicate the Sponsoring Institution’s name, the name and username of the person requesting access, and a brief paragraph stating the sponsor and accredited teaching program meet the FY2018 clinical training eligibility requirements.
Request Access to Sponsoring Institution

- One representative at the sponsoring institution must request initial access.
- The representative can add additional representatives after their access is granted.
- User will continue to have access in subsequent application periods.

2. Sponsoring Institution: Select the sponsoring institution.
   - New sponsors meeting the application criteria, contact health.merc@state.mn.us as noted in the last section.
3. Comment: Provide a brief comment attesting to your authority to represent the sponsor.
4. Press Submit Request.
   - MDH will approve access or respond within 24 business hours.
   - After access is granted, the sponsoring institution representative may designate additional representatives. See Grant/Revoke Access.
5. Return to Manage Sponsoring Institutions & Teaching Programs after access is granted.
6. Add/Remove/Edit teaching programs.
7. Grant/Revoke access to additional representatives.
8. Return to the previous page.

Add/Edit Teaching Programs
- Sponsors can add new programs or edit existing program names and users.
- The sponsoring institution has authority over the teaching program application.
Add New Teaching Programs
1. Program Type: Select the program type.
2. Type the Name of the teaching program
3. Click add to add the teaching program
   If you are done:
4. Return to the previous screen.
   If you are not done:
Repeat Steps 1 – 3 until the sponsor’s teaching programs are added.

Edit/Remove Teaching Programs
5. To edit/remove a teaching program, click edit.
Edit Teaching Programs

- If the program name has changed or has a typo, edit the program name.
- If the teaching program was mistakenly added in the current grant application cycle, the sponsor may remove the newly added program.

Figure 11

1. Program Type: Edit program type if incorrect.
2. Name: Edit program name if incorrect.
3. Click save, delete, or cancel.
   - Save – If edits were made.
   - Delete – If the program has no application history and was mistakenly added this grant cycle.
     - Do not delete programs that have applied in the past.
     - Program can indicate in Teaching Program Demographics if they are not applying during the current application cycle.
     - Contact health.merc@state.mn.us if further clarification is needed.
   - Cancel – To cancel without saving.
4. Return to the previous screen for additional edits.
   - Click Manage Sponsoring Institutions & Teaching Programs to Grant/Revoke Access to additional sponsoring institution representatives or teaching program representatives.

Programs that have applied in previous years, should not be removed. The sponsor can indicate that the program is not applying. (See teaching program demographics.)
Grant/Revoke Access – Sponsoring Institution Representative

- Sponsoring institution representative can grant or revoke access to other representative at their organization.

Figure 12

1. Enter the user name of the representative to approve/grant access to.
   - User must be registered.
2. Grant Access.
   - User has immediate access and authority as a sponsoring institution representative.
3. Revoke Access to remove a representative.
   - Representative will no longer have access to the specific sponsoring institution application or oversee the teaching program applications.
   - Representative will continue to have access to the system.
Grant/Revoke Access – Teaching Program Representative
(Optional)

- Sponsoring institution representative(s) will oversee the entire application.
- The sponsoring institution representative can complete the entire teaching program application or assigning additional access to program representatives.
- Additional access can be granted to one or more specific teaching program representative(s).
- The teaching program representative will be grant access to only the teaching program specified by the sponsoring institution representative.

1. Grant/Revoke access by selecting the teaching program.
1. Enter the user name of the program representative to approve/grant access to.
   - User must be registered.
2. Grant access to the username indicated in #1.
   - User has access to the teaching program specified.
3. Revoke access to remove the representative named.
   - Representative will no longer have access to the teaching program specified.
   - Representative will continue to have access to the system, just not the program specified.
4. Return to previous screen using links on top of the page.
Sponsoring Institution Demographics

The sponsoring institution must complete their demographics and indicate they are applying before the teaching programs and clinical training sites can submit applications to the sponsor for approval.

Sponsoring Institution Information

1. Select the sponsoring institution.
   - If the sponsor applied in the previous year, the information from the previous application will populate in #2.
2. Enter/Edit the sponsoring institution’s information.

Scroll down the screen to continue.
Authorized Representative – Sponsoring Institution

- The user profile of the sponsoring institution representatives named in Managed Sponsoring Institutions & Teaching Programs are included in the application.

Figure 16

1. No entry takes place.
   - The information can be updated in the representative’s user profile.
   - If additional representatives should be named, return to Grant/Revoke Access – Sponsoring Institution Representative.
Vendor Information

- To ensure timely payments, sponsoring institution must provide information for payments to be processed.
- The information provided in this section (other than the representative’s name/title/email and phone) must be consistent with the vendor’s information on record with the State of Minnesota.
- To verify or setup the sponsoring institution as a vendor of the State of Minnesota, visit SWIFT (State of Minnesota Supplier Portal).

Figure 17

Vendor Information

- **Authorized Representative:** Diane Reger
- **Title:** Testing 10072019
- **Email:** health.merc@state.mn.us
- **Phone:** (651) 201-3566
- **Vendor Name:** State of Minnesota
- **DBA (when applicable):** Minnesota Department of Health
- **Vendor Number:** 111111111
- **Vendor Location Code:** 011
- **Federal Employer ID:** 11-1111111
- **Minnesota Tax ID:** 1111111
- **Address Line 1:** 111 MERC Circle
- **Address Line 2:** 222 Line 2
- **City:** St. Cloud
- **Select State:** MINNESOTA
- **Zip Code:** 54321
- **Postal Code:** 1234

I have verified that the information above is correct and complete.
Opening the Sponsoring Institution Grant Application

- The sponsoring institution must indicate if they will be applying for the current application period before the teaching programs or clinical training sites can submit an application under the sponsoring institution.
- If the sponsoring institution is not applying, their programs or clinical training sites cannot apply.

Figure 18

1. Indicate if the sponsoring institution has programs applying in fiscal year 2018.

Applicant Trainees

- No data entry takes place in this section.
- As teaching programs and clinical training sites begin applying under the sponsoring institution, the table will update.
- The table is for informational purposes.

Figure 19

Update/Save

- After demographics are complete, press update at the bottom of the screen to save the information.
- Return to the Minnesota Sponsoring Institution page using the links at the top of the page.
Sponsoring Institution Applications

Approving & Submitting Teaching Program Applications
This procedure should not take place until October 2019. See the notice below.

- This section of the application cannot be completed until the teaching programs have submitted their application to the sponsor for final approval and submission to MDH.

Figure 20

1. After the teaching programs have submitted their applications, the sponsor can begin approval.
   a. Select the sponsoring institution to begin approval.
2. Links are available to return to the main sponsoring institution page (as needed).

DO NOT COMPLETE THIS PROCEDURE UNTIL OCTOBER 15, to allow training sites time to apply to the teaching programs.
Programs must submit their application to the sponsor before approval can take place.
1. View details of the teaching program’s application before approval.
2. Select the teaching program to approve individually or select all.
3. Comment can be captured if disapproving (as needed).
4. Approve or disapprove the teaching program(s) application.
   - Disapprove teaching program if edits to the program are necessary before submission to MDH.
   - Upon disapproval, the program can be edited and resubmitted to the sponsor for approval.
5. As needed, links are available to return to the main sponsoring institution page.
1. After programs are approved, submit the application to MDH.
Finalize Application

### Figure 20-D

**Grant Application Summary Fiscal Year (2013) Clinical Training**

<table>
<thead>
<tr>
<th>Sponsoring Institution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Institution:</td>
<td>Test Sponsor 1</td>
</tr>
<tr>
<td>Address Line 1:</td>
<td>111 MERC Street</td>
</tr>
<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>St. Poul</td>
</tr>
<tr>
<td>State:</td>
<td>MN</td>
</tr>
<tr>
<td>Zip:</td>
<td>54321</td>
</tr>
</tbody>
</table>

### Figure 20-E

**Teaching Program**

<table>
<thead>
<tr>
<th>Teaching Program</th>
<th>Type</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Program A</td>
<td>Medical Residents</td>
<td>123 Main Street&lt;br&gt;City: St. Paul&lt;br&gt;State: MN&lt;br&gt;Zip: 54321&lt;br&gt;Facility Type: Medical Residents</td>
</tr>
<tr>
<td>Test Program B</td>
<td>Advanced Practice Nurses</td>
<td>123 Main Street&lt;br&gt;City: St. Paul&lt;br&gt;State: MN&lt;br&gt;Zip: 54321&lt;br&gt;Facility Type: Advanced Practice Nurses</td>
</tr>
<tr>
<td>Test Program C</td>
<td>Physician Assistants</td>
<td>123 Street&lt;br&gt;City: St. Poul&lt;br&gt;State: MN&lt;br&gt;Zip: 54321&lt;br&gt;Facility Type: Physician Assistants</td>
</tr>
</tbody>
</table>

Showing 1 to 3 of 3 entries
1. Approval check box.
   - Signature will prefill based on representative’s profile.
   - Optional comment box to MDH.
2. Submit.
### Submission Summary

**Sponsoring Institution Demographic**

<table>
<thead>
<tr>
<th>Name</th>
<th>Test Sponsor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>111 MERC Street</td>
</tr>
<tr>
<td>City</td>
<td>St. Paul</td>
</tr>
<tr>
<td>State</td>
<td>MN</td>
</tr>
<tr>
<td>Zip Code</td>
<td>54321</td>
</tr>
</tbody>
</table>

**Teaching Programs**

<table>
<thead>
<tr>
<th>Teaching Program Applications</th>
<th>TP Status</th>
<th>SP Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Program A (Medical Residents)</td>
<td>TP-SUBMITTED</td>
<td>SP-SUBMITTED</td>
</tr>
<tr>
<td>Address: 123 Main Street</td>
<td>TP Finalized Date: 10/08/2019</td>
<td>SP Finalized Date: 10/10/2019</td>
</tr>
<tr>
<td>City: St. Paul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: MN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip: 54321</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Program B (Advanced Practice Nurses)</td>
<td>TP-SUBMITTED</td>
<td>SP-SUBMITTED</td>
</tr>
<tr>
<td>Address: 123 Main Street</td>
<td>TP Finalized Date: 10/08/2019</td>
<td>SP Finalized Date: 10/10/2019</td>
</tr>
<tr>
<td>City: St. Paul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: MN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip: 54321</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Program C (Physician Assistants)</td>
<td>TP-SUBMITTED</td>
<td>SP-SUBMITTED</td>
</tr>
<tr>
<td>Address: 123 Street</td>
<td>TP Finalized Date: 10/08/2019</td>
<td>SP Finalized Date: 10/10/2019</td>
</tr>
<tr>
<td>City: St. Paul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: MN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip: 54321</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 3 of 3 entries
Status - Sponsoring Institution Application (Status Approval by Program)

New Applications

Table 3

<table>
<thead>
<tr>
<th>Sponsoring Institution</th>
<th>Teaching Program</th>
<th>Status Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>NEW</td>
<td>No applications in process.</td>
</tr>
<tr>
<td>NEW</td>
<td>PENDING</td>
<td>Program has applications in process.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-DISAPPROVED</td>
<td>Program disapproved site application(s). Program has applications pending or in process.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-APPROVED</td>
<td>Program approved application, not submitted to sponsor.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-SUBMITTED</td>
<td>Program submitted to sponsor for approval.</td>
</tr>
<tr>
<td>SP-DISAPPROVED</td>
<td>TP-APPROVED</td>
<td>Program disapproved by sponsor. Edit needed.</td>
</tr>
<tr>
<td>SP-APPROVED</td>
<td>TP-APPROVED</td>
<td>Program approved by sponsor. Pending submission to MDH.</td>
</tr>
</tbody>
</table>

Sponsoring Institution Submitted Applications

Table 4

<table>
<thead>
<tr>
<th>Sponsoring Institution</th>
<th>Teaching Program</th>
<th>Training Site</th>
<th>Status Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP-SUBMITTED</td>
<td>TP-SUBMITTED</td>
<td>TS-SUBMITTED</td>
<td>Submitted to MDH.</td>
</tr>
</tbody>
</table>
Minnesota Teaching Program

- Completed by the sponsoring institution representative or a teaching program representative designated by the sponsoring institution.
- Regardless of who enters the program’s data, the sponsoring institution representative will authorize final approval and submission to MDH.

See Manage Sponsoring Institutions & Teaching Programs to manage user access and add teaching programs.

Figure 21

The program representative will:

1. Complete the teaching program demographics.
2. After clinical training sites have completed their applications, approve the clinical training location and trainee counts submitted to the teaching program.

The tasks must be done in order. Instructions for each task are broken out.

Complete Step 1 immediately.

Complete Step 2 after the clinical training site application are submitted to the program for approval (October 7, 2019).
Teaching Program Demographics

The teaching program must complete their demographics and indicate they are applying before the clinical training sites can submit applications to the program for approval.

Program’s Sponsoring Institution Information

- The sponsoring institution that oversees the teaching program is prefilled after the program is selected.

1. Select the teaching program from the drop down list.
   - The list will reflect programs assigned by the sponsoring institution representative.
   - Contact the sponsoring institution representative for authorization.
2. Indicate if the program is applying. This opens the program’s application to clinical training sites.
3. Enter the program 2018 fiscal year.
   - Programs that applied in the previous application will have FY2018 suggested dates prefilled.
   - Verify the program dates do not overlap the previously reported application period.
   - New programs must enter their program’s 2018 fiscal year dates.
     - Programs can apply for a partial year if accreditation began mid-year.
     - Application must reflect only the accredited training dates and trainees during those dates.
4. Enter the teaching program’s information.
   - Name – Prefilled based on Add/Edit Teaching Programs
   - Address
   - Year the program was established and began teaching activities.
   - Program type – Prefilled based on Add/Edit Teaching Programs
   - Primary Care or Specialist
     - Advanced Practice Nurses, Dental Residents, Medical Residents – Select Primary Care or Specialist. See screen for details on selection.
     - All other program types are pre-set as Primary Care.
   - Specialty - Scroll through the available options and highlight the program’s specialty (e.g. clinical nurse specialist, pediatric dentistry, internal medicine).
     - If the specialty is not listed, select OTHER at the bottom of the drop down list.
     - Add the specialty using uppercase.
   - If the teaching program applied in the previous year, the information from the previous application will populate in #4.
     - Review/Edit.

Scroll down the screen to continue.
Authorized Representatives – Teaching Program

- The user profile of the sponsoring institution and teaching program representative(s) named in Managed Sponsoring Institutions & Teaching Programs are included in the application.

Figure 25

5. No entry takes place.
   - The information can be updated in the representative’s user profile.
   - If additional representatives should be named, return to Grant/Revoke Access – Teaching Program Representative.
Accreditation
Teaching programs applying for a MERC grant must be accredited through an organization recognized by the U.S. Department of Education (“Current List of Nationally Recognized Accrediting Agencies and the Criteria for Recognition by the U.S. Secretary of Education.” U.S. Department of Education Office of Postsecondary Education, September 1998), the Centers for Medicare and Medicaid Services (42 C.F.R. §§ 413.85, 413.86) or another national body who reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the Commissioner of Health.

Figure 26

6. Programs applying for the first time can select from a dropdown list of accreditation bodies by clicking on the right arrow.
   - If the accrediting body is not in the existing list, email a PDF of the program’s accreditation letter to MERC staff at health.merc@state.mn.us. Do not proceed until confirmation from MERC staff.
7. Select one:
   - Initial Programs in their initial accreditation period.
   - Continued Programs who have ongoing accreditation.
   - Other Other status along with a short description – may affect eligibility.
   Notify health.merc@state.mn.us before sites begin applying.

Programs must be and remain accredited.

8. Initial accreditation granted: Enter the date the program’s accreditation was originally granted.
9. Accreditation continues through: Enter the date the current accreditation will be up for renewal/site visit.
10. Representative must attest to the accreditation.
11. Attach documentation, such as a letter from the accrediting body, verifying the program’s accreditation status and effective dates.
12. Representative must attest the documentation corresponds to details provided in the accreditation section.
   - If the program’s accreditation status changes, MERC staff must be notified in writing. Eligibility may be affected.
13. Save as a draft if all information is not complete.
14. Finalize demographics. All documents required.

Return to Minnesota Teaching Program page.
Teaching Program Application

- Applications will be added to the table for programs whose demographics indicate they are applying.
- As clinical training sites apply under the teaching program, their applications will be included.
- The program may begin approving the clinical training site application as they apply.
- Programs should allow clinical training sites to submit application until October 7, 2019.
- Programs should not submit their application to the sponsoring institution until the clinical training sites deadline has passed.

1. Select the teaching program application to begin approving clinical training locations and trainee counts.
The information completed in demographics will auto-fill the top section of the grant application. Review the information for accuracy. If changes are necessary, return to Teaching Program Demographics to edit demographics before continuing. If the demographics are accurate, proceed to the training site section of the application to begin approving the clinical training locations and trainee counts submitted by the clinical training site applicants.
Training Sites of the Teaching Program

- Training sites applying under the teaching program are automatically added the program’s application (See information to provide to clinical training sites under Minnesota Teaching Program.)
- The program must approve the clinical training site application before the application can be submitted to the sponsoring institution for submission to MDH.
- The program has the authority to disapprove clinical training site applications that are not consistent with program records.
  - Special attention should be given to the location where training took place and the eligible FTEs.
  - The program can approve the site’s application based on the location of training and eligible FTE summary or view the detailed site application.

Figure 29

1. To approve or disapprove a training site, click the box next to the site name.
2. Insert a comment if the training site application will be disapproved due to inconsistencies (does not match the location where training took place or the FTE trainee count on record with the teaching program).
   - FTE count should not be rounded.
   - FTE trainee count cuts off at four decimals.
3. Approve or disapprove the training site.
   - Approve – verifies the program’s records are consistent with the clinical training site’s submission.
   - Disapprove – reopens the application to the training site for correction.
     - When a program disapproves a training site, the program should contact the training site to discuss the discrepancies and notify the site their application must be amended and resubmitted.
     - Teaching program has ability to add a comment before pressing disapprove. Comment will be noted in the clinical training site’s application table.
     - The clinical training site must edit the application and resubmit to the teaching program for reconsideration/approval.
After clinical training site resubmits amended application. Program should remove the disapproval comment before approving.

Teaching program cannot approve the application until the training site resubmits.

The Department of Human Services administers the Minnesota Health Care Program (MHCP). Medicaid enrollment changes must be processed through the MHCP. Providers must contact the MHCP within 30-days of a change in their Medicaid enrollment or address. If necessary, refer training sites to MHCP Provider Change Form or at 800/366-5411 or 651/431-2700.

Trainee Summary
- Report the total number of non-eligible trainees for the teaching program.
- Enter “0” for categories with no trainee FTEs in fiscal year 2018.

FTE is defined as a full-time equivalent. One person cannot exceed one FTE.
4. Report the total number of clinical trainee FTEs training sites outside of Minnesota.
5. Report all other non-eligible trainee FTEs.
   - Examples of other non-eligible trainees include trainees in sites not enrolled in the Minnesota Health Care Program (MHCP), trainees in nursing homes or VA/federal facilities, or training sites in sites not supported by patient care revenue.
6. Report the total number of didactic/classroom (non-patient care) FTEs.
   - For example, if trainees spend half of their time in didactic/classroom activities, then half of the total student/resident FTEs should be reported here.

Total non-eligible automatically calculated by the system.
7. Save information entered.

Eligible FTE total automatically calculated from training site section.

Clinical training sites total is automatically calculated based on training site section.

8a. Save if you are not ready to submit the application (pending site applications).

8b. Submit application to sponsoring institution for approval.
   - After preparing the application to be submitted, the application **must be finalized**.

A program can be defined to exclude students who do not participate in clinical training, (for example, year one medical students whose time is all spent in didactic training). The definition of the teaching program should be consistent throughout the application.
Finalize Training Site Application

- The application must be finalized before the submission to the sponsoring institution is complete.
- Review the application summary for missing information.
- Return to the application or demographics if edits are necessary.
- Validated/Sign the application to complete.

Figure 31

Finalize Training Site Application

![Finalize Training Site Application Screen](image)

- **My Sponsoring Institution**
  - Name: Abbott Northwestern Hospital

- **My Teaching Program**
  - Name: Clinical Pharmacy
  - Address line 1: Abbott Northwestern Hospital
  - Address line 2: 800 East 28th Street
  - City: Minneapolis
  - State: MN
  - Zip Code: 55407

- **Training Site Application Summary**

<table>
<thead>
<tr>
<th>Site Name (Status)</th>
<th>Address</th>
<th>FTE</th>
<th>Status</th>
<th>Approved Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Site C (TS-SUBMITTED)</td>
<td>111 Street</td>
<td>2.0</td>
<td>TP-APPROVED</td>
<td>08/31/2019</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries
1. Verify the application.
   - Name and address of the submitting representative will populate.

2. Finalize to complete the application submission to the sponsoring institution for approval.
The application has been submitted to the sponsoring institution.

- The sponsoring institution must approve and submit the teaching program application to MDH.
- Sponsoring institution may disapprove the application.
  - If sponsoring institution disapproves the application, the teaching program application is reopened.
  - Teaching program must resubmit to sponsoring institution for approval.
  - Sponsoring institution should contact the teaching program to inform them of the disapproval.
  - The disapproval will also appear in the status of the teaching program’s application.
Minnesota Clinical Training Site

- Completed by the clinical training site representative for submission to the teaching program/sponsoring institution for approval and final submission to MDH.

Figure 35

The clinical training site representative will:

1. Request Access.
2. Manage Access – grant access to additional representatives within the facility.
3. Complete Demographics - facility type and payment address.
4. Complete the Application – identify the teaching program and FTE trainee count for submission.

The tasks must be done in order. Instructions for each task are broken out.
It is highly suggested that training sites focus on Steps 1 – 3 in the first few weeks of the application opening; this will allow the sponsoring institutions and teaching programs time to complete the necessary information for clinical training sites to apply under the teaching program.

Complete Steps 1 & 3 immediately.
Complete Step 2 upon valid request.
Complete Step 4 beginning mid-September and submitted before October 7, 2019.
Request Access to Clinical Training Site

- Representatives must identify the clinical training site(s) they are authorized to represent.
- Authorized Representatives of large systems or multiple locations will repeat the steps below to complete an application on behalf of each location where clinical training took place.

The representative should be familiar with the clinical training that took place at the practice location and the location’s MHCP identification number used for Medical Assistance (MA) / Prepaid Medical Assistance (PMAP) billing.

- The identification number is essential in determining the MA/PMAP claims reimbursement on record with the Minnesota Department of Human Services (DHS) for the location where training took place.
- This information is used for the grant formula.

Figure 36

1. Search based on the site’s National Provider Identification Number (NPI) or Federal Tax ID Number (FEIN) for the location where training took place.
   - Search by NPI or FEIN.
   - Enter the NPI or FEIN in the search box.
   - Press search.
2. The search results will populate in the table based on enrollment in the Minnesota Health Care Program (MHCP).
   - For facilities with more than one practice location, please be aware that each location enrolled in MHCP will be listed.
     - The representative can ‘claim’ each location they represent.
     - The representative can identify in site demographics if the location is applying.
     - Only locations with eligible clinical trainees in fiscal year 2018 can apply.
   - If training was done in a Hospital, representative must claim all areas of the hospital.
     - Site demographics will address identifying the main hospital and the hospital subparts.

3. Press view to proceed with claiming representation for the selected site.

<table>
<thead>
<tr>
<th>Training in Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim each component of the hospital.</td>
</tr>
<tr>
<td>This is instrumental for gathering the MA/PMAP reimbursement data used to calculate the hospital’s grant. (The demographics section will provide further details.)</td>
</tr>
</tbody>
</table>
Claim Representation of the Clinical Training Site
The site information will populate based on enrollment in the Minnesota Health Care Program (MHCP).

The status will indicate ‘unclaimed’ unless a representative already identified themselves as the site’s authorized representative.

If you represent the site, proceed to the steps below:

1. Attest to being an authorized representative.
2. Claim the site.
   - The first representative to ‘claim’ representation, will be grant automatic access.
   - Sites can have multiple representatives.
   - If another authorized representative ‘claimed’ the site first, the first representative must approve access to the additional representative.
     - An email will be sent to the first representative to notify them that access had been requested.
     - The representative can grant or deny access. See Manage Access to Clinical Training Site.
Manage Access to Clinical Training Site

The user who identify themselves as an authorized representative of a clinical training site in the in #1, will have the ability to authorize additional representative.

The following can be completed in this section:

- Click on the username for additional information on who is requesting access.
- Click on name for additional information on what the user is requesting access to.
  - To grant access, click grant.
  - To deny access, click deny.
  - To revoke access, click revoke.

- The available actions will change as the representatives status changes.
- All representatives will have the same authority once access is granted.

The representative will receive an email notification granting, denying, or revoking their access.
Clinical Training Site Demographics

- Sites claimed by the representative are included in demographics.
- Demographics includes: Site name, address, NPI, FEIN, MERC application ID, facility type, application status, grant mailing address (if applying), and the site’s authorized representatives.

Training Site Information

1. Select the training site from the drop down list.
2. Site name, address, facility type, NPI, FEIN, MERC Application ID are auto filled.
   - Information is based on enrollment in the Minnesota Health Care Program (MHCP).
   - All changes to Medicaid enrollment must be completed with MHCP.
   - If site is applying, applicant address must match where clinical training took place.

Demographics must be completed for each site.
Hospital or Free-Standing

Main Hospital

Figure 40

Hospital or Free-Standing

Hospital

- (licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail)

Identify The Main Hospital:

- TEST Site A - 333333335

Free-Standing

- (includes retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, sites owned by the hospital, etc.)

Is the site applying for a MERC Grant for fiscal year (2018) clinical training?

- YES
- NO

Save

My Subparts

- (Site Name, FEIN, MERC ID, NPI, Facility Type, Address)

Hospital Component

Figure 41

Hospital or Free-Standing

Hospital

- (licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail)

Identify The Main Hospital:

- TEST Site A - 333333335

Free-Standing

- (includes retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, sites owned by the hospital, etc.)

Save

[TEST Site b] will be included on the hospital’s grant application if the hospital applies for a MERC Grant for fiscal year [2018] clinical training.
3. Indicate if the site (in #2) is hospital or free-standing.
   - **Hospital** (See Figure 37 & 38)
     - Hospitals often have multiple components and identification numbers instead of one covering the entire licensed hospital. This information must be identified. It is the hospital’s responsibility to report accurate information meeting CMS requirements.
     - **This is an important step for hospitals!** The information identified in this section is instrumental for gathering the MA/PMAP reimbursement data used to calculate the hospital’s grant.
       - Identify the main hospital.
         - If the site is the *main* hospital, hospital is preselected and the hospital name is automatically prefilled.
         - If the information is not prefilled, select the correct hospital from the drop down list. (The site in #2 will be listed as a component of the main hospital.)
           - The list is based sites the user represents.
           - If no options are available in the drop down list, verify you are authorized to submit an application for the hospital and [Request Access](#). Then return to update this site’s demographics.
   - **Free-Standing** (See Figure 39)

4. Indicate if the site is applying in current grant period (does not apply to hospital components).
   - **Yes** – After the remaining demographics are complete, proceed to the application page.
     - If the site is hospital component and the main hospital applies, the subpart will be included on the hospital’s application.
     - Verify the hospital’s subparts when proceeding to the application.
   - **No** – The information will be saved in demographics, no application will be opened for fiscal year 2018 clinical training.

5. Save the information in this section before continuing.

6. Hospital Subparts is viewable to main hospital only. The section identifies the main hospital’s components identified in site demographics.
Grant Mailing Address
This section will only appear for sites that indicate they are applying for a grant. If the demographics reflect a hospital component, the grant mailing address of the main hospital will be used.

7. Identify where potential grant funds should be mailed.
   - Same as above (the site identified in #2 is the default).
   - Same as authorized representative (identify representative).
   - Other (complete the grant mailing section).
8. If authorize representative is selected in Step 7, identify the representative.
   - This will not appear unless authorized representative was selected in Step 7.
9. Save the grant mailing selection.
10. The user profile of the clinical training site representatives are shown.
   - No entry takes place. The information can be updated in the representative’s user profile.

   If you represent additional training sites, repeat this section beginning at Step 1.
   You do not need to leave the page to process the next clinical training site’s demographics.
   If you are done, return to Minnesota Clinical Training Site page.
Clinical Training Site Applications

- Sites must complete their demographics before proceeding to this section.
- Clinical training sites that identified in demographics that they were applying will appear in the table.
  - The teaching program and sponsoring institution will appear after the application is started and are identified by the training site.
  - As the application is processed, by the training site, teaching program, and sponsoring institution, the status of the application will begin appearing.

1. Begin application for the clinical training site.
   - Repeat the steps if representing more than one training site.
Begin/Create New Application

- The information from demographics will prefill the top section of the grant application.
  - Scroll through the information to verify no change to demographics are necessary.
  - The sections of the application can be minimized as shown in the figure below. The default shows each section in detail.
  - If the facility is a hospital, the hospital components identified in demographics will be included.

![Create New Application](image)

Figure 47

**Hospital Subparts**

The representative has identified the hospital subparts* below as licensed hospital, Medicare certified provider-based clinics, or internal hospital pharmacies.

The subparts identified on the hospital’s grant application will be included in the hospital’s grant formula.

*Subparts must be identified in clinical training site demographics. Refer to the grant instructions for details.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>FEIN</th>
<th>MERC ID</th>
<th>NPI</th>
<th>Facility Type</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Site B</td>
<td>*********111</td>
<td>3333333333</td>
<td>1111111111</td>
<td>PHYSICIAN</td>
<td>123 Main Street S</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Minneapolis, MN 12345</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries
Clinical Trainees

- The communication from the teaching program must be used to complete this section of the application.
- The information provided by the teaching program should not be altered. Discrepancies should be addressed with the teaching program before an application is submitted to avoid delays or disapproved applications.
- If the training site hosted multiple teaching programs, sponsoring institutions, and trainee types, repeat Steps 1 – 6 until all programs are added.
  - Programs cannot be added to the application until the sponsoring institution and teaching program have completed their demographics (message will appear).
  - Programs who have finalized and submitted their application to the sponsoring institution for approval cannot be added to the application (message will appear).
- Select from the options in the drop down box in each field.
- Allow time for the field to process before moving to the next field.
- The options will be based on sponsors and program in the system.
- The sponsors/programs will indicate ‘Not Applying’ until their demographics are completed.
- The application cannot be submitted to a sponsor/program that is not applying.
  - Allow time for the sponsor/program to complete their demographics.
  - If the sponsor/program has not completed their demographics by September 20, contact the sponsoring institution or teaching program representative noted in the communication provided by the teaching program.

Figure 48

1. Program Type: The type of trainee/program.
2. Sponsoring Institution: The name of the sponsoring institution.
3. Teaching Program: The name of the teaching program.
4. Trainee Setting: The practice setting where the training took place. (Options include: inpatient, ambulatory, or both.)
5. FTE Clinical Trainee Count: Enter the clinical trainee FTEs provided by the teaching program. Trainee count cut off at four decimals. Do not round FTE count.

6. Add/Reset: Add to list of programs or Reset to clear the fields.

- As the teaching programs and trainee counts are added to the application, they will appear in the table. The information can be edited or deleted as necessary. See the figure below.
- Training site should add all teaching programs before submitting the application.
- In rare circumstances, the training site can amend their application before the deadline to include teaching programs that had not previously been included on their application.
- **No application can be submitted after the deadline.**

**Figure 49**

Expenditure Report Requirements

- The expenditure process is currently being automated to be included through the online portal.
- Instructions will be posted when Step Two opens in November 2019.
- Expense categories can be found on the MERC [website](#).
- Expenditure reports will be due December 20, 2019.
  - Sites with expenditures under $5,000 will not qualify for funding.

**Figure 50**
Signature & Submission to Teaching Program(s)
The application can be created, saved, and submitted in this section.

First the application must be created.

**Create the Application**

Figure 51

7. **Do not complete Step 7 until you are ready to submit your application.** (See the next section.)

8. Begin by creating the application.
   - A message will appear on the top of the screen indicating that the application has been created.
   - Application is not submitted!
   - Scroll to the bottom of the page to submit (See next section).
   - If the application is not ready to submit (pending teaching programs and sponsors applying), leave the page and return later.
Submit the Application or Save Edits before Submission

If the training site is ready to submit the application to the sponsors/teaching programs, proceed with Step 7 above.

Figure 52

9-A. Save the application if edits were made, but the application is not ready to submit (do not sign the application.)

9-B. Before submitting the application, see Step 7 (signing the application) on the previous figure/example.

- Press to submit the application to the teaching programs/sponsoring institutions in the clinical trainee section.
- Once the application is submitted, the application will appear in the teaching programs and sponsoring institutions grant application requesting approval. See Application Status for details.
<table>
<thead>
<tr>
<th>Sponsoring Institution</th>
<th>Teaching Program</th>
<th>Status Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>NEW</td>
<td>Application created. Able to edit. Able to view.</td>
</tr>
<tr>
<td>NEW</td>
<td>PENDING</td>
<td>Application submitted to teaching program – Pending approval. Cannot edit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• View – View only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Amend – Add additional teaching programs if needed.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-DISAPPROVED</td>
<td>Application disapproved by teaching program. Needs edit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Edit – Edit the disapproved application &amp; resubmit for approval.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• View – View only.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-APPROVED</td>
<td>Teaching program approved the application. Has not submitted to sponsoring institution.</td>
</tr>
<tr>
<td>NEW</td>
<td>TP-SUBMITTED</td>
<td>Application submitted by teaching program to sponsoring institution for approval.</td>
</tr>
<tr>
<td>SP-DISAPPROVED</td>
<td>TP-DISAPPROVED</td>
<td>Sponsoring institution disapproved application. Teaching program opened application to site for edit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Edit – Edit the disapproved application &amp; resubmit for approval.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• View – View only.</td>
</tr>
<tr>
<td>SP-DISAPPROVED</td>
<td>TP-APPROVED</td>
<td>Sponsoring institution disapproved teaching program application. Unrelated to training site.</td>
</tr>
<tr>
<td>SP-APPROVED</td>
<td>TP-SUBMITTED</td>
<td>Sponsoring institution approved teaching program application. Pending submission to MDH.</td>
</tr>
<tr>
<td>SP-SUBMITTED</td>
<td>TP-SUBMITTED</td>
<td>Application submitted to MDH.</td>
</tr>
</tbody>
</table>
Clinical Training Site Application

If the application is DISAPPROVED, edit the teaching program information and resubmit to the teaching program for approval. See comment from program or contact program representative if they have not already made contact.
Grant Payments and Grant Verification Reporting (GVR)

Grant payments will be reported under publications and announced using GovDelivery.

Sponsoring Institutions

Sponsoring institutions must formally enter into a grant agreement with MDH. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

The estimated distribution date is April 30, 2020.

The sponsoring institution will receive payments from the Minnesota Department of Health along with instructions and reports indicating the amount awarded to each clinical training site. Sponsoring institutions are required to forward funding to the eligible training sites within 60-days of receipt.

Legislation requires the sponsoring institution complete a Grant Verification Report (GVR) including an official accounting report from the sponsors accounting system verifying that the sponsoring institution distributed the MERC grants consistent with the award materials from the Minnesota Department of Health. If the sponsoring institution fails to submit the GVR materials by the deadline stated in the letter, the sponsoring institution must return the full amount of the grant to MERC staff within 30 days of receiving notice from the Commissioner.

Teaching Programs

Teaching programs do not have a separate GVR process. They are included under the sponsoring institution.

Clinical Training Sites

Eligible clinical training sites will receive funding from sponsoring institutions no later than June 30, 2020.

Selected clinical training sites must adhere to submitting a system generated accounting report or statement showing receipt of funding within 30 day of request by MDH. The GVR process will take place in July 2020.