



Medical Education & Research Cost (MERC) Grant Program

GRANT APPLICATION INSTRUCTIONS – Clinical Training Sites
Fiscal Year 2022 Clinical Training

Minnesota Department of Health
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health.merc@state.mn.us
<https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html>

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To obtain this information in a different format, call: 651-201-3838. Printed on recycled paper.

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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 Website References

- [Grant Information](#)
- [Committee](#)
- [Definitions](#)
- [History](#)
- [Legislation](#)
- [Publications](#)

Quick Instruction References

- New Representatives
 - [Register](#) for account in the portal.
- Reports
 - [Training Site Reports](#)
 - [Grant Verification Reports](#)

Communication

- Applicants are encouraged to subscribe to [GovDelivery](#) to receive MERC grant notifications.
- Communication from applicants must be directed to:

MERC Program Email	health.merc@state.mn.us
Diane Reger - Administrator	(651)-201-3566
Open Position - Expenditure Reporting	(651)-201-****
Cirrie Byrnes – Grant Verification Reporting (GVR)	(651)-201-3844

Identify the following in the subject line of all correspondence:
Grant ID Number (or NPI Number)
Clinical Training Site Name
FY2022 Clinical Training

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,

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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.

What's New

During the 2023 legislative session, several changes took place.

1. Rural health clinics and federally qualified health centers will no longer apply through the MERC program.
 - Medical education costs incurred by rural health clinics or federally qualified health centers are considered allowable costs and are recognized in the Department of Human Services (DHS) rate settings. The Department of Human Services (DHS) will work directly with these training facilities.
2. Sites may now include clinical training hours in settings outside of the hospital or clinic site, as applicable, including school, home, or community settings.
 - The training must occur as part of, or under the scope of, either an inpatient or ambulatory patient care setting where the training is funded, in part, by patient care revenues.
 - The setting cannot otherwise be eligible for or enrolled as a Medicaid site.
 - When the training is outside the hospital or clinic, a separate application must be completed if the site can be or is enrolled in the Minnesota Health Care Program (MHCP).
 - Satellite clinics or other facilities are separate applicants.
3. Distribution and funding:
 - Tobacco Funds/Match: No changes.
 - General Fund/Health Care Access Fund/Other Medical Education Funding (not requiring federal approval) : Eligibility change.
 - Hospitals or sites affiliated with a hospital system are excluded.
 - Medical education funding previously carved-out from the Prepaid Medical Assistance Program and transferred to the MERC program for distribution will now be distributed by the Department of Human Services (DHS).
 - Sites qualifying for a MERC distribution who are defined as hospitals or sites affiliated with a hospital system will receive a medical education component in the hospital's FFS rates.
 - DHS will determine the medical education component using the clinical training site's MERC grant determination.

Funding

The Minnesota Legislature has appropriated funding in state fiscal year 2024 through multiple sources: an appropriation from Minnesota cigarette tax and matching funds, the general fund, and the health care access fund.

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Table 1

Funding	Estimate
Cigarette Tax/Match	\$7,575,500
General Fund	\$1,000,000
Health Care Access Fund	\$1,000,000
Estimated Number of Awards	Unknown – Formula Grant
Estimated Award Maximum	Unknown – Formula Grant
Estimated Award Minimum	\$5,000 Minimum – *Meeting Formula

If eligible for the MERC program, hospitals and sites affiliated with a hospital system may qualify for a medical education rate factor through the Department of Human Services (DHS) FFS rates.

Grant Determination

Grants are determined based on the eligibility criteria and the [formula](#) found in [Minnesota Statute 62J.692](#).

Grant Announcement

The grant will be announced by April 30th using [GovDelivery](#) (see [Communication](#) above).

- Grants are awarded to clinical training sites through the sponsoring institution no later than 60-days after the announcement.
 - Clinical training site representatives can review expected funding in the [Grant Verification Report \(GVR\)](#).
- A grant summary will be posted on the MERC website under [publications](#).
- Detailed grant [reports](#) will be available to applicants in the [application portal](#).

Eligible Applicants

Applicant Summary

The application consists of three separate sections based on organizational role. Each role is defined below:

- 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 (MCHP) enrolled practice where training occurred.
- 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.
- 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.

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Applicant Detail

Minnesota Clinical Training Site

Clinical training site who hosted eligible trainees from an accredited medical education program sponsored by a Minnesota sponsoring institution.

- “Training Site” is a facility at a given practice address where clinical training occurred.
 - Training site must be in Minnesota.
 - Clinical training must be funded in part by patient care revenue and occurs as part of or under the scope of either an inpatient or ambulatory patient care training site.
 - If the training site is a physician owned clinic, the training site is defined as the clinic and not the physician.
 - Individual preceptors or departments within a facility should not be listed as an applicant.
 - Indicate the facility where clinical training occurred.
 - Training that occurs in a nursing facility (or a hospital swing bed unit), rural health clinic, or federally qualify health center are *not* eligible.
- Training site must be actively enrolled in the Minnesota Health Care Program (MHCP) and have a National Provider Identification (NPI) Number.
- Training site must have Minnesota public program reimbursement revenue on record with the Minnesota Department of Human Services during CY2022 from Medical Assistance/Prepaid Medical Assistance (MA/PMAP).
- Training site provided clinical training to a minimum of 0.10 eligible FTE trainees (208 hours) in fiscal year 2022.
 - 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 as part of or under the scope of 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, rural health clinics, or federally qualified health centers is not eligible for funding under this section.” Minnesota Statute 62J.692, Subdivision 1 (h).
 - Includes clinical training hours in settings outside of the hospital or clinic site, as applicable, including school, home, and community settings.
 - If the setting is eligible for or is enrolled as a Medicaid site, a separate application must be completed. (Satellite clinics or other facilities are separate applicants.)
- The use of funds is 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.

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Minnesota Teaching Program

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners (pharmacy students and residents), doctors of chiropractic, dentists (dental students and residents), 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 in Minnesota.
- The program had students/residents that were in clinical training that was funded in part by patient care revenues and occurred in either an inpatient or ambulatory patient care training site during fiscal year 2022.

***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 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).

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Application and Submission Instructions

The Minnesota Clinical Training Site role will be covered in the instructions that follow.

Application Process - 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 (MCHP) enrolled practice address where training occurred.

Reporting Period

Except for names and addresses, the grant application must reflect clinical training during fiscal year 2022.

Clinical Trainee Data

Prior to beginning the application, training sites that hosted FY2022 clinical trainees will receive an email from the accredited teaching program that had students/residents in clinical training activities at the training site. The email should arrive by August 31, 2023. It should contain data that must be entered and submitted as part of the training site's overall application. Any inconsistency with trainee information must be address with the teaching program prior to submission of the application to avoid the application's denial.

At a minimum, the trainee data provided by the teaching program will include:

- Training site name and address where training occurred.
- Type of trainee (provider type)
 - Advanced Dental Therapists, Advanced Practice Nurses, Chiropractic Students, Clinical Social Workers, Community Health Workers, Community Paramedics, Dental Residents, Dental Students, Dental Therapists, Medical Residents, Medical Students, PharmD Residents, PharmD Students, Physician Assistants, or Psychologists.
- Sponsoring institution name.
- Teaching program name and contact information.
- Trainee setting (Inpatient, Ambulatory, or Both).
- Clinical trainee FTE count.
Clinical training hours/2,080 hours = Full Time Equivalent (FTE) Trainee Count
- Dates the clinical trainees were at the site.

$((\text{Student/Resident} \times \text{Weeks in Rotation}) \times \text{Hours per Week}) = \text{Clinical Training Hours}$
 $\text{Clinical Training Hours} / 2,080 = \text{FTE Count}$

FTE = 2,080 hours, 52 weeks, or 260 days.

One person cannot exceed one FTE.

FTEs are truncated to four decimals. FTEs should not be rounded.

FTEs on the site's application must match teaching program records.

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Application Deadline

Clinical training sites have a two-step process for applying. **Both must be submitted no later than 4:30 p.m. Central Time on the respective due date.**

Step One – Initial application

- **Opens: August 31, 2023.**
- **Due: September 30, 2023.**
 - Using the clinical trainee data provided by the teaching program, the training site will identify the practice location and facility type where training took place and the sponsoring institution(s)/teaching program(s) associated with the trainees.
 - The site's application will link to the corresponding teaching program(s) upon submission.
 - The sponsoring institution(s)/teaching program(s) must then approve the application for submission to MDH.
 - Step-by-step instructions (including screen examples) are included in the following pages.

Sites who fail to submit Step one on September 30, 2023, will not be considered.

Step Two – Expenditure reporting

- **Opens: November 15, 2023**
- **Closes: December 15, 2023**
 - Clinical training expenditures must be provided for the trainees included in the initial application.
 - Expenditures are used in the grant formula.
 - Instructions (including screen examples) are available on the MERC [website](#) under Step Two.

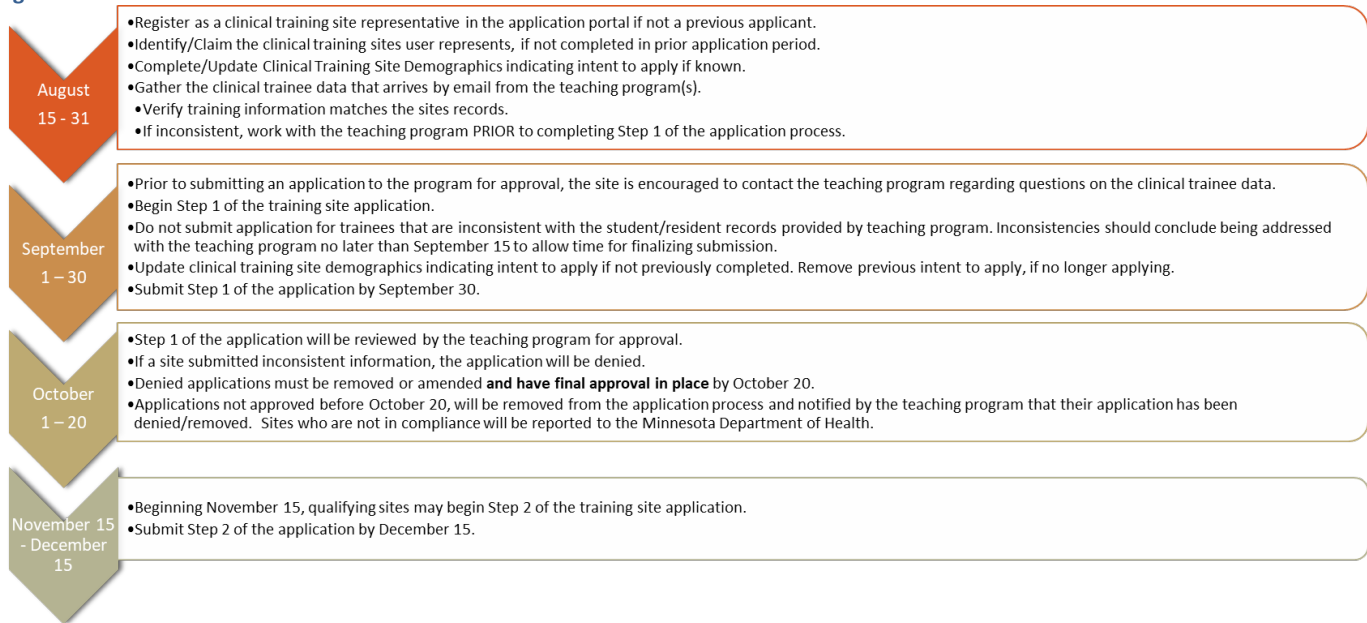
Sites who fail to submit Step Two by December 15, 2023, will be disqualified.

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' complete requirements a **minimum of three calendar days before the deadlines** 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 between the clinical training sites and the teaching program and sponsoring institution.

MERC Grant Application Instructions

Timeline

Figure 1



- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Registration - Pre-Application Opens <ul style="list-style-type: none"> ▪ Demographics | <p>August 15, 2023</p> |
| <ul style="list-style-type: none"> ▪ Step One - Initial Application Opens <ul style="list-style-type: none"> ▪ Step One – Initial Application Due | <p>August 31, 2023
September 30, 2023</p> |
| <ul style="list-style-type: none"> ▪ Step Two - Expenditure Reporting Opens <ul style="list-style-type: none"> ▪ Step Two - Expenditures Due | <p>November 15, 2023
December 15, 2023</p> |
| <ul style="list-style-type: none"> ▪ Grant Announcement <ul style="list-style-type: none"> ▪ Eligible sites receive funding from sponsor | <p>April 30, 2024 (or before)
60-days after announcement (or before)</p> |
| <ul style="list-style-type: none"> ▪ Grant Verification Report (GVR) Opens <ul style="list-style-type: none"> ▪ GVR Due | <p>May 15, 2024 (or before)
July 15, 2024 (or before)</p> |

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Application Instructions

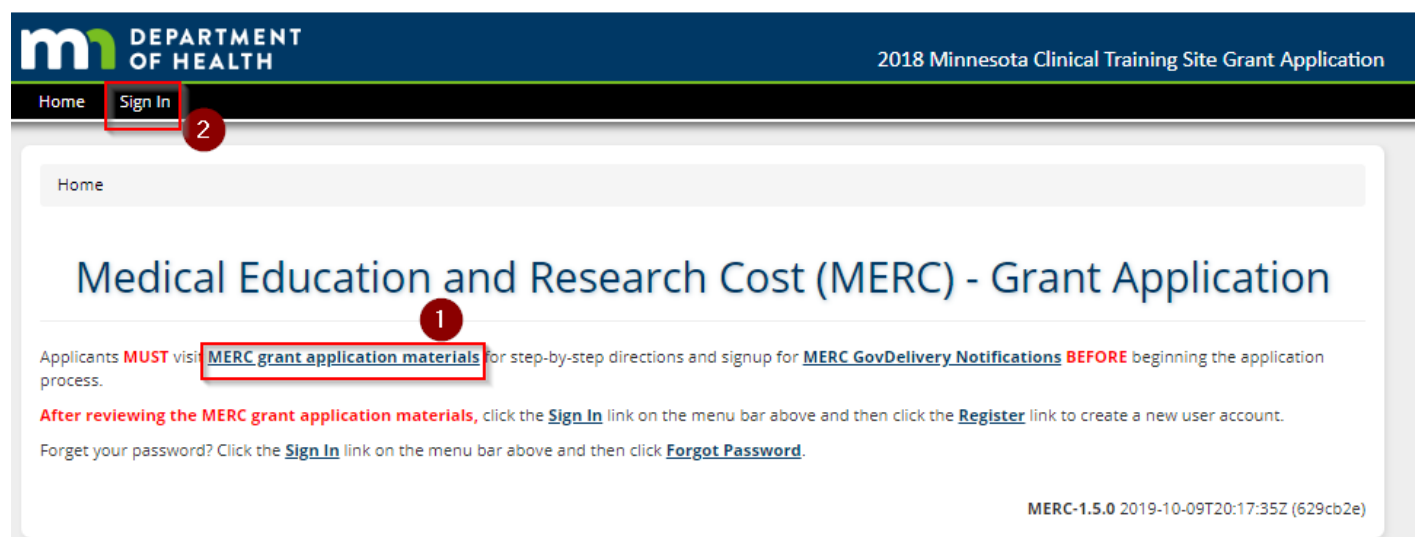
The grant application is completed electronically through an online portal available at <https://merc.web.health.state.mn.us>.

- It is recommended that users do not use their web browser autocomplete function for completing names and addresses in the application.
- All data submitted for the current application cycle should reflect clinical training in fiscal year 2022.
 - Step-by step instructions and examples of the application screens are for reference only.

Beginning the Application Process

- 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.
- Sign in to begin.
 - [Medical Education and Research Cost \(MERC\) Grant Application](#)

Figure 2



1. Grant instructions and program information can be found using the link on the Home Screen.
2. To **begin the [application](#) process**, click sign-in on the top menu bar.

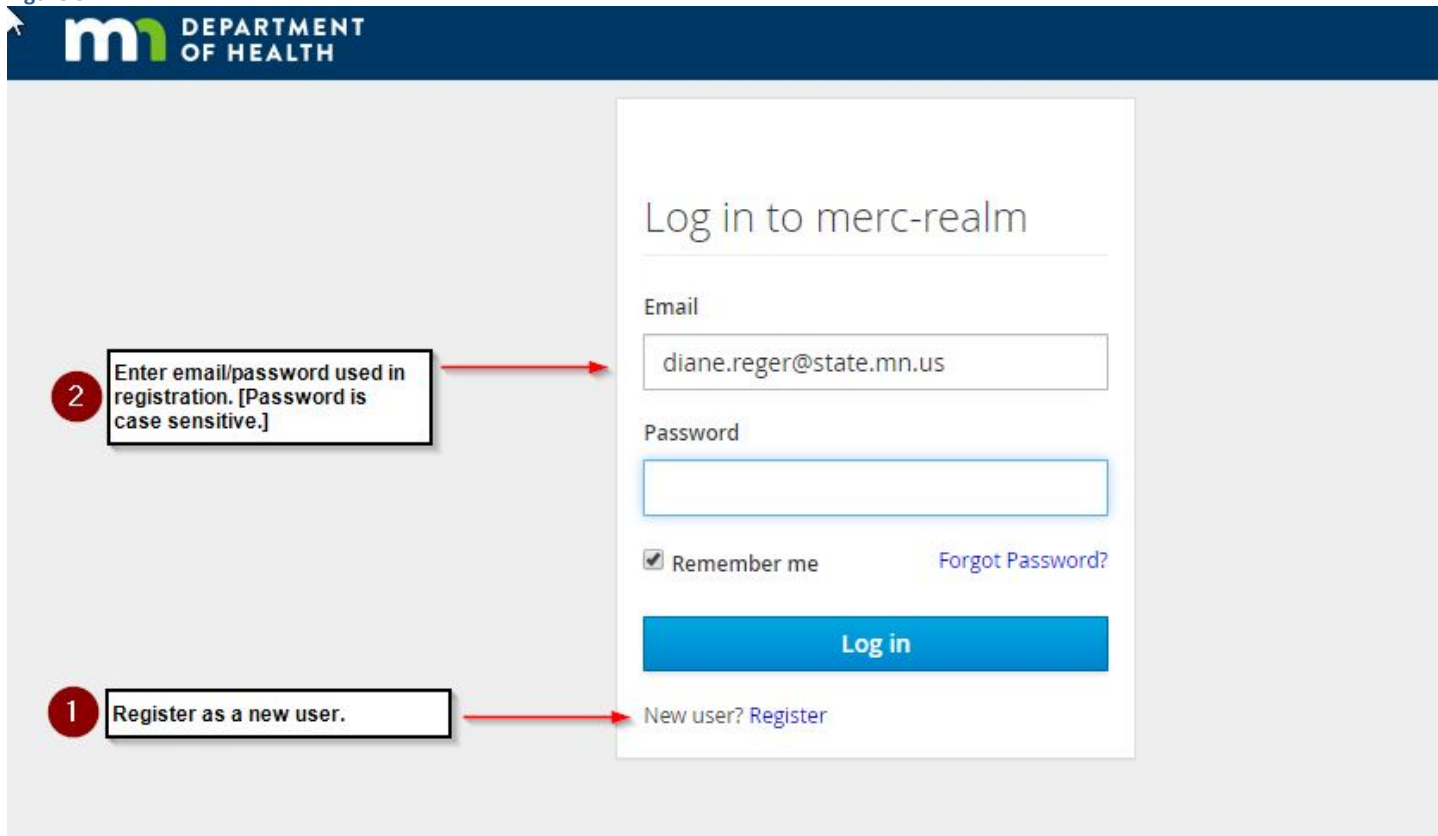
MDH may post alerts/notices below the menu bar found on the top of the screen. Refer to the message when using the system.

MERC Grant Application Instructions

Grant Applicant Registration & Sign In

- New users must register.
 - Registration is based on username (email address).

Figure 3



1. New users must register for initial access.
 - Click Register and follow the prompts.
 - See Figure 4 on the next page for example.
2. Users who registered in a previous grant cycle do not need to register again. Enter the following:
 - Username (email address).
 - Password.
 - Press, log in.
 - Proceed to user profile in Figure 5.

Forgot Password? Press Forgot Password and follow the prompts.

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Figure 4

DEPARTMENT OF HEALTH

merc-realm

First name **1**

Last name

Email

Password

Confirm password

Register **2**

« Back to Login

Email verification

You need to verify your email address to activate your account.

An email with instructions to verify your email address has been sent to you.

Haven't received a verification code in your email? [Click here](#) to re-send the email. **3**

Someone has created a Merc-realm account with this email address. If this was you, click the link below to verify your email address.

[Link to e-mail address verification](#)

This link will expire within 15 minutes.

If you didn't create this account, just ignore this message.

- Each registered user must have a unique email address.
- This will be your username.
- Do not use personal email addresses.
- Email address should be with the organization you represent.

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 a personal email address for registering.
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. If you do not receive an email to verify registration, check your junk mail/spam folder.

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

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User Profile

The profile is based on the username (email address) of the registered user.

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.

Figure 5

The screenshot shows a web application interface for managing a user profile. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, the page title is 'Manage User Profile'. The main content area is titled 'User Profile' and contains a form with the following fields:

- Login Name: * diane.reger@state.mn.us
- First Name: * Diane
- Last Name: * Reger
- Title: * State Program Administrator - Coordinator
- Email: * diane.reger@state.mn.us
- Phone: * (651) 201-3566

Below the user profile fields is the 'Employer Information' section with the following fields:

- Name: * State of Minnesota
- Address 1: * PO BOX 64882
- Address 2: Enter employer address line 2
- City: * St. Paul
- Select State: * MINNESOTA
- Zip Code: * 55164
- Postal Code: 0882

An 'Update' button is located at the bottom of the form.

- Press Continue (or Update) to verify the information.
 - The user will be asked to verify their profile each time they access the application.
 - If no changes are necessary, scroll to the bottom of the screen and continue/update.
 - All data in the profile must correspond to the registered user (username/email).
 - Changes to the user's profile will be reflected throughout the application where the user is named.
 - Cannot change email.
 - Users must register for a new account if email is no longer valid (instructions in Figure 3, Step 1.)

Ability to Manage User Profile is also available on the top menu bar and the Home Screen (See Figure 6).

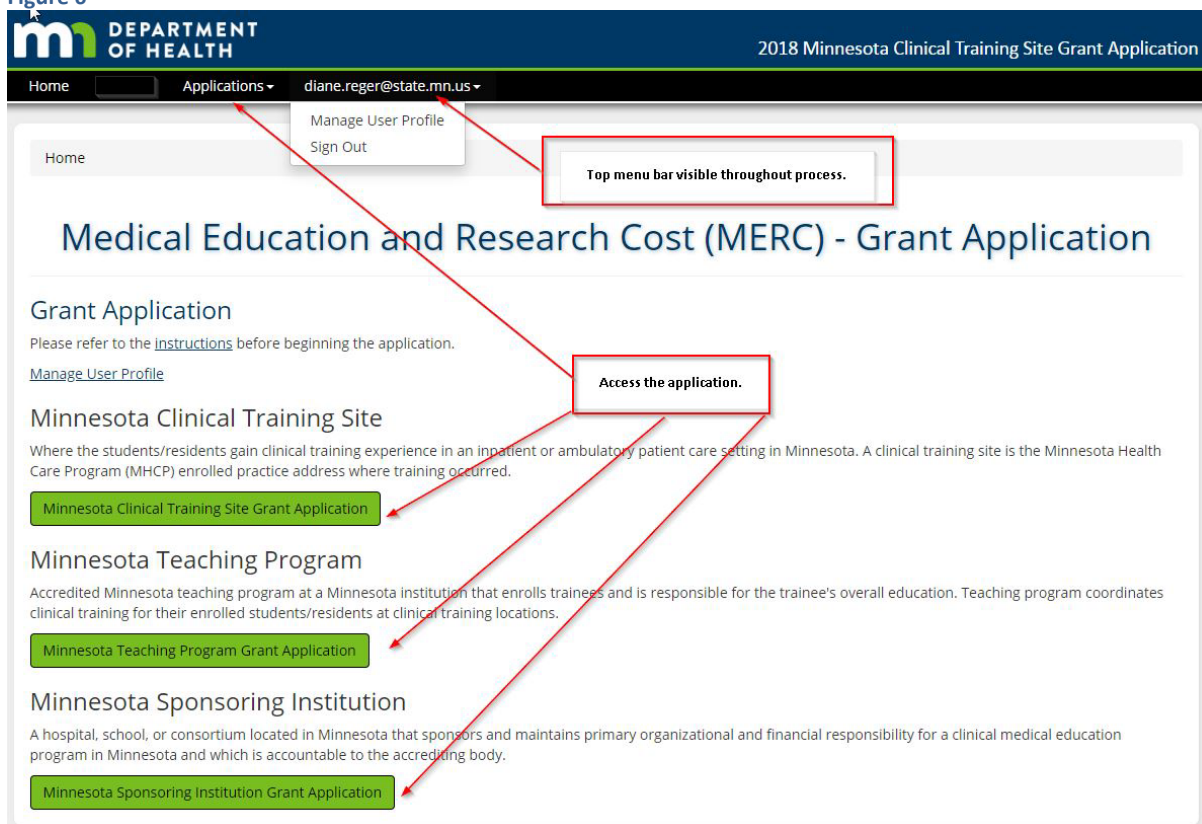
MERC Grant Application Instructions

Home Screen

After signing in and confirming user profile, all users will be directed to the home screen (Figure 6).

- The relevant application can be found using two options:
 1. Mid-screen under each applicant type, users will find a short definition.
 - Click the green box for Minnesota Clinical Training Site Grant Application.
 2. On the top menu bar, select Applications and then Minnesota Clinical Training Site.
- Additional links on the home screen include:
 - Link to this instruction manual.
 - Ability to manage user profile.
 - Sign out of the application portal.

Figure 6



Sign Out

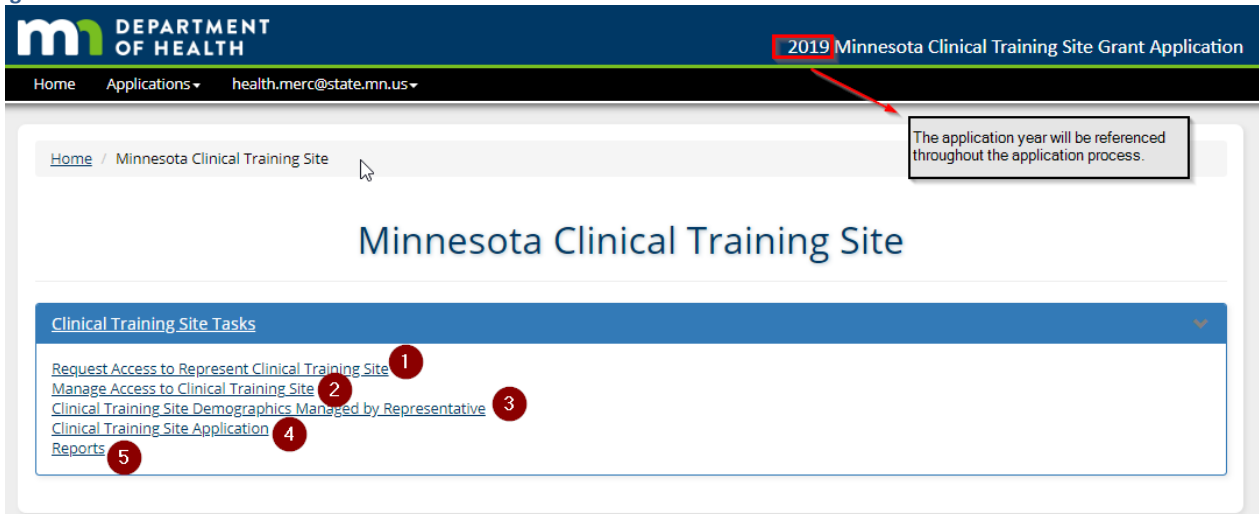
- Sign out is found on the top menu bar under the user's email (See Figure 6).

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Minnesota Clinical Training Site Applicants

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 (MCHP) enrolled practice address where training occurred.

Figure 7



To begin the application process, the clinical training site representative must complete the tasks in the list below. Each task will be outlined in the figures and pages that follow.

1. [Request Access to Represent the Clinical Training Site\(s\)](#) they will represent and/or complete applications for.
2. [Manage Access to Clinical Training Site\(s\)](#).
 - a. Grant access to additional representatives from the training site.
3. Complete [Clinical Training Site Demographics Managed by Representative](#).
 - a. Complete site details, payment address, and indicate site's intent to apply.
4. [Clinical Training Site Application](#).
 - a. [Initial Application](#) - Step 1 (**Due September 30, 2023**)
 - b. [Expenditure Reporting](#) - Step 2 (**Due December 15, 2023**)
 - c. [Grant Verification Report](#) (GVR) Process (**Due July 15, 2024**)
5. [Reports](#)

Tasks must be completed in order:

Complete tasks 1 & 3:	Opens August 15, 2023
Complete task 2:	As Needed
Complete task 4:	
Initial Application:	September 1 - 30, 2023
Verify Approval by Teaching Program:	October 1 - 20, 2023
Expenditure Reporting:	November 15 - December 15, 2023
Grant Verification Report:	June 1 - July 15, 2024
Complete task 5:	As Needed

MERC Grant Application Instructions

Request Access to Represent Clinical Training Site

Representatives should be familiar with the clinical training that took place at the practice location along with the MHCP enrollment and 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 and facility type where training took place.
 - This data is used in the grant formula.

Representatives must identify each clinical training site they are authorized to represent in the grant application process.

- Once identified, this information will stay in place until the representative revokes their authorization.

Figure 8

Home / [Minnesota Clinical Training Site](#) / Request Access To Clinical Training Site

Request Access To Clinical Training Site

Search Criteria for Clinical Training Site

Search By: NPI FEIN MERC Application ID Site Name

Enter: *

- Search Medicaid facilities enrolled in the Minnesota Health Care Program (MHCP).
- Identify the site(s) you represent.
- View the site details and claim representation.

Search Result for Clinical Training Site

Show entries

Use arrows in table to sort.

Search:

Facility Name	Location	Type	NPI	FEIN	MERC Application ID	Status	Active	Main Hospital	Action
Test Site B	St. Paul	HOSPITAL	1111111111	*****111	222222222	CLAIMED	YES	YES	<input type="button" value="View"/>
Test Site A	St. Paul	PHYSICIAN	1111111111	*****111	1111111111	CLAIMED	YES	NO	<input type="button" value="View"/>

Showing 1 to 2 of 2 entries

Previous Next

1. Enter the site's National Provider Identification Number (NPI) or Federal Tax ID Number (FEIN) for the location where training took place.
 - Press search.

MERC Grant Application Instructions

2. The search result will reflect [Minnesota Health Care Program](#) (MHCP) provider enrollment as of July 7, 2023.
 - While only locations with eligible trainees can apply, the representative can identify (claim) each site they represent in this part of the process.
 - In cases where a representative may represent multiple locations or facility types, the steps will be repeated.
 - If training was done in a [Hospital](#), the representative should claim the main hospital and each component/subparts of the hospital.
 - When the representative completes, the site demographics will address identifying the [main hospital](#) and the hospital [component/subpart](#).
 - The representative will later identify in [site demographics](#) if the site is applying.
3. Once the location and facility type has been identified, press view to continue.
 - The details of the site will open. Representatives must attest to being an authorized representative in the next section.

Claim Representation of the Clinical Training Site

The site 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. Multiple representatives can represent the site.

Figure 9

Home / Clinical Training Site / Search / View Clinical Training Site

Detail Information Of Selected Clinical Training Site

Selected Clinical Training Test A

Facility Name: Clinical Training Test A

Location: St. Paul

Address: 123 Main Street, St. Paul, MN. 55101

Type: PHYSICIAN

NPI: 1000000000

FEIN: *****000

MERC Application ID: 000000001

Status: UNCLAIMED

Active: YES

Check * By adding/claiming a clinical training site, user attests that they are an authorized representative of the clinical training site.*

1. Attest to being an authorized representative.
2. Claim site representation.
a. If another representative has claimed, request will be sent to representative.
b. Once access is granted, both representatives will be listed.
c. Multiple representatives can be identified.

2 Claim Back to Search Result

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

1. Attest to being an authorized representative.
2. Claim the site.

MERC Grant Application Instructions

- The status will indicate 'unclaimed' unless a representative already identified themselves as the site's authorized representative.
- The first representative to 'claim' representation, will be granted access.
 - Sites can have multiple representatives. In fact, it's encouraged to have a backup.
- If another authorized representative 'claimed' the site first, the first representative must approve access to any additional representatives.
 - A system generated email will be sent to the first representative to notify them that access had been requested. The first representative can grant or deny access. See [Manage Access to Clinical Training Site](#).

**Training in Hospitals: Claim each component of the hospital.
This is instrumental for gathering the MA/PMAP reimbursement data used to calculate the hospital's grant. (The [demographics](#) section will provide further details.)**

MERC Grant Application Instructions

Manage Access to Clinical Training Site

The original user who identified themselves as an authorized representative, can authorize additional representatives.

Figure 10

DEPARTMENT OF HEALTH
2018 Minnesota Clinical Training Site Grant Application

Home Admin - Applications - diane.reger@state.mn.us -

Home / Minnesota Clinical Training Site / Manage Access to Clinical Training Site

Manage Access to Clinical Training Site

Representatives Requesting Access

Show 10 entries

Search:

From	Request Type	Name	Status	Comment	Denied or Revoked Reason	Requested Date	Action
arifun.chowdhury@state.mn.us	TRAINING_SITE	TEST Site C	GRANTED	Request for access to Training Site 20259 - 'TEST Site C'.		08/12/2019 08:38:46 AM	
arifun.chowdhury@state.mn.us	TRAINING_SITE	TEST Site A	GRANTED	Request for access to Training Site 20265 - 'TEST Site A'.		08/12/2019 08:39:03 AM	
arifun.chowdhury@state.mn.us	TRAINING_SITE	TEST Site b	GRANTED	Request for access to Training Site 20267 - 'TEST Site b'.		08/12/2019 08:39:15 AM	
cirrie.byrnnes@state.mn.us	TRAINING_SITE	TEST Site C	DENIED	I request access please	YES! You should not be claiming this site.	08/12/2019 10:12:39 AM	
cirrie.byrnnes@state.mn.us	TRAINING_SITE	TEST Site A	REVOKED	Request access to this site please.		08/12/2019 10:13:13 AM	
cirrie.byrnnes@state.mn.us	TRAINING_SITE	TEST Site b	GRANTED	access please.		08/12/2019 10:13:41 AM	Revoke
cirrie.byrnnes@state.mn.us	TRAINING_SITE	TEST Site A	GRANTED	made a mistake claim again!		08/12/2019 10:21:31 AM	Revoke

Showing 1 to 7 of 7 entries

Previous 1 Next

Status change after action.

The following can be completed in this section:

- To view additional information:
 - Click on the username for additional information on who is requesting access.
 - Click on the site name to view additional information on the location the user is requesting access to.
- To grant, deny or revoke the user's access click the appropriate action in the action column.
 - All representatives will have the same authority in the system once access is granted.

Representatives receive a system generated notification granting, denying, or revoking their access.

MERC Grant Application Instructions

Clinical Training Site Demographics Managed by Representative

- Sites claimed by the representative are included in the table found on the demographics page.
- The demographics must be completed before a clinical training site application can be started.
- The representative must complete the site demographics and indicate which sites intend to apply.

Figure 11

[Home](#) / [Minnesota Clinical Training Site](#) / Clinical Training Site Demographics Managed by Representative

Clinical Training Site Demographics Managed by Representative

Clinical Training Site Demographic Information

Demographics must be completed before application is started.

User must complete demographics, and indicate intent to apply. The field will be reflected in the table upon completion.

Clinical Training Sites

Show 10 entries

Fields will be blank until the representative complete this information in demographics. Site's who applied in the past, will have this information pre-filled based on their previous application. Edits when completing demographics.

Search: [Search Bar]

Search based on any criteria is list is long.

Click arrows to sort fields in the the column headers.

Facility Name	Location	Address	Facility Type	NPI	FEIN	MERC Application ID	Main Hospital / Hospital Subpart or Free-Standing	Intends to Apply
Site A	MINNEAPOLIS	123 Main St. MINNEAPOLIS, MN 55407	PHYSICIAN	[Blank]	*****	[Blank]	Hospital Subpart	YES Complete Demographics
Site B	MINNEAPOLIS	123 Main St. MINNEAPOLIS, MN 55415	HOSPITAL	[Blank]	*****	[Blank]	Hospital Subpart	YES Complete Demographics
Site C	MINNEAPOLIS	456 First Street MINNEAPOLIS, MN 55401	HOSPITAL	[Blank]	*****	[Blank]	Free-Standing	NO Complete Demographics

1. Click 'Complete Demographics'.

MERC Grant Application Instructions

Training Site Information

Figure 12

Home / Minnesota Clinical Training Site / Clinical Training Site Demographics Managed by Representative / Clinical Training Site Demographics

Clinical Training Site Demographics

Clinical Training Site Demographic Information

Items with an * are required.

Use arrows to expand or decrease sections throughout the application.

Training Site Information

Site Name:

Type:

MERC Application ID:

NPI: 2

FEIN:

Address Line 1:

Address Line 2:

City:

Select State:

Zip Code:

Postal Code:

Auto completed based on the training location's enrollment in the Minnesota Health Care Program (MHCP).

To apply for the grant, the site name and location must match where clinical training took place.

2. Site name, address, facility type, NPI, FEIN, MERC Application ID are prefilled based on the facility's enrollment in the [Minnesota Health Care Program](#) (MHCP).

- When applying:
 - Information must correspond to where clinical training took place.
 - The facility must be enrolled in the MHCP to maintain eligibility.
 - This information is provided to the Minnesota Department of Human Services when the MERC program requesting MA/PMAP reimbursement data to calculate the grant.

Demographics must be completed for each site.

MERC Grant Application Instructions

Hospital or Free-Standing

3. Indicate if the site is hospital or free-standing.
 - **Hospital** (See Figure 13 & 14)
 - Hospitals often have multiple components (subparts) and identification numbers covering the licensed hospital. This information must be identified.
 - **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. It is the hospital's responsibility to report accurate information meeting CMS requirements.
 - Identify the main hospital.
 - If demographics reflect the *main* hospital, the hospital is prefilled.
 - If the site is a *hospital subpart*, the information is not prefilled.
 - To identify the subpart as a component of the hospital, select the hospital name in the drop-down list.
 - If no hospital options are available in the drop down list, return to the previous step of the application to indicate you are the authorized representative for the main hospital and [Request Access](#). Then return to complete the demographics.
 - **Free-Standing** (See Figure 15)
 - Free-Standing Sites (Include, but are not limited to, retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, and sites owned by the hospital that do not meet the hospital definition.)
 - 4. Indicate if the site will be applying in current grant period.
 - Yes - After completing demographics, user must proceed to the application page to apply.
 - No – After completing demographics, no further action is needed for this location.
 - 5. Save the information in this section before continuing.
 - 6. This section is viewable only by the main hospital.
 - The components/subparts of the hospital are identified in the table.
 - The hospital representative should verify the list accurately reflects components/subparts of the hospital that meet CMS requirements.

MERC Grant Application Instructions

Main Hospital

Figure 13

2018 Minnesota Clinical Training Site Grant Application

Hospital or Free-Standing 3

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.)

Must be representative of the hospital to complete.

Is the site applying for a MERC Grant for fiscal year [2018] clinical training?

4 YES NO

Save 5

My Subparts 6

Search:

Site Name	FEIN	MERC ID	NPI	Facility Type	Address
TEST Site b	*****114	444444444	1111111118	PHARMACY	One Happy Street USA Stillwater MN 54321

Showing 1 to 1 of 1 entries

Hospital Component

Figure 14

Hospital or Free-Standing 3

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

[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.

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

MERC Grant Application Instructions

Free Standing

Figure 15

Hospital or Free-Standing

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

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

3

Is the site applying for a MERC Grant for fiscal year [2018] clinical training?

4 YES NO

Save **5**

Grant Mailing Address

This section will only appear for sites that indicate their intent to apply for a grant in the steps above.

Figure 16

Grant Mailing Address

Select Billing Type: * SAME AS AUTHORIZED REPRESENTATIVE **7**

Select Authorized User: * Diane Reger **8**

Facility Name: * Enter facility name

Address Line 1: * PO BOX 64882

Address Line 2: * Enter address line 2

City: * St. Paul

Select State: * MINNESOTA

Zip Code: * 55164

Postal Code: * 0882

Save **9**

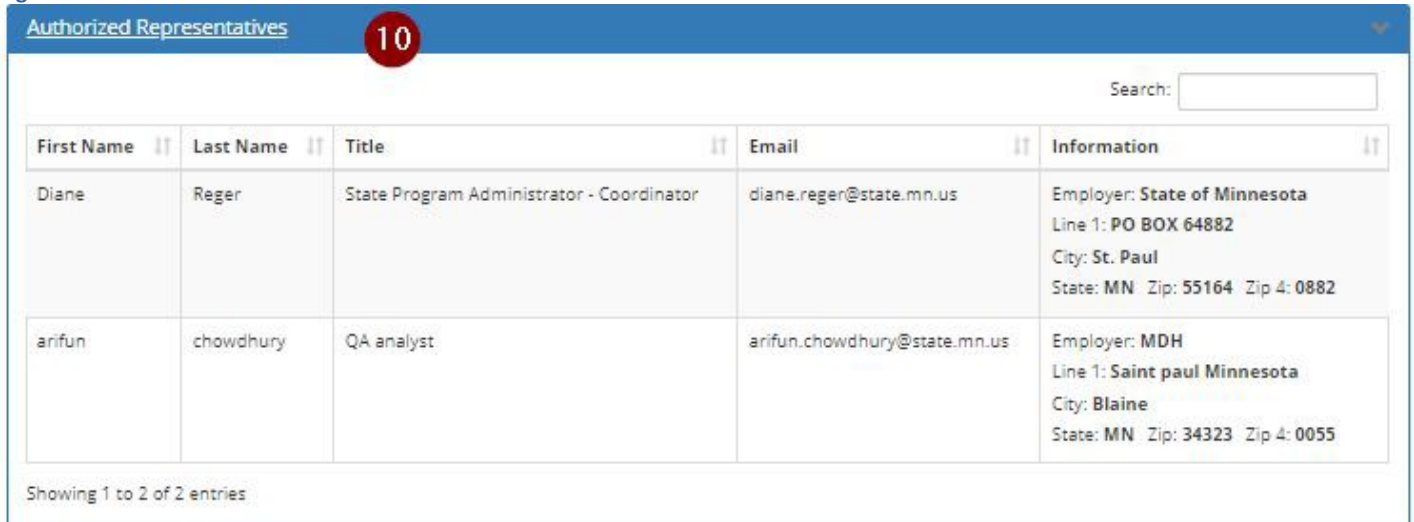
Identify where potential grant funds should be sent.
a. Same as above (the site identified in #2).
b. Same as authorized representative (identify representative).
c. Other (complete the grant mailing section).

7. Identify where potential grant funds should be mailed.
 - Same as above (default - mail to the MHCP address identified in Figure 12, #2 above).
 - Same as authorized representative (mail to the identified representative using the address in the representative's user profile).
 - 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 this selection.

MERC Grant Application Instructions

Authorized Representative – Clinical Training Site

Figure 17



First Name	Last Name	Title	Email	Information
Diane	Reger	State Program Administrator - Coordinator	diane.reger@state.mn.us	Employer: State of Minnesota Line 1: PO BOX 64882 City: St. Paul State: MN Zip: 55164 Zip 4: 0882
arifun	chowdhury	QA analyst	arifun.chowdhury@state.mn.us	Employer: MDH Line 1: Saint paul Minnesota City: Blaine State: MN Zip: 34323 Zip 4: 0055

Showing 1 to 2 of 2 entries

10. This section identifies the representatives.

- No entry takes place. The information can be updated in the representative’s user profile.
- To remove a representative who is no longer associated with the organization, see Manage Access to Clinical Training Site (Figure 10).

**If you represent additional training sites, complete demographics for each site.
If you are done, return to Minnesota Clinical Training Site page.**

MERC Grant Application Instructions

Clinical Training Site Applications

This section contains only sites that completed demographics and identified the locations where training took place in fiscal year 2022. To add or remove a site, return to the [Clinical Training Site Demographics](#).

- The applicant fields in the table will be empty until the applicant begins the application.

Complete the application and submitted before September 30, 2023. Late application will not be considered.

Figure 18

Home / Minnesota Clinical Training Site / Clinical Training Site Application

Clinical Training Site Application

Clinical Training Site Applications

Search:

Training Site	Training Year	Teaching Program	Sponsoring Institution	Action
Test Site A Type: HOSPITAL Location: St. Paul	2018			Begin Application 1
Test Site C Type: PHARMACY Location: St. Paul	2018			Begin Application

Showing 1 to 2 of 2 entries

1. Click, Begin Application.

Begin/Create New Application

- The information provided in demographics will prefill the top section of the application.
 - Verify the information matches where training took place and the correct facility is listed.
 - If the facility is a hospital, the hospital components the user identified in demographics will be included in the application.
 - Return to demographics if information is not correct.
 - Each section of the application can be minimized as shown in the figure below.
 - The default shows each section in detail.

MERC Grant Application Instructions

Figure 19

Home / [Minnesota Clinical Training Site](#) / [Clinical Training Site Application](#) / Create New Application

Create New Application

Items with an * are required.

Arrows allow user to expand or reduce each section. Default is expand.

Site Application

Facility

Authorized Representatives

Grant Mailing Address

Auto completed based on the data entered on the demographics page.

Figure 20

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.*

Search:

Site Name	FEIN	MERC ID	NPI	Facility Type	Address
Test Site B	*****111	333333333	1111111111	PHYSICIAN	123 Main Street S Minneapolis MN 12345

Showing 1 to 1 of 1 entries

MERC Grant Application Instructions

Clinical Trainees at Facility

Use the clinical trainee data provided by the teaching program to complete this section of the application.

- Questions regarding the trainee data should be directed to the teaching program representative prior to submitting the application.

In each field, select from the options available in the drop-down list.

- Allow time for the field to process before moving to the next field.
- The options are based on the sponsors and programs registered in the application portal.
- An application cannot be submitted to a sponsor/program that is not applying (error message will appear).
 - Sponsor/program names should be available in the system by August 31.
- If the training site hosted multiple teaching programs, sponsoring institutions, and trainee types, repeat Steps 1 – 6 below.

Figure 21

The screenshot shows the 'Clinical Trainees at Facility' application interface. At the top, there is a search bar. Below it is a table header with columns: Facility Type, Sponsoring Institution, Teaching Program, Trainee Setting, Fulltime Equivalent (FTE) Clinical Trainee, and Action. The table currently shows 'No data available in table' and 'Showing 0 to 0 of 0 entries'. Below the table, there are several form fields with dropdown menus and a text input field. The fields are: Program Type (ADVANCED PRACTICE NURSES), Sponsoring Institution (Test Sponsor Diane1), Teaching Program (Test Program A), Trainee Setting (INPATIENT), and Fulltime Equivalent (FTE) Clinical Trainee (1.234). There are 'Add' and 'Reset' buttons at the bottom. A red box highlights a warning message: 'Must complete in order. Sponsor and Program must be applying. Repeat to add additional program. Clinical Trainee FTEs must be based on data provided by teaching program for the FY collected.' Red circles with numbers 1-6 point to the dropdown menus and buttons.

- | | |
|--------------------------------|--|
| 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.
(Select: inpatient, ambulatory, or both). |
| 5. FTE Clinical Trainee Count: | Enter the clinical trainee FTEs provided by the teaching program.
Truncate trainee count at four decimals.
Do not round FTE count. |
| 6. Add/Reset: | Add to list of programs (or) Reset to clear the fields. |

MERC Grant Application Instructions

- As the teaching programs and trainee counts are added to the application, they will appear in the table.
 - Prior to submission, the information can be edited or deleted as necessary (Figure 22).
- Add all teaching programs before submitting the application.

Applications will not be accepted after the September 30, 2023, deadline.

Figure 22

Clinical Trainees at Facility

Search:

Program Type	Sponsoring Institution	Teaching Program	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Created/Submitted	Action
Medical Residents	Test Sponsoring Institution Status: NEW	Test Program A Status: NEW	INPATIENT	1.0	Created by: health.merc@state.mn.us	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Showing 1 to 1 of 1 entries

Program Type *
 Trainee Setting *
 Fulltime Equivalent (FTE) Clinical Trainee: *

Callout Boxes:

- Status change to Submitted when submitted to MDH.** (Points to Sponsoring Institution Status)
- Status changes to PENDING after submission to teaching program. Changes to Submitted after submission to the sponsor.** (Points to Teaching Program Status)
- Created by will be noted. When submitted, will change to the username of the person who submitted.** (Points to Created/Submitted field)
- Can edit or delete before submitting to the teaching program for approval. Once submitted, Action will change to "Application submitted to Teaching Program."** (Points to Action buttons)

Notice of Expenditure Report Requirements

Sites meeting the total trainee minimum of 0.1000 FTE are required to submit an expenditure report in Step 2 of the application process.

Figure 23

Expenditure Report Requirements

Refer to the application for dates. Screen shots are examples only.

The Minnesota Department of Health will collect clinical training expenses in November 2020. Expenditure reports will be due within 30-days of the initial request. Grant applicants must adhere to the expenditure deadline to qualify.

Grant amounts are determined based on the eligibility criteria and formula defined in Minnesota Statute 62J.692. Available funding will not exceed the facility's reported clinical training expenses for qualifying MERC programs and trainees.

- Step 2 of the application process will open by November 15, 2023.
 - On November 15, 2023, sites are responsible for entering the application portal and submitting expenses associated with the application's clinical training.
 - Expense categories and instructions are found on the MERC [website](#).
- Expenditure reports must be submitted by December 15, 2023.
 - Sites with expenditures under \$5,000 or not meeting the minimum requirements of the formula will not qualify.

MERC Grant Application Instructions

Signature & Submission to Teaching Program(s)

Figure 24

The screenshot shows a web form titled "Signature of Authorized Representative". At the top, there is a checkbox and a paragraph of text. A red circle with the number 8 is next to the checkbox. Below the text are four input fields: "Name:", "Title:", "Email:", and "Date Signed:". A callout box points to the "Name:" field with the text "Signature auto complete is based on user profile." Below the input fields are three buttons: "Cancel", "Save", and "Submit". A callout box with the number 7 points to the "Save" button, and another callout box with the number 9 points to the "Submit" button. A note on the left side of the form states: "This example does not reflect the current application period. Example of screen only." A callout box with the number 8 also points to the text area above the input fields, containing the text: "I certify that I am an authorized representative approved by the facility named above. I have sufficient knowledge about the facility's MHCP enrollment, identification numbers used for Medicaid billing, and clinical medical education costs. I attest that the training facility hosted clinical trainees in fiscal year 2018. I am aware that the data I provide in the application and expenditure report will be used for grant eligibility and calculations. The data included in the application is accurate and I will comply with all laws related to MERC Statute 62J.692."

7. Save the application until you are ready to submit.
 - A message will appear on the top of the screen indicating that the application has been saved.
 - Application is not submitted!
 - Return to the application and scroll to the bottom of the page when ready to submit (See next section).
8. **Do not complete Step 8/9 until you are ready to submit your application.**
 - Check the box for e-signature.
9. Submit the application to the sponsors/teaching programs 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.
 - Step 1 of the application will be reviewed by the corresponding teaching program(s).
 - See [Application Status](#) for details.

Denied/Disapproved Applications

In rare cases, if a clinical training site submits trainee information that is inconsistent with the records of the teaching program, the teaching program will disapproved/deny the site's application and send a notification to the site representative by email.

- Denied applications must be removed or edit and **have final approval in place** by October 20.
 - Applications not approved before October 20, will not be accepted. The application will be removed and reported for non-compliance to the Minnesota Department of Health.
- Sites should review their application's status by October 15.

MERC Grant Application Instructions

Printing

Use the print function found on the top right of the corresponding page to print a PDF document of the submission. These documents are part of the grant application process and should be maintained in your internal records.

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.

SP = Sponsoring Institution
 TP = Teaching Program
 TS = Training Site

Table 2

Status	Definition
NEW	Application Opened.
PENDING	Pending.
DISAPPROVED	Disapproved. Correction needed.
APPROVED	Approved. Pending submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

Figure 25

The screenshot shows the 'Clinical Training Site Application' web interface. At the top, there is a navigation bar with 'Home', 'Applications', and 'health.merc@state.mn.us'. Below this is a breadcrumb trail: 'Home / Minnesota Clinical Training Site / Clinical Training Site Application'. The main heading is 'Clinical Training Site Application'. Below the heading is a table titled 'Clinical Training Site Applications' with a search bar. The table has columns for Training Site, Training Year, Teaching Program, Sponsoring Institution, and Action. Two entries are shown:

Training Site	Training Year	Teaching Program	Sponsoring Institution	Action
Test Site A Type: HOSPITAL Location: St. Paul	2018	Test Program A Status: NEW	Test Sponsoring Institution Status: NEW	Edit View
Test Site C Type: PHARMACY Location: St. Paul	2018	Test Program B Status: PENDING	Test Sponsoring Institution Status: NEW	View Amend

Callouts in the screenshot provide the following information:

- A red box points to the 'Edit' button for Test Site A: "Site has not been submitted. Edit to continue."
- A red box points to the 'Amend' button for Test Site C: "Application submitted. Pending Approval."
- A red box at the bottom of the page: "Cannot edit the application already submitted to a program unless program disapproves. Site application can be amended to include additional teaching programs not previously submitted."

MERC Grant Application Instructions

Figure 26

Home / Minnesota Clinical Training Site / Clinical Training Site Application

Clinical Training Site Application

Clinical Training Site Applications

Search:

Training Site	Training Year	Teaching Program	Sponsoring Institution	Action
Test Site A Type: HOSPITAL Location: St. Paul	2018	Test Program A Status: TP-DISAPPROVED Comment: FTE error, please correct. Should be 0.1	Test Sponsoring Institution Status: SP-DISAPPROVED	Edit View
Test Site C Type: PHARMACY Location: St. Paul	2018	<ul style="list-style-type: none">Test Program B Status: TP-SUBMITTEDInternal Medicine Status: PENDINGClinical Pharmacy Status: TP-SUBMITTED	<ul style="list-style-type: none">Test Sponsoring Institution Status: SP-SUBMITTEDAbbott Northwestern Hospital Status: NEWAbbott Northwestern Hospital Status: NEW	View Amend

Showing 1 to 2 of 2 entries

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.

Grants

Grants will be announced through [GovDelivery](#) by April 30, 2024 (see [Communication](#) regarding signup).

- A grant summary will be posted on the MERC website under [publications](#).
- Detailed grant reports will be available in the applicant's application portal (see [Reports](#)).
- Eligible sites will receive funding from sponsoring institutions within 60-days of the grant announcement and no later than June 30, 2024.
 - Selected clinical training sites must submit a Grant Verification Report and a system generated accounting report or statement showing receipt of funding from the sponsors.

Reports

Throughout the application process, applicants can download reports. Reports reflect fields entered at the time the report is processed. Grants determinations will be reflected on the report by April 30, 2024.

MERC Grant Application Instructions

Figure 27

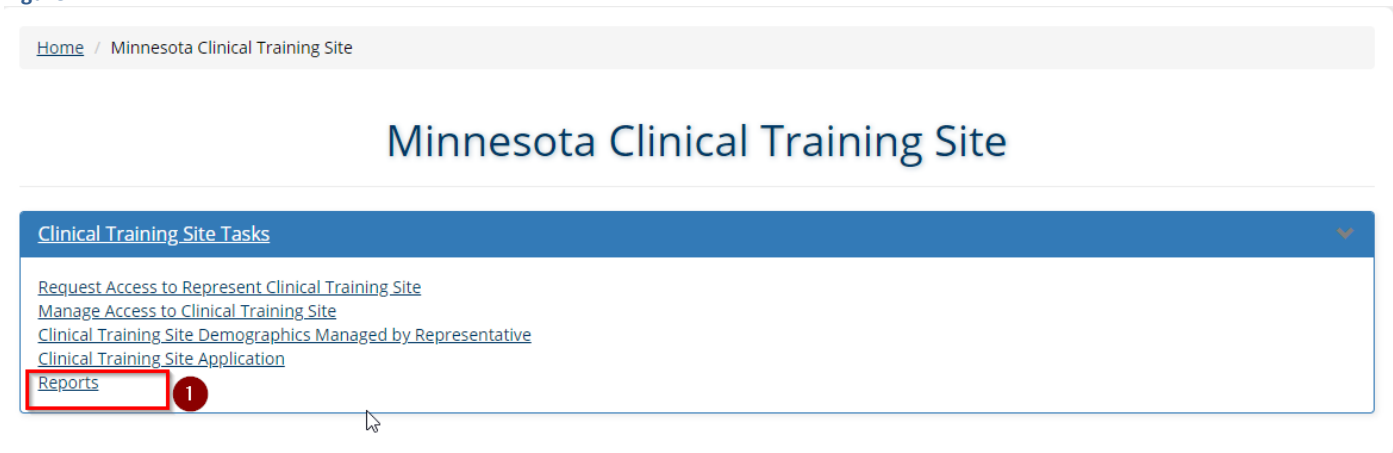
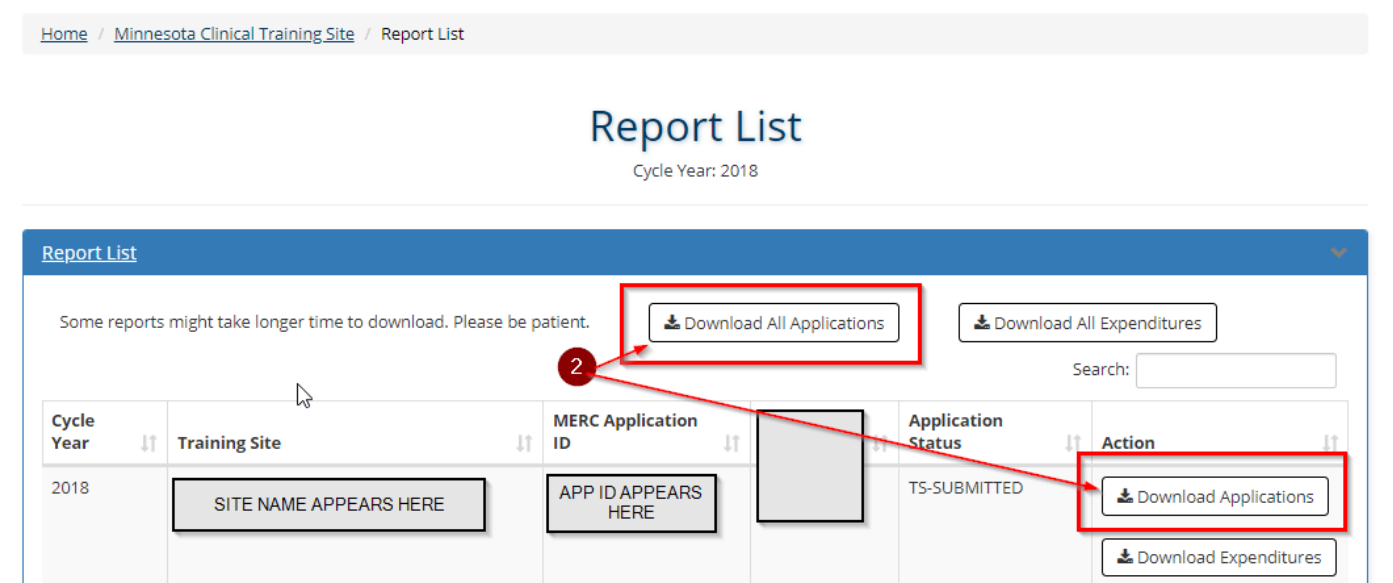


Figure 28

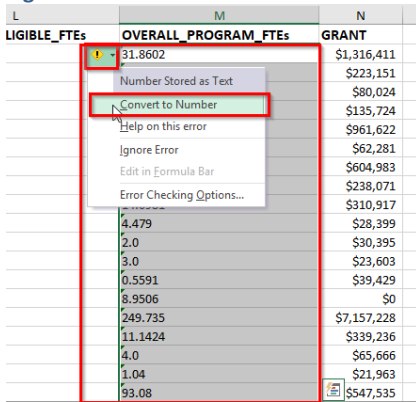


1. Press, Reports.
2. Select the application report (see [expenditure manual](#) for details on expenditure reports).
 - a. Download all – Representatives who manage more than one application have the option to pull information into one Excel report.
 - b. Download – Download each application individually.
 - c. Save the report in your grant records.

Tip: If Excel indicates that the numeric fields are 'Numbers Stored as Text', users may find it helpful to convert these fields to numbers. Highlight the fields and press the yellow triangle found next to the highlighted section. Next, click 'Convert to Number'. See the figure below for an example:

MERC Grant Application Instructions

Figure 29



L	M	N
LIGIBLE_FTEs	OVERALL_PROGRAM_FTEs	GRANT
31.8602		\$1,316,411
		\$223,151
		\$80,024
		\$135,724
		\$961,622
		\$62,281
		\$604,983
		\$238,071
		\$310,917
		\$28,399
		\$30,395
		\$23,603
		\$39,429
		\$0
		\$7,157,228
		\$339,236
		\$65,666
		\$21,963
		\$547,535

Grant Verification Reporting (GVR)

A GVR reflecting the grant’s outcome will be added to the application portal for sites completing both the initial application and expenditure reporting.

Funding will be awarded through the sponsoring institution no later than June 30, 2024. Representatives will be notified through email by May 15, 2024, if the site will be required to verify that funding has been received from the sponsoring institution. Selected sites must complete the GVR no later than July 15, 2024.

Refer to the steps below to view, print, or submit the GVR.

Figure 30



Home / Minnesota Clinical Training Site

Minnesota Clinical Training Site

Clinical Training Site Tasks

- [Request Access to Represent Clinical Training Site](#)
- [Manage Access to Clinical Training Site](#)
- [Clinical Training Site Demographics Managed by Representative](#)
- [Clinical Training Site Application](#)**
- [Reports](#)

1. Select, Clinical Training Site Application.

MERC Grant Application Instructions

Figure 31

Home / Minnesota Clinical Training Site / Clinical Training Site Applications

Clinical Training Site Applications

Filter results based on Name or ID number. Remove filter to see full search results.

Show 10 entries

Training Site	Training Year	Teaching Program and Sponsoring Institution	Action
Training Site Info Appears Here.	2018	<p>Teaching Program (Type) Expenditures Submitted Total FTEs: [redacted]</p> <p>Program Name/Type Appears Here Status: TP-SUBMITTED FTEs: [redacted]</p> <p>Program Name/Type Appears Here Status: TP-SUBMITTED FTEs: [redacted]</p> <p>Sponsoring Institution</p> <p>Sponsor Name Status: SP-SUBMITTED</p> <p>Sponsor Name Appears Here Status: SP-SUBMITTED</p>	<p>Edit Application</p> <p>View Application</p> <p>Report Expenditures</p> <p>Grant Verification 2</p>

2. Click on, Grant Verification.
 - a. The document reflects the grant payment the training site will receive from the sponsoring institution and teaching program.

Figure 32

Clinical Training Site Grant Verification Report (GVR)

Fiscal Year 2018 Clinical Training

Items with an * are required.

Print Grant Verification

Grant Payments Verified by Training Site

Notice will appear after the GVR is submitted to MDH. *Site will be notified if this is required.*

Site Application Information

MERC Application ID: [redacted]
Training Facility: [redacted]
Type: [redacted]
Location: [redacted]
Address: [redacted]

Grant Mailing Address
Billing Type: [redacted]
Authorized User: [redacted]
Training Facility: [redacted]
Address: [redacted]

Total FTEs: [redacted]
Grant Comment: [redacted]
Total Grant: \$ [redacted]

The fields will reflect a summary of the grant application and potential payment.

MERC Grant Application Instructions

Printing

The document can be printed and saved by clicking Print Verification. This button is found at the top of the screen. Retain a final copy for the grantee's records.

Grant Allocation

Clinical training site grants are calculated using a [formula](#). The grant is then allocated through the sponsoring institutions and teaching programs that had students/residents at the site. This allocation is based on the site's reported clinical training expenditures by trainee type and the percent of trainees within that trainee type at the teaching program.

Receiving Grant Payments

Grant details include: the facility where clinical training took place, the requested payment address, if the site qualified for a grant, the sponsoring institutions and teaching programs of the students/residents, and the total grant from each sponsor to the clinical training site.

- After the sponsor sends confirmation to MDH verifying payments have been made to the training site (see Figure 33), 'Yes' will be indicated.

Figure 33

The screenshot displays the 'Name of Sponsoring Institution' section of the application. It includes a dropdown menu for the institution name, a 'Funding Verified by Sponsoring Institution' field set to 'YES', and a 'Comments (if any)' field. A callout box explains that a table with each sponsoring institution application was submitted, and the payment indicator will say 'YES' after payment. Below this is a 'Teaching Programs' section with a table and summary fields.

Teaching Program	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Grant
Program Name/Type			\$
Program Name/Type			\$

Total FTEs: Total Grant: \$ Overall grant by sponsor

MERC Grant Application Instructions

Verification of Payments

Figure 34

Verification of Grant Funding

Upload an official report from the accounting system showing the grant deposited. Grants must be consistent with the amounts above.

+ Select file to upload: 3

Cycle Year	Filename	Download	Remove
2018	After the file is uploaded, the document name will appear here. Once the GVR is submitted, the file cannot be removed.	Download	Remove

3. Upload an official accounting report from the site's accounting system verifying the incoming grant(s) received and deposited from the sponsoring institution(s).
 - a. This step is only required if MDH notifies the site representative by email that the site has been selected for the verification process.

Signature and Submission

Figure 35

Signature of Authorized Representative

I am an authorized representative for the facility named above. I certify that the MERC grant specified has been received and deposited. I have attached the requested proof of deposit as required.

Name:

Title:

Email:

Date Signed:

Save

Optional SAVE button. If user signs, SAVE button will disappear and Submit button will appear.

MERC Grant Application Instructions

Figure 36

Signature of Authorized Representative

I am an authorized representative for the facility named above. I certify that the MERC grant specified has been received and deposited. I have attached the requested proof of deposit as required.

Name:

Title:

Email:

Date Signed:

When box is checked, user can submit grant verification.

Do not sign the grant verification until you are ready to submit.

4. Sign the GVR.
 - a. This step is only required if MDH notifies the site representative by email that the site has been selected for the verification process.
 - b. Click the box to populate the e-signature fields.
5. Submit the Grant Verification to MDH.
 - a. Return to the top of the document to print/save the GVR for your records.
 - b. Return to the main clinical training site page and run a final report of the application for your records. The reports will now reflect the final submission of the GVR.