# DEPARTMENT OF HEALTH

# Medical Education & Research Cost (MERC) Grant Program

APPLICATION INSTRUCTIONS - Minnesota Clinical Training Sites *Fiscal Year 2023 Clinical Training* 

Minnesota Department of Health PO Box 64975 St. Paul, MN 55164-0882 (651)-201-3566 <u>health.merc@state.mn.us</u> <u>https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html</u>

08/07/2024

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

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# Overview

# **General Information**

Grant Title:	Medical Education and Research Cost (MERC) Grant
Program Website:	https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html
Application Portal:	https://merc.web.health.state.mn.us
Application Deadline:	September 30, 2024

## What's New in the Application Portal

Additional data to assist with the administration of the new <u>Site-Based Clinical Training (SBCT) Grant</u> will be collected in the MERC portal due to the close alignment to the MERC Grant. The SBCT Grant provides funding to clinical training sites that meet the eligibility criteria outlined in <u>Minnesota Statutes 144.1508</u>. Review the <u>SBCT Grant webpage</u> for additional information and eligibility.

Within the application portal, Minnesota Clinical Training Sites can apply for the MERC Grant, SBCT Grant, or both.

Sites applying **solely** for the <u>SBCT Grant</u> that are **not enrolled** as a <u>Minnesota Health Care Program (MHCP)</u> facility that offer sliding fee services must contact <u>ClinicalTraining.MDH@state.mn.us</u> to determine if additional technical assistance may be required. Provide the site's legal name, address where training occurred, <u>NPI</u>, and type of facility.

# **Program Description**

<u>Minnesota Statute 62J.692</u> 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.

# **Legislative Impact**

During the 2023 legislative session, several changes took place. These changes were enacted during the previous grant cycle.

- 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 and 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 is 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 may 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.

# **Eligible Applicants**

## **Applicant Summary**

The application portal consists of three separate organizational roles. Each applicant type 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 Heath Care Program (MHCP) 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.

## **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 qualified 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 CY2023 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 2023.
  - 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.

## 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<sup>\*</sup> (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 2023.

\*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).

# **Reporting Period**

Except for names and addresses, the grant application must reflect clinical training during fiscal year 2023.

# Funding

The Minnesota Legislature has appropriated funding in state fiscal year 2025 through multiple sources: an appropriation from Minnesota cigarette tax and matching funds, the general fund, and the health care access fund.

Table 1	
MERC 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.



# **Application Deadline**

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

**Step One – Initial Application** 

- Opens: September 1, 2024.
- Due: September 30, 2024.
  - 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 by 4:30 p.m. Central Time on September 30, 2024, will not be considered.

### Step Two – Expenditure Reporting for MERC Applicants

- Opens: November 15, 2024
- Due: December 15, 2024
  - 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 <u>website</u> under Step Two.

Sites who fail to submit Step Two by 4:30 p.m. Central Time on December 15, 2024, 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 their teaching programs and sponsoring institutions.

## **Application Timeline**

The submission timeline below can also be found on the MERC website.

### Figure 2

-	
	<ul> <li>Register as a clinical training site representative in the application portal if not a previous applicant.</li> <li>Identify/Claim the clinical training sites user represents, if not completed in prior application period.</li> <li>Completed (Indexe Clinical Training Site Demographics indicating interact to apply if known.</li> </ul>
August	•Complete Opticate Clinical maning site beinggraphics indicating intent to apply in Nowi.
August	•Verify training information matches the sites records.
15 - 31	• If inconsistent, work with the teaching program PRIOR to completing Step 1 of the application process.
	<ul> <li>Prior to submitting an application to the program for approval, the site is encouraged to contact the teaching program regarding questions on the clinical trainee data.</li> <li>Begin Step 1 of the training site application.</li> </ul>
Sentember	•Do not submit application for trainees that are inconsistent with the student/resident records provided by teaching program. Inconsistencies should conclude being addressed with the teaching program no later than September 15 to allow time for finalizing submission.
1-30	•Update clinical training site demographics indicating intent to apply if not previously completed. Remove previous intent to apply, if no longer applying. •Submit Step 1 of the application by September 30.
	•Step 1 of the application will be reviewed by the teaching program for approval. •If a site submitted inconsistent information, the application will be denied.
October 1 – 20	<ul> <li>Denied applications must be removed or amended and have final approval in place by October 20.</li> <li>Applications not approved before October 20, will be removed from the application process and notified by the teaching program that their application has been denied/removed. Sites who are not in compliance will be reported to the Minnesota Department of Health.</li> </ul>
November 15	<ul> <li>Beginning November 15, qualifying sites may begin Step 2 of the training site application.</li> <li>Submit Step 2 of the application by December 15.</li> </ul>
- December 15	
■ Re	gistration - Pre-Application Opens August 15, 2024

Step One – Initial Application Deadline	September 30, 2024
Step One - Initial Application Opens	September 1, 2024
<ul> <li>Demographics</li> </ul>	
-0	0

After the application is submitted to the teaching program, it's the applicant's responsibility to review their <u>application status</u> within the application portal.

<ul> <li>Verify Submission to the Teaching Program</li> <li>Verify Approval by the Teaching Program</li> <li>Verify Submission by the Sponsor</li> </ul>	September 30, 2024 October 15, 2024 October 31, 2024
<ul> <li>Step Two - Expenditure Reporting Opens</li> <li>Step Two – Expenditure Reporting Deadline</li> </ul>	November 15, 2024 December 15, 2024
Grant Announcement <ul> <li>Eligible sites receive funding from sponsor</li> </ul>	April 30, 2025 (or before) 60-days after announcement (or before)
<ul> <li>Grant Verification Report (GVR) Opens</li> <li>GVR Deadline (selected sites)</li> <li>Cycle/Portal Closed</li> </ul>	May 15, 2025 (or before) <b>July 15, 2025 (or before)</b> July 30, 2025

## Workflow

Figure 3

# **MERC Application Workflow**



Figure 4

# **MERC Funding Workflow**



# **Grant Determination**

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

<b>Grant Formul</b> Dependent on Relative MA/PMAP Reimburseme Limited to Reported Clinical Training Expenditur		
	Each Funding Pool	Applying the Formula
Step 1	Calculate initial funding on relative revenue	separately.
	(MA/PMAP Reimbursement)	Step 3 – Applied to Tobacco Pool first. Tobacco
Step 2	Determine 95th percentile (Funding/FTE)	Pool calculated to Step 5.
Step 3	Apply expenditure limit to initial funding	Step 3 - Remaining expenditures from Tobacco through Step 4 are applied to GF/HCA (Pool 2) o
Step 4	Limit funding/FTE at the 95th percentile	Medicaid Rate Factor (Pool 3) depending on eligibility criteria.
Step 5	Identify sites below the combined \$5,000	Step 5 – Site below combined minimum are excluded.
	minimum (across all pools)	Sites below expenditure limit and 95th percentile
	Adjust pools based on minimum (each pool)	limit are eligible for funding from the minimum
Final	Verify reallocations do not exceed limits	Relative Revenue     Clinical Expenditures     Formula Reallocations

## **Grant Announcement**

By April 30, 2025, MERC funding will be announced to subscribers of <u>GovDelivery</u> (see <u>Communication</u> regarding signup).

- After the announcement, clinical training site representatives can review expected funding in the <u>Grant Verification Report (GVR)</u> and Excel <u>report</u> available in the <u>application portal</u>. General reporting will also be posted on the MERC website under <u>publications</u>.
- Eligible sites will receive funding from their sponsoring institutions within 60-days of the grant announcement and no later than June 30, 2025.
  - 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.

# **Questions & Communication**

Submit questions in writing no later than **4:30 p.m. Central Standard Time (CST), on September 25, 2024**. Identify the Application ID Number and Clinical Training Site Name in all correspondence.

**MERC** Program

health.merc@state.mn.us (651)-201-3566

Site-Based Clinical Training (SBCT) Program

<u>ClinicalTraining.MDH@state.mn.us</u> (651)-201-5905

Subscribe to <u>GovDelivery</u> to receive MERC notifications and announcements.

## **Quick References**

- Grant Information
- Committee
- Definitions
- History
- Legislation
- Publications
- New Representatives or Email Change
  - <u>Register</u> for account in the portal.
  - Update <u>User Profile</u>
  - Completing an Application
    - o Identifying New Applicants
    - o <u>Clinical Training Site Demographics</u>
    - o <u>Clinical Training Site Application</u>
- Reports
  - o Training Site Reports
  - o Grant Verification Reports

# **Step One: Minnesota Clinical Training Site Application** Instructions

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 Heath Care Program (MHCP) enrolled practice address where training occurred.

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

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

- 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 2023.
  - Step-by step instructions and examples of the application screens are for reference only.

# **Collecting Clinical Trainee Data**

Prior to beginning the application, training sites that hosted FY2023 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, 2024. 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 Sull Time Equivalent (ETE) Training
  - Clinical training hours/2,080 hours = Full Time Equivalent (FTE) Trainee Count
- Dates the clinical trainees were at the site.

((Student/Resident x Weeks in Rotation) x Hours per Week) = Clinical Training Hours Clinical Training Hours / 2,080 = 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.

# **Accessing the Application Portal**

- 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.
  - o Medical Education and Research Cost (MERC) Grant Application



- **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.

## Portal Registration & Sign In

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

	Log in to merc-realm
	Email
Enter email/password used in registration. [Password is	diane.reger@state.mn.us
case sensitive.]	Password
	Remember me Forgot Password?
	Log in
Register as a new user.	New user? Register

- 1. New users must register for initial access.
  - Click Register and follow the prompts.
  - See Figure 8 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 9.

Forgot Password? Press Forgot Password and follow the prompts.

DEPARTMENT OF HEALTH		
<ul> <li>Each registered user must have a unique email address.</li> <li>This will be your username.</li> </ul>	merc-realm First name	Email verification You need to verify your email address to activate your account.
<ul> <li>Do not use personal email addresses.</li> <li>Email address should be with the organization you represent.</li> </ul>	Last name Email	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.
	Password	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
	Confirm password	This link will expire within 15 minutes. If you didn't create this account, just ignore this message.
	Register 2	

- 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.

## **User Profile**

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

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

ome / Manage user Profile		
	Manage User Profile	
lser Profile		
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	
Employer Information		
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	

- 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 8, Step 1.)

Ability to Manage User Profile is also available on the top menu bar and the Home Screen (See Figure 10).

## **Home Screen**

After signing in and confirming user profile, all users will be directed to the home screen (Figure 10).

- 1. 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.
- 2. Additional links on the home screen include:
  - Link to this instruction manual.
  - Ability to manage user profile.
  - Sign out of the application portal.



## Sign Out

• Sign out is found on the top menu bar under the user's email (See Figure 10).

# **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 Heath Care Program (MHCP) enrolled practice address where training occurred.

me Applications - health.merc@state.mn.us -	
tome / Minnesota Clinical Training Site	The application year will be referenced throughout the application process.
Minnesota Cl	inical Training Site
linical Training Site Tasks	~
Request Access to Represent Clinical Training Site	
Clinical Training Site Demographics Managed by Representative	

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.

- <u>Request Access to Represent the Clinical Training Site(s)</u> they will represent and/or complete applications for.
- Manage Access to Clinical Training Site(s).
  - a. Grant access to additional representatives from the training site.
- Complete <u>Clinical Training Site Demographics Managed by Representative</u>.
- a. Complete site details, payment address, and indicate site's intent to apply.
- <u>Clinical Training Site Application</u>.
  - a. Initial Application Step 1 (Due September 30, 2024)
  - b. Expenditure Reporting Step 2 (Due December 15, 2024)
  - c. Grant Verification Report (GVR) Process (Due July 15, 2025)
- Reports

Tasks must be completed in order:	
Tasks 1 & 3:	Opens August 15, 2024
Task 2:	As Needed
Task 4:	
Initial Application: Septen	nber 1 - 30, 2024
Verify Approval by Teaching Program:	October 15, 2024
Expenditure Reporting:	November 15 - December 15, 2024
Verification Report:	May 15 - July 15, 2025
Task 5:	As Needed

## Task 1: 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.

Home / Minnesota (	<u>Clinical Training</u>	<u>Site</u> / Reque	st Access To Cli	nical Training :	Site					
	F	Reque	st Acc	ess To	o Clinical Tr	rainin	g Site	9		
Search Critieria for	<u>Clinical Train</u>	ing Site								
lse drowdown to expand mit the number of items one page. Search Resu	Search By: Enter: * on	NPI     11111111 <u>g Site</u> Use arr	FEIN Fein		MERC © Site Nam Application ID Search	e See Min Ide rep	arch Medicaid nnesota Healt ntify the site( w the site de oresentation.	I facilities enroll th Care Program (s) you represen tails and claim Search to nar results.	ed in the n (MHCP). it.	
Facility Name	Location		sort.	FEIN 11	2 MERC Application ID	Status 🏦	Active	Search: Main Hosp	ital lî A	ction
Test Site B	St. Paul	HOSPITAL	111111111	*****111	222222222	CLAIMED	YES	YES	3	View
Test Site A	St. Paul	PHYSICIAN	1111111111	*****111	11111111	CLAIMED	YES	NO	[	View
Showing 1 to 2 of 2 er	ntries							P	revious 1	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.

- 2. The search result will reflect <u>Minnesota Health Care Program</u> (MHCP) provider enrollment as of July 3, 2024.
  - 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 <u>Hospital</u>, 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 <u>main hospital</u> and the hospital <u>component/subpart</u>.
      - The representative will later identify in <u>site demographics</u> 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.

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.

<u>ed Clinical Training Test A</u>		
Facility Name:	Clinical Training Test A	
Location:	St. Paul	
Address:	123 Main Street, St. Paul, MN, 55101	
Туре:	PHYSICIAN	
NPI:	100000000	
FEIN:	******000	
MERC Application ID:	00000001	1. Attest to being an authorized representative. 2. Claim site representation.
Status:	UNCLAIMED	a. If another representative has claimed, request be sent to represenative.
Active:	YES	listed. c.Multiple representatives can be identified.

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

- Attest to being an authorized representative.
- Claim the site.
  - 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 <u>Manage Access to</u> <u>Clinical Training Site</u>.

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 <u>demographics</u> section will provide further details.)

## Task 2: Manage Access to Clinical Training Site

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

ne Admin - Applications	- diane.reger(	@state.mn.u	5-				
lome / Minnesota Clinical Traini	ng Site / Manage	e Access to C	linical Trainin	ig Site			
						_	
User can expand the	Manas	e Ac	cess	to Clinical Trai	ning Site	userna	ch on me, site
number on one page.		<b>)</b> - · · · -				name	a, etc.
Representatives Requesting A	<u>iccess</u>						
	ſ	Use the a	rrows to so	ort.	50	arch:	
Figure 10 Y Entries	1						
From	Request Type	Name 🔢	Status 👖	Comment II	Reason	Requested Date	Action 🔢
arifun.chowdhury@state.mn.us	TRAINING_SITE	<u>TEST Site</u> <u>C</u>	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	<u>TEST Site</u> <u>A</u>	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	<u>TEST Site</u> <u>b</u>	GRANTED	Request for access to Training Site 20267 - 'TEST Site b'.		08/12/2019 08:39:15 AM	
<u>cirrie.byrnes@state.mn.us</u>	TRAINING_SITE	<u>TEST Site</u> ⊆	DENIED	l request access please	YES! You should not be claiming this site.	08/12/2019 10:12:39 AM	
<u>cirrie.byrnes@state.mn.us</u>	TRAINING_SITE	<u>TEST Site</u> <u>A</u>	REVOKED	Request access to this site please.		08/12/2019 10:13:13 AM	
<u>cirrie.byrnes@state.mn.us</u>	TRAINING_SITE	<u>TEST Site</u> <u>b</u>	GRANTED	access please.		08/12/2019 10:13:41 AM	Revoke
<u>cirrie.byrnes@state.mn.us</u>	TRAINING_SITE	<u>TEST Site</u> <u>A</u>	GRANTED	made a mistake claim again!		08/12/2019 10:21:31 AM	Revoke
					_	1 22 53	

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.

## Task 3: 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 15



1. Click 'Complete Demographics'.

## **Training Site Information**

#### Figure 16

Home / Minnesota Clinical Training S	ite / Clinical Training Site Demographics Managed by Representative / Cli	nical Training Site Demographics
	Clinical Training Site Demogr	aphics
Clinical Training Site Demographi	c Information	¥
Items with an * are required.		Use arrows to expand or decrease sections throughout the application.
Training Site Information		
Site Name:	Example	
Туре:	HOSPITAL	
MIRC Application ID:		Auto completed based on the training location's
NPI:		(MHCP).
FEIN:	****	
Address Line 1:		
Address Line 2:		
City:		To apply for the grant, the site name and location must match where
Select State:	MINNESOTA	clinical training took place.
Zip Code:		
Postal Code:		

- 2. Site name, address, facility type, NPI, FEIN, MERC Application ID are prefilled based on the facility's enrollment in the <u>Minnesota Health Care Program</u> (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.

## **Hospital or Free-Standing**

3. Indicate if the site is a hospital or free-standing.

### Hospital

Licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail.

**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 hospital requirements.

- Hospitals often have multiple components (subparts) and identification numbers covering the licensed hospital. These hospital components must be identified.
  - Identify the main hospital:
    - If demographics reflect the *main* hospital, the hospital is prefilled (Figure 17a).
    - If the site is a *hospital component (subpart)*, the information is not prefilled unless a representative provided the information in a previous application cycle (Figure 17b).
      - $\circ\;$  Review any previously provided information.
      - 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 <u>Request Access</u>. Then return to complete the demographics.

#### Figure 17a



Figure 17b



### Free-Standing (See Figure 18)

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.)

#### Figure 18



If the site is not applying, no further action is needed after completing demographics.

## Site-Based Clinical Training (SBCT) Grant

Due to the close alignment to the MERC grant, additional fields will be collected in the MERC application portal to assist with administration of the new <u>Site-Based Clinical Training Grant</u> that began in 2024. The Site-Based Clinical Training Grant program provides funding to clinical training sites that meet additional eligibility criteria as outlined in <u>Minnesota Statutes 144.1508</u>.

If the site is applying in the current grant period for the SBCT grant, be prepared to provide information for the following in the Clinical Training Site Demographics:

- Is the site applying for a Site-Based Clinical Training Grant for fiscal year 2023 clinical training?
- Is the site is located inside the Seven-County Metro Area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, or Washington) or outside the Seven-County Metro Area?
- If the training site does not have MA/PMAP reimbursement on record with the Minnesota Department of Human Services in 2023:
  - Did this site offer a sliding fee scale to Minnesota residents in 2023?
    - If the site offered a sliding fee scale:
      - Indicate the number of patient encounters provided under a sliding fee scale in 2023.
      - Upload a PDF of the sliding fee scale offered in 2023.

## **Opening the Application Process** (See Figure 19)

\_.

Medical Education and F	Research Cost (MERC) Grant
Does the site intend to a	pply for a MERC Grant for fiscal year [2022] clinical training?
	⊖ Yes * ● No
* Application Required	
Site-Based (linical Train	ing (CBCT) Grant
Does the site intend to a	pply for a SBCT Grant for fiscal year [2022] clinical training?
	Yes *   No
* Application Required	
If the site is applying for t	the SBCT Grant, is the site located:
Washington)	Metro Area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, or
Outside the Seven-Count	ty Metro Area
If the site did not receive M	edicaid (MA/PMAP) reimbursement in [2022] for Minnesota
residents, did the site offer	a Sliding Fee Scale?   Yes O No O N/A
The questions below are a	required if the site only offered a sliding fee scale:
The questions below are a Number of patient encount	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]:
The questions below are a Number of patient encount Enter the number of patient encounter	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]: of 1225 s:
The questions below are a Number of patient encount Enter the number of patient encounter	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in (2022): of 1225 s:
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]: of 1225 s: ale
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in (2022): of 1225 s: ale
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]: of 1225 s: ale 2] Sliding Fee Scale
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in (2022): of 1225 s: ale 2] Sliding Fee Scale oad
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]: of 1225 s: ale 2] Sliding Fee Scale oad
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	ame If Download Remove
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	required if the site only offered a sliding fee scale: ters provided under a sliding fee scale in [2022]: of 1225 s: ale 2] Sliding Fee Scale oad ame 11 Download Remove ownload of SBCT 08062024.png Download Remove
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	ame II Download Remove
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202 + Select file to uplo Cycle Year JT Filena 2022 test do	required if the site only offered a sliding fee scale: teres provided under a sliding fee scale in [2022]: of 1225 s: ale 2] Sliding Fee Scale oad ame 11 Download Remove ownload of SBCT 08062024.png Download Remove
The questions below are a Number of patient encount Enter the number of patient encounter Upload Sliding Fee Sca Upload a PDF of the [202	required if the site only offered a sliding fee scale: teres provided under a sliding fee scale in [2022]: of 1225 s: ale 2] Sliding Fee Scale oad ame 11 Download Remove ownload of SBCT 08062024.png Download Remove

- 4. Indicate if the site is opening an application to apply for one or both grants.
  - MERC Grant
  - SBCT Grant Additional questions must be answered if applying.
- 5. 'Save' the information in this section before continuing.
  - You'll need to scroll down to the next section after saving.

										Search:	
Site Name	17	FEIN	11	MERC ID	11	NPI	11	Facility Type	11	Address	L)
TEST Site b		*****114		44444444		111111118		PHARMACY		One Happy Street USA Stillwater MN 54321	
ving 1 to 1 of 1	entri	95									

- 6. This section is viewable only by the main hospital (see Figure 19b).
  - The hospital components/subparts are identified in the table.
  - The representative must verify the list accurately reflects hospital components/subparts that meet CMS requirements.

### **Grant Mailing Address**

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

Select Billing Type: *	SAME AS AUTHORIZED REPRESENTATIVE	· 7
Select Authorized User: *	Diane Reger	<b>v</b> 8
Facility Name: *	Enter facility name	
Address Line 1: *	PO BOX 64882	a. Same as above (the site identified in #2). b. Same as authorized representative (identify
Address Line 2:	Enter address line 2	representative). c. Other (complete the grant mailing section).
City: *	St. Paul	
Select State:	MINNESOTA	*
Zip Code: *	55164	
Postal Code:	0882	

- 7. Identify where potential grant funds should be mailed.
  - Same as above (default mail to the MHCP address identified in Figure 16, #2).
  - 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.
  - a. This will not appear unless authorized representative was selected in Step 7.
- 9. Save this selection.

## Authorized Representative – Clinical Training Site

#### Figure 21

				Search:
First Name	Last Name 👫	Title II	Email It	Information
Diane	Reger	State Program Administrator - Coordinator	diane.reger@s <mark>t</mark> ate.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

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 14).

If you represent additional training sites, complete demographics for each site. Return to the Minnesota Clinical Training Site page after demographics are complete.

## **Task 4: Clinical Training Site Applications**

This section contains sites identified in the clinical training site demographics as locations where training took place in fiscal year 2023.

To add or remove a site from the table, return to the <u>Clinical Training Site Demographics</u> and update the intent to apply.

- The teaching program and sponsoring institution fields in the table will be empty until the applicant begins the application.
- See <u>Application Status</u> to verify submission.

Submit the application before 4:30 pm (Central Time) on September 30, 2024. Applications that are not submitted will not be considered.

ne Applications <del>-</del> healtl	h.merc@state.mn.us <del>-</del>			
lome / Minnesota Clinical Trai	ning Site / Clinical Training	Site Application		
	Clinica	I Training Sit	e Application	
and a substitution of the substitution of the				
<u>Clinical Training Site Applica</u>	<u>tions</u>			୍ୟ
				Search:
Training Site	Training Year	Teaching Program	1 Sponsoring Institution	11 Action 11
Test Site A Type: <b>HOSPITAL</b> Location: <b>St. Paul</b>	2018			Begin Application
Test Site C Type: <b>PHARMACY</b> Location: <b>St. Paul</b>	2018			Begin Application
have a table of the control of the				
howing 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.

### Figure 23

Home / Minnesota Clinical Training Site / Clinical Training Site Application	/ Create New Application
Create N	lew Application
Create New Application	v .
Items with an * are required.	Arrows allow user to expand or reduce each section. Default is expand.
Site Application	
<u>Facility</u>	Auto completed based on the data entered on the demographics page.
Authorized Representatives	
Grant Mailing Address	

Hospital Subpar	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	ţţ	FEIN	IT MERCID	11	NPI	ţţ	Facility Type	ţţ	Address	11
Test Site B		*****111	333333333		111111111		PHYSICIAN		123 Main Street S Minneapolis MN 12345	
Showing 1 to 1 of	howing 1 to 1 of 1 entries									

## **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). The sponsors/programs should open their applications by August 31.
- If the training site hosted multiple teaching programs, sponsoring institutions, and trainee types, repeat Steps 1 – 6 below.

nical Trainees at I	Facility							
						Search:		
rainee Spon ype II Instit	soring lution 11	Teaching Program	Trainee Setting 11	Fulltime Equivalent (FTE) Clinical Trainee	Created/Submitted	11	Action	1
			No dat	ta available in table				
owing 0 to 0 of 0 ent	ries			1				
, Tra	inee Type	ADVANCED PRAC	TICE NURSES		• 1 Must cr	omplete in ore	der.	٦
Sponsoring In	stitution:	Test Sponsor Dia	ne1'		× 2 Sponso	r and Program	n must be	
Teaching	Program:	'Test Program A'			· 3			
Train	ee Setting	INPATIENT			Repeat progra	t to add additi m.	ional	
Fulltime Equiva Clinica	elent (FTE)	1.234	5		Clinica based teachir collect	I Trainee FTEs on data provid ng program for ed.	must be led by the FY	

1. Program Type:

3. Teaching Program:

4. Trainee Setting:

The type of trainee/program.

2. Sponsoring Institution:

The name of the sponsoring institution.

The name of the teaching program.

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.
- As the applications are added, they will appear in the table.
- Prior to submission, the information can be edited or deleted as necessary (Figure 26).
- Add all teaching programs before submitting the application.
- Additions after the application deadline, will not be accepted.

#### Figure 26

<u>Clinical Trai</u>	nees at Facility				۷
Status submi	change to Submitte tted to MDH.	d when			Search:
Trainee Type	Sponsoring Institution	Teaching It Program It	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Created/Submitted
Medical Residents	Test Sponsoring Institution	Test Program A Status: NEW	INPATIENT	1.0	Created by: health.merc@state.mn.us
Showing 1 to	1 of 1 entries		Status changes submission to Changes to Sub to the sponsor	to PENDING after teaching program. omitted after submission	Delete
	Trainee Type	Select			
	Trainee SettingSelect			· ·	Can edit or delete before submitting
Fullti	ne Equivalent (FTE) Clinical Trainee:	Enter FTE	Cri Wi to pe	eated by will be noted. hen submitted, will change the username of the rson who submitted.	to the teaching program for approval. Once submitted, Action will change to "Application submitted to Teaching Program."

## Notice of MERC 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 MERC application process.

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 applicants must adhere to the expenditure deadline to qualify.	2020. Expenditure reports will be o	, due within 30-days of the initial request. Grant
Grant amounts are determined based on the eligibility criteria and formula defined in N training expenses for qualifying MERC programs and trainees.	innesota Statute 62J.692. Available	funding will not exceed the facility's reported clinical

- Step 2 of the application process will open by November 15, 2024.
  - On November 15, 2024, 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 <u>website</u>.
- Expenditure reports must be submitted by December 15, 2024.
  - Sites with expenditures under \$5,000 or not meeting the minimum requirements of the formula will not qualify for MERC funding.

## Signature & Submission to Teaching Program(s)

#### Figure 28

Signature of Authorized Representative	~	
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 ye application is accurate and I will comply with all laws related to MERC Statute 62J.692. This example does not reflect the current application period. Example of screen only. Email:	ar 1 the	
Save and return to application when ready to submit.		

- 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 <u>Application Status</u> for details.
  - Applications will not be accepted after 4:30 pm (Central Time) on September 30, 2024.

### **Denied/Disapproved Applications**

After submission, Step 1 of the application process will be reviewed by the teaching program and sponsoring institution. In rare cases, if a clinical training site met the application deadline but the application was inconsistent with the records of the teaching program, the teaching program will notify the site representative on record and disapproved/deny the site's application. **It's the sites responsibility to review the application's status by October 15. Denied applications must be removed or amended/resubmitted to the teaching program upon request. The teaching program's final approval must be in place before <b>October 20. Denied/Disapproved applications not approved by October 20, will not be accepted.** In extremely rare circumstances, the application may be removed by the teaching program and reported for non-compliance to the Minnesota Department of Health.

## 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**

The application's status will be recorded throughout the process in the Clinical Training Site Application table. The status will be indicated 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.

ome / Minnesota Clinical Tra	aining Site / Clinical Training	g Site Application		
	Clinica	al Training Sit	e Application	
inical Training Site Applic	ations			Search:
Training Site	Training Year	Teaching Program	1 Sponsoring Institution	It Action It
Fest Site A Fype: <b>HOSPITAL</b> Location: <b>St. Paul</b>	2018	Test Program A Status: <b>NEW</b>	Test Sponsoring Institution Status: <b>NEW</b> Site has not	Edit View been submitted. Edit to continue.
Fest Site C Fype: <b>PHARMACY</b> Location: <b>St. Paul</b>	2018	Test Program B Status: <b>PENDING</b>	Test Sponsoring Institution Status: <b>NEW</b>	View Amend
nowing 1 to 2 of 2 entries			Application submitted. Pending Application Submitted.	pproval.
	Cannot edit the	application already submitted to	a program unless program disapproves.	Site application can be

		Clinical Training	site Application	
<u> Ilinical Trainir</u>	i <u>g Site Applic</u>	ations		1
			Search:	
Training Site	Training Year ↓†	Teaching Program	Sponsoring Institution 17	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: <b>SP-DISAPPROVED</b>	Edit View
Test Site C Type: PHARMACY Location: St. Paul	2018	Test Program B     Status: TP-SUBMITTED     Internal Medicine     Status: PENDING     Clinical Pharmacy     Status: TP-SUBMITTED	<ul> <li>Test Sponsoring Institution Status: SP-SUBMITTED</li> <li>Abbott Northwestern Hospital Status: NEW</li> <li>Abbott Northwestern Hospital Status: NEW</li> </ul>	View Amend

## Task 5: Reports

Throughout the application process, applicants can download reports. Reports fields reflect the information entered at the time the report is processed. Grants determinations will be loaded into the report by April 30, 2025.

Figure 31



Home / Minne	sota Clinical Training Site / Report	ist	
		Report List Cycle Year: 2018	
Report List	might take longer time to downloa	I. Please be patient.	es
Cycle Year J1 2018	ليَّ Training Site SITE NAME APPEARS HER	MERC Application ID ID	oad Applications

- 1. Press, Reports.
- 2. Select the application report (see <u>expenditure manual</u> 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.

# **Step Two: Minnesota Clinical Training Site Expenditure** Instructions

## **Expenditure Overview**

**Step 2 will open in the application portal on November 15, 2024**, for Clinical Training Sites that applied for the MERC grant and met the minimum trainee requirements in Step 1. As noted in the application deadline, sites must submit or withdraw from Step 2 by 4:30 pm (Central Time) on December 15, 2024.

Sites with expenditures under \$5,000 or not meeting the minimum requirements of the formula will not qualify for funding.

Grantees are responsible for maintaining records (including, but not limited to, time certifications or time studies, payroll and purchasing records) that verify all expenses, whether categorized as direct or indirect, for six years from the end of the grant.

## **Task 1: Preparation Spreadsheet**

Before Step 2 opens, review the expenditure instructions and complete the <u>Preparation Worksheet</u>. The worksheet will assist training sites in gathering FY2023 clinical training expenditures that will be reported in the application portal and submitted to MDH when Step 2 opens on November 15, 2024.

Sites must retain a copy of the Preparation Worksheet as part of the grant records.

Worksheet categorization:

- Gray tabs Provide additional information and instructions.
- Green tabs Expenditure worksheets. Data entered on these worksheets will be used to guide users
  in completing expenditure reporting in the application portal.
- Blue tabs For use in running calculations or attaching supporting documentation.

Spreadsheet includes:

- Technical Assistance (gray tab)
- Definitions (gray tab)
- MERC Expenditures (green tab)
- Preceptor Time Factor (green tab)
- Trainee Stipends & Benefits (blue tab)
- Preceptors Stipends & Benefits (blue tab)
- Direct Operating Costs (blue tab)
- Incurred by Teaching Hospital (blue tab)
- Indirect Costs (blue tab)
- Federal Indirect Rate Agreement (blue tab)
- Funding & Support Received (blue tab)
- Additional Worksheets 1, 2, 3, 4, 5, 6, 7, 8, & 9 (blue tab)

Calculations may vary slightly due to rounding. Figures are truncated where possible.

# **Task 2: Reporting Expenditures in the Portal**

After entering the application portal, <u>https://merc.web.health.state.mn.us</u> proceed to the Minnesota Clinical Training Site section.

Figure 33	
DEPARTMENT OF HEALTH	2019 Minnesota Clinical Training Site Grant Application
Home Admin - Applications - diane.reger@state.mn.us -	
Home / Minnesota Clinical Training Site	
Minnesota Clinical Trair	ning Site
<u>Clinical Training Site Tasks</u>	Υ.
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	o complete Step 2.

1. Click on Clinical Training Site Application.

Representatives who manage multiple clinical training sites may find it helpful to use the sort/search functions.

- 1. Sort alphabetically using the up/down arrow in the table header (#1 in Figure 34).
- 2. Search by site name, grant application ID, or by the status of completing the report in the search box (#2 in Figure 34).
- 3. Open Step 2 of the application process by clicking the Report Expenditures button on the right (#3 in Figure 34).
  - For sites below the 0.10 FTE trainee minimum, the portal will display a message indicating an expenditure report has not been requested. No expenditure button will appear.

116.24				
2019 Minnesota Clinic	al Training Site Grant App	lication		
Home / Minnesota Clinical Tra	ining Site / Clinical Training S	ite Applications		
	Clinical	Training Site Ap	plications	
Clinical Training Site Applica	ations			
Show 10 v entries	•			Search: 2
Training Site	tianing Training Year ↓↑	Teaching Program and Sponsoring I	nstitution	1 Action
Type: Location: MERC ID:	2019	Teaching Program (Type) Expenditures Not Submitted Total FTEs: 0.0962 Expenditures Not Requested ** This site does not meet the min 0.10 FTE requirement, the site is not for a grant. **	imum ot eligible 11 Sponsoring Institution Status: SP-SUBN	View Application Amend Application
Type: Location: MERC ID:	2019	Teaching Program (Type) Expenditures Submitted Total FTEs: 9.2302 FTEs: 0.2308	Sponsoring Institution Status: SP-SUBMITTED	View Application Amend Application Report Expenditures Grant Verification
		ETEs: 2 2800	Status: SP-SUBMITTED	

The initial application submitted in Step 1 is summarized.

Site Application Information							
Training Site: Type: Location: Address:		•		Sections can be minimized at users discretion.			
Trainee Type	Sponsoring Institution	↓↑ Teaching Program	Trainee ↓↑ Setting ↓↑	Fulltime Equivalent (FTE) Clinical Trainee	.↓†		
Advanced Practice Nurses	Status: SP-SUBMITTED	Status: TP-SUBMITTED FTES: 0.0886	AMBULATORY	0.0886			
Advanced Practice Nurses	Status: SP-SUBMITTED	Status: TP-SUBMITTED FTEs: 0.4967	AMBULATORY	0.4967			
Advanced Practice Nurses	Status: SP-SUBMITTED	Status: TP-SUBMITTED FTEs: 0.1058	AMBULATORY	0.1058			
•					×.		
Total Site FTEs: 0.6911	FTE total						

## Withdrawing the MERC Grant Application

If a training site chooses to withdraw their initial MERC grant application and forgo reporting clinical training expenditures, follow the steps below.

Steps for withdrawing from the MERC grant (Figure 36):

- 1. Click, 'Withdraw Grant Application'. Alert message warns the representative of their confirmation to withdrawal the grant application.
- 2. Representative authorization click the box to certify approval to withdraw the grant application.
- 3. Authorized Representative's information will populate and serve as an electronic signature once certification box has been checked.
- 4. Click, 'Withdraw Grant Application' to submit.

MERC Grant Clinical Training Exp	penditures			
Items with an * are required.	Print Expenditures			
Site Application Information	2			
Expenditure Report Requirements	<u>×</u>			
Total Site FTE is <b>72.5543</b> . This facility meets the minimum total FTE of 0.10. Expenditure reports will be accepted until 5 pm on December 20, 2019. Grant applicants must adhere to the expend Grant amounts are determined based on the eligibility criteria and formula defined in Minnesota Statute 62J.692. Av clinical training expenses for qualifying MERC programs and trainees.	iture deadline to qualify. ailable funding will not exceed the facility's reported			
Withdraw Grant Application          I certify that the clinical training site I represent is opting out of the required clinical training expenditure report by withdrawing their MERC grant application. By withdrawing, I understand the site will not be eligible for a grant. This will close the grant application.				
Signature of Authorized Representative  I certify that I am an authorized representative approved by the facility named above. I have sufficient known identification numbers used for Medicaid billing, and clinical medical education costs. I attest that the trail 2018. I am aware that the data I provide in the application and expenditure report will be used for grant e accurate and I will comply with all laws related to MERC statute 621.692	wledge about the facility's MHCP enrollment, ning facility hosted clinical trainees in fiscal year eligibility and calculations. The data included is			
Name: 3 Title:				
Email:				
Date Signed:				
4 Save Withdraw Grant Application				

## **Direct Costs**

Direct costs include costs for activities, goods, or services that benefit, and can be traced, to a specific project.

As much as possible, grant funds should support direct costs that correspond with program activities (as opposed to direct costs that correspond with administrative activities, as described in 'Administrative Costs').

## **Student/Resident Trainee Stipend & Benefits**

Trainee stipends are the salary or allowance paid to the residents/students. Benefits are compensation provided to the residents/students in addition to their salary or allowance.

Only expenditures for the trainees included in the site's MERC grant application can be claimed.

- 1. Enter in trainee stipends and benefit amount. Only use whole numbers. (#1 in Figure 37)
- 2. Click "Calculate Totals" to sum the cost category for Student/Resident Trainee Stipends & Benefits before proceeding to the next section. (#2 and #3 in Figure 37)

#### Figure 37

	<u>Direct Costs</u>		
4	Student/Resident Trainee Stipends & E	<u>nefits</u>	*
	Trainee Type     FTE Clinical       Advanced Practice     0.6911	Trainee Stipends/Benefits (Annual)	
	Nurses	during the application period.	
	Student/Resident Stipends & Benefits: <mark>5</mark> 0		



## Faculty/Preceptor Stipends & Benefits

The average salary and benefits paid (at a reasonable rate) to faculty/preceptors for direct clinical training.

- 1. Click "?" in the table heading for detailed descriptions.
- 2. Complete all fields (\$0 if none).
- 3. Tab or use the scroll bar at the bottom of the section to navigate.
- 4. Click "Calculate Totals" to sum all figures.

### Figure 39

Faculty / Pre	<u>ceptor Stipen</u>	ds & Benefits							*
	۲ ۲	Please use the scrol	l bar below to	scroll right to vie	w Flat T	eaching Stipend Paid	l and Preceptor Tr	aining Costs.	
			C. Patie	A. Extra time adde B. Hospital M ent care departme	<b>ctor M</b> e ed to the edicare nt data	e <b>thodology</b> e preceptors day Cost Report /preceptor time studie	5		
Trainee Type ↓î	FTE Clinical Trainees 🎝	Preceptor Stiper Benefits (Averag Annual)	ad & e ↓î	Preceptor Time Factor	ţţ	Time Factor Methodology ?	Calculated Faculty	Calculated Faculty Cost	Flat Teaching S Pai <del>ti</del> ?
Medical Students	0.5576	2	\$ 0.00	0.0	%	Select 🗸	0.0000	\$0	
	Scroll bar Calculate Totals								
Total Faculty	/ Preceptor St	ipends & Benefits	\$			Click 'Cal	culate' Once Fi	gures are Enter	ed



### Preceptor Stipends & Benefits (Average Annual)

The average annual salary/benefits for preceptors.

- If there are multiple preceptors, add their annual salary together then determine the average by dividing the total annual salary by the number of preceptors (use whole numbers).
- If faculty are instead paid a flat teaching stipend, see <u>Flat Teaching Stipend</u>.

### **Preceptor Time Factor**

The percent of time the preceptor spends in direct training.

- Use the time factor methodology worksheet and the data prepared in the Excel spreadsheet to complete the time factor.
  - Generally, faculty/preceptor do not solely focus on teaching, and often their primary duties include other clinical or administrative services; therefore, the time factor for clinical training is not 100%. The only exception to this is when the cost of teaching reflects a hospital's Medicare Cost Report where the salary has already been adjusted and the costs associated with other services removed.

### **Time Factor Methodology**

Indicate methodology used for each Trainee Type.

- Methodology A: Extra Time Added to the Preceptor's Clinical Day for Precepting
- Methodology B: Hospital's Medicare Cost Report (Hospital only)
- Methodology C: Patient Care Department Data /Preceptor Time Studies

### **Calculated Faculty FTE**

A preloaded formula calculates the faculty FTE based on the FTE trainee count multiplied by the preceptor time factor.

### **Calculated Faculty Costs**

The calculated portion of faculty stipends/benefits determined based by the time factor and methodology attributed to direct training.

### **Flat Teaching Stipend**

Flat teaching stipend paid to the preceptor (by a teaching hospital) specifically for time spent in direct teaching. (The time factor does not affect this amount.)

Sites cannot claim a flat teaching stipend in addition to preceptor stipends/benefits.

### **Preceptor Training Costs**

Training costs associated with training the preceptor on precepting. This does not apply to other training for the preceptor. (The time factor does not affect this amount.)

## **Direct Operating Costs**

Expenses directly related to training MERC eligible trainees.

#### Figure 41 "?" provide details of MERC Eligible Trainees ¥ Operating costs included in this cost category Trainee On Boarding Cost **Clinical Trainee** Trainees Admin Costs Trainee 😰 Costs 👔 Operating Costs Total 🕼 Туре \$0.00 Medical 13.0 Enter whole do Enter whole doll Enter whole dol Enter whole dolla \$ \$ \$ Residents PharmD 35.0 \$0.00 \$ Enter whole do \$ Enter whole doll \$ Enter whole dol \$ Enter whole dolla Residents < > Enter costs - use Calculate Totals only whole numbers Total Operating Costs Directly Related to Training MERC Eligible Trainees: \$0.00 3

#### Figure 42



Click "?" in the table heading for detailed descriptions.

- 1. Enter in cost for each of the cost categories. Tab or scroll to the right to move through the section.
- 2. Click "Calculate Totals" to sum cost categories.

### Administrative Costs

Administrative costs are those for activities, goods, or services that correspond with administrative functions directly related to an organization. Sometimes administrative costs benefit and can be traced to a specific project, and in those cases, are categorized as direct costs. Other times administrative costs benefit more than one project and cannot be traced to a specific program. In those cases, they are categorized as indirect costs. MDH asks all grantees to minimize administrative costs so that, as much as possible, grant funds instead support direct costs that are related to program activities. This includes costs related to administrative materials, administrative support staff, supplies, postage, and printing.

Examples of administrative costs categorized as direct costs:

- A portion of the organization's administrative support, accounting, or human resources, calculated by tracking time spent by staff on a MERC related program.
- A portion of the organization's occupancy costs, calculated by applying a square footage cost total to the amount of physical space used solely for MERC related grant program management and activities.

Examples of administrative costs categorized as indirect costs:

- A portion of the organization's administrative support, accounting, or human resources, when an internal system does not allow time to be tracked by project.
- A portion of the organization's occupancy costs when it is not feasible or reasonable to calculate by project.

### **On-Boarding Costs Trainee**

Include initial and recurring costs related to Accreditation Council for Graduate Medical Education (ACGME), certification, testing, lab coats, computer equipment, software, cell, pager, recruitment, and advertising.

### **Clinical Trainee Costs**

Include costs related to malpractice insurance, conference training and travels, dues, subscriptions, books, food, parking and mileage, skills labs and simulation center, student/resident housing stipends, orientations, receptions, retreats, library, and IT/email/software licensing.

## **Operating Costs**

Include costs related to fees paid to program sponsor(s), call room lease, security, housekeeping, nonpreceptor clinical support staff related training, and MMCGME fees.

## **Cost Incurred by Other Organizations**

This section only applies to costs incurred by teaching hospitals and expenses that have been incurred during the clinical training cycle that were paid by a third party.

Examples of costs incurred by other organizations:

- Trainee stipends and benefits incurred by the teaching hospital for an outlying clinic.
- Hosting fees incurred by teaching hospital for an outlying clinic.

If the third-party organization has also applied for the grant, only one applicant, not both, can report expenses. The third-party organization must be named in the expenditure report.

MDH recommends that expenses related to trainee FTEs be reported under the clinical training site where the training occurred; this ensures the costs associated with the trainees have a defined accounting trail.

Click "?" in the table heading for detailed descriptions.

- 1. Enter in cost for each of the cost categories.
- 2. Enter name of teaching hospital in the "Name of Teaching Hospital" field.
- 3. Click "Calculate Totals" to sum all cost categories.

Trainee Type 🏼 👔	FTE Clinical Trainees	Trainee Annual Stipends & Benefits ? Jî	Hosting Fees for MERC Eligible Trainees ?	Name of Teaching Hospital that Incurred the Expenses ?	Total 灯
Medical Residents	13.0	\$ Enter whole dollar	\$ Enter whole dollar c	Enter Hospital Name 2	\$0.00
PharmD Residents	35.0	\$ Enter whole dollar	\$ Enter whole dollar c	Enter Hospital Name	\$0.00

#### Figure 44

# Cost Incurred by Other Organizations



Applies only to teaching hospitals for costs incurred that were paid by a third party

#### **Trainee Stipends**

Includes: Trainee stipends and benefits incurred by the teaching hospital for an outlying clinic.

#### **Hosting Fees**

Includes: Hosting fees incurred by teaching hospital for an outlying clinic.

#### Name of Teaching Hospital Incurring the Expense

The name of the teaching hospital incurring the expense.

#### **Operating Costs**

Includes: Fees paid to program sponsors, call room lease, security, housekeeping, non-preceptor clinical support staff training, and MMCGME fees.

## **Funding & Support Received**

Financial resources provided by the government, person, or organization to support the training of residents/students at the clinical training site.

The funding the organization receives from these sources reduces the clinical training expenditures claimed for the grant. Previous MERC grants should not be included.

Examples of clinical education and training support:

- Medicare direct medical education.
- Incurred direct cost on behalf of other organizations.
- Federal or State GME grants or GME support.
- GME donations.
- GME private grants.

Click "?" in the table heading for detailed descriptions.

- 1. Enter clinical education and training support costs for each of the cost categories.
- 2. Click "Calculate Totals" to sum cost categories.

#### Figure 45

Funding & Support Received							<u>×</u>
Do <b>NOT</b> include	MERC Grants.						
Trainee Type ↓1	FTE Clinical Trainees 🎝	Medicare Direct Medical Education ② 1	Incurred Direct Cost on Behalf of Other Organizations 2	Federal GME Grants & Support <b>?</b>	State GME Grants & Support ? 1	Other GME Support 🕐 🏦	Total 🎵
Medical Residents	13.0	\$ Enter whole	Enter whole dollar (	\$ Enter wh	\$ Enter wh	\$ Enter wh	\$0.00
PharmD Residents	35.0	\$ Enter whole	\$ Enter whole dollar (	\$ Enter wh	\$ Enter wh	\$ Enter wh	\$0.00
<							>
			2 Calculate Totals		Enter in c	osts - use e numbers	
Total Funding	& Support Receiv	red: \$0.00			<u> </u>	)	

ο

#### Figure 46

# Funding & Support Received (Do not include prior MERC funding)

Financial resources provided by the government, person, or organization to support the training of residents/students at the clinical training site.

Funding the training site receives from other sources reduces the clinical training expenditures claimed.

Examples include:

- Medicare Direct Medical Education
- Incurred direct costs on behalf of other organizations.
- Federal or State GME grants or support.
- GME donations.
- GME private grants.

## **Indirect Costs**

Indirect costs include costs for activities, goods, or services that benefit more than one project and cannot be traced to a specific program. These costs are often allocated across an entire agency and multiple programs.

In accordance with federal and state requirements, MDH enacts limits on the amount of indirect costs that can be billed to each grant so that, as much as possible, grant funds instead support direct costs related to programmatic activities.

- As much as possible, grant funds should support direct costs.
- Grant applicants cannot submit only indirect costs.
- Operating expenses reported under direct costs must not be duplicated under indirect costs.

#### Figure 47

# Indirect Costs

Costs for activities, goods, or services that benefit more than one project and cannot be traced to a specific program or trainee. These costs are often allocated across an entire agency and multiple programs.

Operating Costs reported under direct operating costs must not be duplicated under indirect costs.

### Federally Negotiated Rate Agreement

Facilities claiming a federally negotiated indirect rate must upload a copy of the agreement and report direct costs that must be excluded from the federal rate.

### Sites without a Federally Negotiated Rate Agreement

An indirect rate up to 10% of the modified total direct costs may be claimed.

Applicants are responsible for making sure costs are consistently charged to avoid charging the same eligible expense to the grant twice or 'double dipping.'

Applicants must disclose expenses that are included in the indirect portion of the expenses.

Modified total direct costs (MTDC) consists of direct salaries, wages, and fringe benefits. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of sub-awards that exceeds \$25,000, as applicable.

### **Indirect Cost Rate**

An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them.

Applicant cannot claim indirect costs in excess of the indirect cost rate that applies to their organization.

Applicant must submit and retain on-file the corresponding documentation of that indirect cost rate as outlined below:

### No Federally Negotiated Indirect Rate

If the site does **NOT** have a federally negotiated indirect cost rate, the site can claim up to **10%** of the grantee's modified total direct costs.

- Applicants must disclose expenses that are included in the indirect portion of the expenses.
- Modified total direct costs (MTDC) consists of direct salaries, wages, and fringe benefits. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of sub-awards that exceeds \$25,000, as applicable.
- Applicants are responsible for making sure costs are consistently charged to avoid charging the same eligible expense to the grant twice or 'double dipping.'

Steps for completing this section:

- 1. Click "NO" if there is not a federally negotiated indirect cost rate agreement.
- 2. Enter percentage of indirect cost rate claimed. (0 to 10 percent)
- 3. Provide a list of the indirect expense categories being claimed.

lirect Costs	
es site have a federally negotiated indirect cost rate?	
Irrect Cost Rate (cannot be greater than 10% thout a federal rate agreement): Inter percentage as digit such as 10 or 1.2 % No Federal Negotiated Rate Applicants without a federally negotiated indirect cost Applicants without a federally negotiated indirect cost Applicant must disclose expenses that are included expenses submitted under direct costs. As much as possible grantee costs sh	y enter up to ect cost rate d in the indirect portion of the expenditures. Indirect costs should not duplicate nould reflect direct costs
ist Indirect Expenses Categories	7
Enter Indirect Expense Category	]
Enter Indirect Expense Category	
Enter Indirect Expense Category	]
Enter Indirect Expense Category	
Enter Indirect Expense Category	Provide a list of indirect
	expenses categories.
Enter Indirect Expense Category	
Enter Indirect Expense Category Enter Indirect Expense Category	
Enter Indirect Expense Category Enter Indirect Expense Category Enter Indirect Expense Category	
Enter Indirect Expense Category Enter Indirect Expense Category Enter Indirect Expense Category Enter Indirect Expense Category	

### **Federally Negotiated Indirect Rate**

If the site <u>has</u> a federally negotiated indirect cost rate, the site may claim indirect costs up to, but not exceeding, the federally negotiated indirect cost rate agreement as applied to the grantees modified total direct costs.

- Grantees must submit proof of the federally negotiated indirect cost rate agreement.
- Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.

Steps for completing this section (Figure 49 and 50):

- 1. Click "Yes" if site is claiming a federally negotiated indirect cost rate.
- 2. Enter in federally negotiated cost rate percentage.
- 3. Enter in federally negotiated indirect cost rate cap if applicable.
- 4. Upload a pdf copy of the federally negotiated indirect cost rate agreement.
- 5. Click box to certify document uploaded matches the indirect rate being claimed, applicable caps, and applicable exclusion reported.
- 6. Enter in indirect rate exclusions if applicable use only whole numbers.
- 7. Click "Calculate Totals" to sum Federally Negotiated Indirect Rate Exclusion.
- 8. The amount will total after Step 7.

igure 49	
Indirect Costs	<u>~</u>
Does site have a federally negotiated indirect cost rate?	
Indirect Cost Rate (cannot be greater than 10% without a federal rate agreement): Enter percentage as digit such as 10 or 1.2: % Enter percentage	e have a federally negotiated rect cost rate, click the "YES" button
Indirect Rate Exclusions	<u>×</u>
Applicants with a federally negotiated indirect cost rate, indicate the percentage of indirect rate cap and attach a rate agreement. Applicant must identify direct costs that are named in the federal rate agreement as excluded from the applied to exclude costs. Applicant is responsible for assuring indirect costs do not include items excluded from the federally Negotiated Indirect Cost Agreement Cap (if applicable):          3       0         Federally Negotiated Indirect Cost Agreement S       0         5       0         Federally Negotiated Indirect Cost Rate Agreement S       Upload a pdf copy of the negotiated indirect cost rate	PDF copy of the federally negotiated indirect om the indirect rate. Percentage cannot be he federally negotiated rate agreement. The federally to your
Upload pdf of the federally negotiated indirect cost rate.  + Select file to upload:	
□ I have rified the expenditures submitted reflect the federally negotiated indirect costs rate agreement a	and exclusions.
Filename II Download	Remove
is the federally negotiated indirect cost rate agreement and exclusions	

#### Figure 50

Federally Negotiate	d Ind	irect Rate Exclusions		~
ederally Negotiated I	ndirec	t Rate Exclusions (if applicat	le, enter total amount of direct costs that are excluded from indirect rate agreement)	
Trainee Type	11	FTE Clinical Trainees	Indirect Rate Exclusions	
Advanced Practice Nurses		6.0 6	Enter whole dollar or 0     Applicable to training site - use     only whole numbers	
			7 Calculate Totals	
otal Federally Negoti	ated Ir	ndirect Rate Exclusion : \$0.0	8	

## **Expenditure Summary**

Expenditures are summarized in a table.

- Direct Costs (student/resident trainee stipends & benefits, faculty/preceptor stipends & benefits, and operating costs directly related to training MERC eligible trainees)
- Costs Incurred by Teaching Hospital
- Indirect Costs
- Funding and Support Received
- Total Expenditures (less funding and support received)
  - Expenditure per FTE Clinical Trainee (Total Expenditures / FTE Count)

Slight variations may exist when comparing the spreadsheet totals to the application portal totals due to rounding/truncating functions.

#### Figure 51

Expenditure Summary							
Trainee Type 🏼 🕸	FTE Clinical Trainees Iî	Direct Costs 🎵	Costs Incurred by Teaching Hospital	Indirect Costs (No Federal Rate Agreement)	Funding & Support Received	Total Expenditures (less funding & support received)	Total Expenditures per FTE Clinical Trainee
PharmD Residents	4.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Residents       The Expenditure Summary will list each cost categories per Trainee Type and list the Total Expenditures (less funding & support received): \$0.00							

Total Cost
<b>Direct Costs:</b> Trainee Stipends, Preceptor Costs, Operating Costs Directly Related to the Trainee.
Cost Incurred by the Teaching Hospital (for an outlying clinic)
 Indirect Costs: Costs that could not be traced directly to the trainee.
 Less Funding & Support Received
Total Clinical Training Expenditures (less funding/support received)
Clinical Training Cost per Fulltime Equivalent Trainee: Total Clinical Training Expenditures / (divided by) Trainee Count

## Signature of Authorized Representative

# **DOUBLE CHECK EXPENDITURES BEFORE SUBMITTING.** These figures are part of the grant application and can impact the site's grant.

- 1. When submitting, representative must certify that the information is accurate and complies with all laws related to MERC statute 62J.692.
- 2. Contact information will auto populate and serve as an electronic signature.
- 3. Optional "Save" button if user is not ready to sign/submit.
- 4. Click "Submit Expenditures" to submit the expenditure report to MDH.

Signature of Authorized Representative	<u>¥</u>
I certify that I am an authorized representative approved by the facility named above. I have sufficient key     identification numbers used for Medicaid billing, and clinical medical education costs. I attest that the tra     2018 I am aware that the data I provide in the application and expenditure report will be used for grant     accurate and I will comply with all laws related to MERC statute 62).692.	nowledge about the facility's MHCP enrollment, aining facility hosted clinical trainees in fiscal year eligibility and calculations. The data included is
Name: 2 Title:	1) Click box to certify Training Rep whom is authorized to complete this report. 2) Name, Title, Email and Date of Signature will automatically
Email: Date Signed:	populate once box has been click with Rep's info. 3) Click "Save" to save work. 4) Click "Submit Expenditures" once report is ready to be submitted.
3 Save Submit Expenditures	

## Submit Expenditure

Once expenditures have been successfully submitted, print a copy, and retain for six years.

#### Figure 54



## **Reports**

Once application and expenditures are submitted, representatives can download Excel reports.

Figure 55	
Home / Minnesota Clinical Training Site	
G	Minnesota Clinical Training Site
<u>Clinical Training Site Tasks</u>	
Request Access to Represent Clinical Train Manage Access to Clinical Training Site Clinical Training Site Demographics Mana Clinical Training Site Application Reports	aing Site ged by Representative

1. Open Reports

Home / Minnes	ota Clinical Training Site / Rep	port List	
		Report List Cycle Year: 2018	
Report List Some reports	might take longer time to down	aload. Please be patient.	ions Bownload All Expenditures
Cycle Year 11 2018	Training Site	MERC Application	Application Status I Action TS-SUBMITTED

Representatives who manage more than training site have the ability to download information into one Excel report or individual reports.

- 2. Download the application reports to review the fields currently entered in the application.
- 3. Download the expenditure report to review the fields currently entered in the expenditure report.

After the grant is finalized, save final reports in the site's grant records.

# **Grant Verification Reporting (GVR)**

After the grant announcement is made, a GVR will be added to the application portal for sites submitting both Step 1 and Step 2 of the application. The GVR will reflect the grant outcome for qualifying sites and the sponsoring institution(s) that will pass-through reported funding.

The portal will include a separate GVR for recipients of the Site-Based Clinical Training Grant.

Representatives will be notified by May 15, 2025, if the site is required to verify that funding has been received from the sponsoring institution(s). Selected sites must submit the GVR no later than July 15, 2025.

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



1. Select, Clinical Training Site Application.

Home / Minnesota Clini	cal Training Site	/ Clinical Training Site Applications		
		Clinical Training Site Applicatio	ons	
6				
<u>Clinical Training Site A</u>	pplications	Filter results based on Name or ID number. Remove full search results.	filter to see	-
Show 10 • entries			Search	h:
Training Site	Training Year ↓†	Teaching Program and Sponsoring Institution		↓† Action ↓
Training Site Info Appears Here.	2018	Teaching Program (Type)         Expenditures Submitted         Total FTEs:         Program Name/Type Appears Here         Status: TP-SUBMITTED         FTEs:         Program Name/Type Appears Here	Sponsoring Institution Sponsor Name Status: SP- SUBMITTED Sponsor Name	Edit Application View Application Report Expenditures Grant Verification
		Status: TP-SUBMITTED FTEs:	Appears Here Status: SP- SUBMITTED	

- 2. Click on, Grant Verification.
  - a. The Grant Verification Report (GVR) will contain the results of the MERC grant.

Figure 59	
Clinical Trainin	g Site Grant Verification Report (GVR)
	Fiscal Year 2018 Clinical Training
Items with an * are required.	Print Grant Verification
	Grant Payments Verified by Training Site
Site Application Information	A notice will appear after the GVR is submitted to MDH. *Site will be notified is this is required.*
MERC Application ID:	
Grant Mailing Address Billing Type: Authorized User: Training Facility: Address:	The fields will reflect a summary of the grant application and potential payment.
Total FTEs: Grant Comment: Total Grant: S	

## **Receiving Grant Payments**

If the training site qualified for a grant, funding will be awarded through the sponsoring institution(s) no later than June 30, 2025.

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 the sponsor, and verification that the sponsor has issued payment to the clinical training site.

Figure 60

ame of Sponsoring Institution Sponsoring Institution: Sponsoring Ins Funding Verified by Sponsoring Institu Comments (if any): Comment by Spons	titution Name Ition: YES oring Institution	Table with each sponsoring inst submitted through and the antici sponsor issues payment, the pa	itution an application was ipated grant payment. After the ayment indicator will say "YES".	~
Teaching Programs				*
Teaching Program       If         Program Name/Type       If         Program Name/Type       If         Total FTEs:       Total Grant: \$0	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Grant 11 S S	

## **MERC Grant Allocation**

Clinical training site grants are calculated using a <u>formula</u>. 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.

# **Verification of Payments**

erification of Grant	Funding		
pload an official repo	- rt from the accounting system showing the grant deposited. Grants must be consistent with the	amounts above.	
Select file to u	sload: 3		
- OCICOLINIC LO UN			
Cuelo Year	Filenama	Download	Bomovo
Cycle Year 🏻 🗍	Filename 11	Download	Remove

- 3. Upload an <u>official accounting report from the site's accounting system</u> 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

ure 62	
Signature of Authorized Representative	¥
I am an authorized representative for the facility named above. I certify that the MERC grant specified has requested proof of deposit as required.	been received and deposited. I have attached the
Name:	
Title:	
Email:	
	3
Date Signed:	
Optional Save	WE button. If user signs, SAVE button will disappear t button will appear.

#### Figure 63

Signature of Authorized Representative	*
4 annual authorized representative for the facility named above. I certify that the MERC grant specified has been received and deposited. I have attached the equested proof of deposit as required.	
Name: Prefills with representative's information	
Title:	
Email:	
Date Signed:	
When box is checked, user can submit grant verification.	
Submit Verification 5	

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.

The grant cycle is complete.

## 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.