



Medical Education & Research Cost (MERC) Grant Program

INSTRUCTIONS – Minnesota Sponsoring Institutions & Teaching Programs
Fiscal Year 2023 Clinical Training

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

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MERC Application Instructions

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>

What's New in the Application Portal

Additional data to assist with the administration of the new [Site-Based Clinical Training \(SBCT\) Grant](#) 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 [Minnesota Statutes 144.1508](#). Review the [SBCT Grant webpage](#) for additional information and eligibility.

Within the application portal, Minnesota Clinical Training Sites can apply solely for the MERC Grant, SBCT Grant, or both. From an application standpoint, teaching program and sponsoring institution applications are not affected.

At the time of distribution, sponsoring institutions may have sites that qualify for one or both grant programs. The grants will have separate Grant Verification Reports (GVR) built into the portal to assist with the distribution and required reporting.

Program Description

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

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.

MERC Application Instructions

- The training must occur as part of, or under the scope of, either an inpatient or ambulatory patient care setting where the training is funded, in part, by patient care revenues.
 - The setting cannot otherwise be eligible for or enrolled as a Medicaid site.
 - When the training is outside the hospital or clinic, a separate application must be completed if the site can be or is enrolled in the Minnesota Health Care Program (MHCP).
 - Satellite clinics or other facilities are separate applicants.
3. Several changes were made to funding, eligibility, and the distribution method:
- Tobacco Funds/Match: No changes.
 - General Fund/Health Care Access Fund/Other Medical Education Funding (not requiring federal approval): Eligibility change.
 - Hospitals or sites affiliated with a hospital system are excluded.
 - Medical education funding previously carved out from the Prepaid Medical Assistance Program and transferred to the MERC program for distribution will now be distributed by the Department of Human Services (DHS).
 - Sites qualifying for a MERC distribution who are defined as hospitals or sites affiliated with a hospital system will receive a medical education component in the hospital's FFS rates.
 - DHS will determine the medical education component using the clinical training site's MERC grant determination.

Eligible Applicants

Applicant Summary

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

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

MERC Application Instructions

- 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 must have 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 outside the hospital or clinic is enrolled or could be 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 to qualify.

MERC Application Instructions

Minnesota Teaching Program

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

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

The examples found within the instructions may reflect screen shots that do not reference the current application period. These are for screen examples only.

MERC Application Instructions

Funding

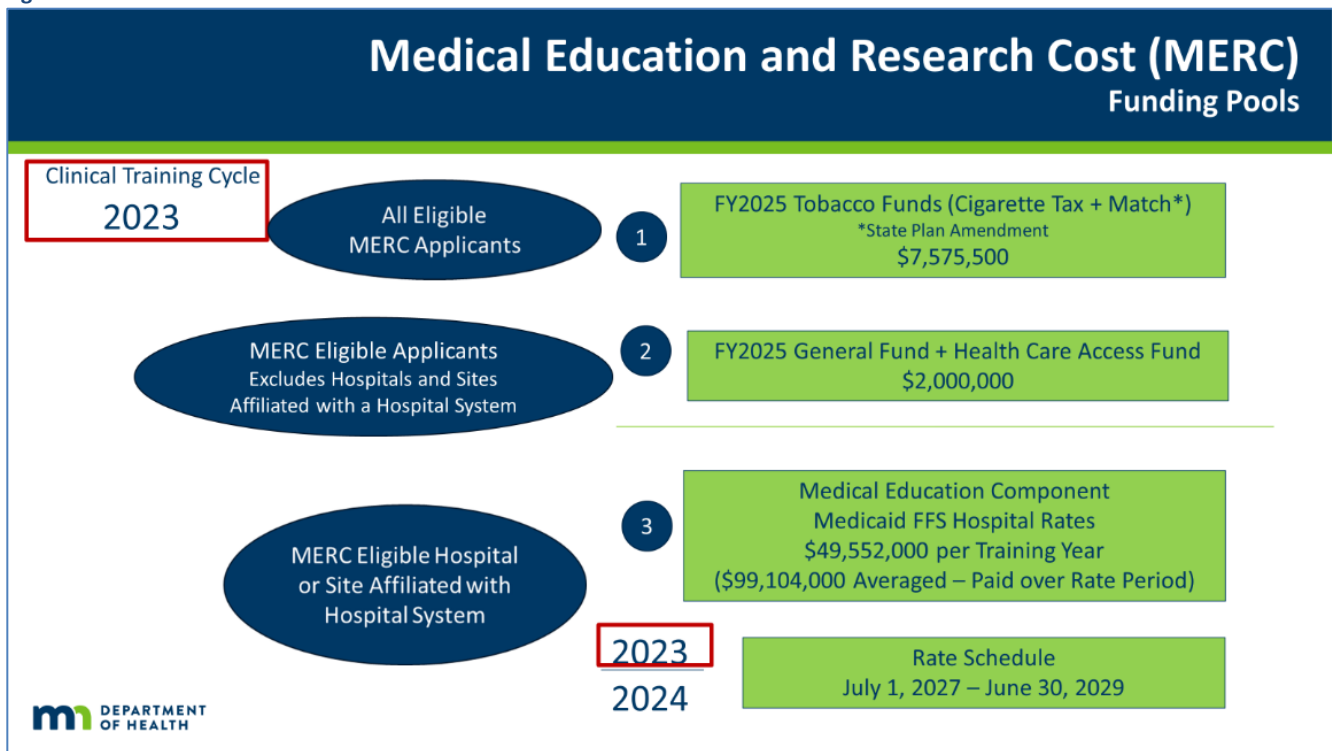
The Minnesota Legislature has appropriated funding in state fiscal year 2025 through multiple sources including an appropriation from the Minnesota cigarette tax and matching funds, the general fund, and the health care access fund.

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.

Figure 1



MERC Application Instructions

Deadlines*

Applications must be submitted no later than 4:30 p.m. Central Time on their respective due dates.

Summary

- Pre-Application
 - Prior to the application opening, teaching programs prepare clinical trainee FTE data to share with the training site representatives when the application opens.
- Portal Opens August 15, 2024
 - Programs Provide Clinical Trainee Data to Site August 31, 2024
 - Sponsors and Programs Complete Demographics August 31, 2024
 - **Site Application Due to Program** **September 30, 2024**
 - Programs Approve/Disapprove Site Applications October 15, 2024
 - **Program Application Due to Sponsor** **October 20, 2024**
 - **Sponsor Application Due to MDH** **October 31, 2024**
- Grant Announcement April 30, 2024 (or before)
- Grant Verification Report (GVR) Opens May 15, 2025 (or before)
 - **Sponsor GVR Due to MDH** **June 30, 2025 (or before)**

***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 the applicant complete requirements a **minimum of three calendar days before the deadlines** to allow for any unforeseen circumstances. MDH will not be responsible for delays caused by notification, computer, or technology problems. This extends to the submission of information between the clinical training sites and the teaching program and sponsoring institution.

Details

The submission [timeline](#) can also be found on the MERC [website](#).

August 15 - 31

Sponsors

- Register for the application portal if not a previous applicant or representative.
- If applicable, previous representatives can assign new or additional representatives at the sponsor or teaching program level.
- Setup new teaching programs and assign representatives after registration in the system.
- Complete/Update Sponsoring Institution Demographics indicating intent to apply by August 31.
- Teaching programs and sites cannot begin their application to the sponsor until these steps are completed.

Programs

- Register for the application portal (new users only).
- Representatives will receive access to the teaching programs assigned to them by the sponsor.
- Complete/Update Teaching Program Demographics indicating intent to apply.
- Attach updated accreditation documents, if applicable.

MERC Application Instructions

- Send email correspondence to training site representatives outlining clinical trainee FTE data.
- Training sites cannot begin the application to the program until these steps are completed.

Training Sites

- Register as a clinical training site representative in the application portal (new users only).
- Identify/Claim the clinical training site(s) user represents (if not previously claimed).
- Complete/Update Clinical Training Site Demographics and indicate intent to apply if known.
- Gather the clinical trainee data that arrives via email from the teaching program(s).
- Verify training information matches the sites records.
- Contact the teaching program regarding trainee questions.

September 1 – 30

Sponsors

- Assist the teaching programs and training sites applicants as needed.

Programs

- Conclude outstanding questions from the sites prior to September 15.
- Verifying/approving incoming clinical training site applications as submitted.

Training Sites

- Begin Step 1 of the training site application.
 - Do not apply for locations or trainees that are inconsistent with the trainee records provided by the teaching program.
 - Address inconsistencies with teaching program that provided clinical trainee data.
 - Conclude addressing any inconsistencies no later than September 15 to allow time for finalizing submission.
 - If the site determines they will not be applying, remove the initial intent to apply from the site's demographics. This removes the blank application.
- Submit Step 1 of the application to the teaching program for approval by September 30.

October 1 – 31:

Sponsors

- Approve teaching program applications submitted for sponsor's approval.
- Submit application to MDH by October 31.

Programs

- Verify applications submitted by clinical training site by October 15.
 - In rare cases, clinical training site data may be denied by a teaching program and require an amendment. The site must submit final resolution and have approval from the program in place by October 20 or comply with removal of their application from the system.
 - If a resolution is not in place by October 20, the teaching program can remove the training site from the program's application and document the removal by sending a notification to the site by email.
 - Sites who are not in compliance can be reported to the Minnesota Department of Health.

MERC Application Instructions

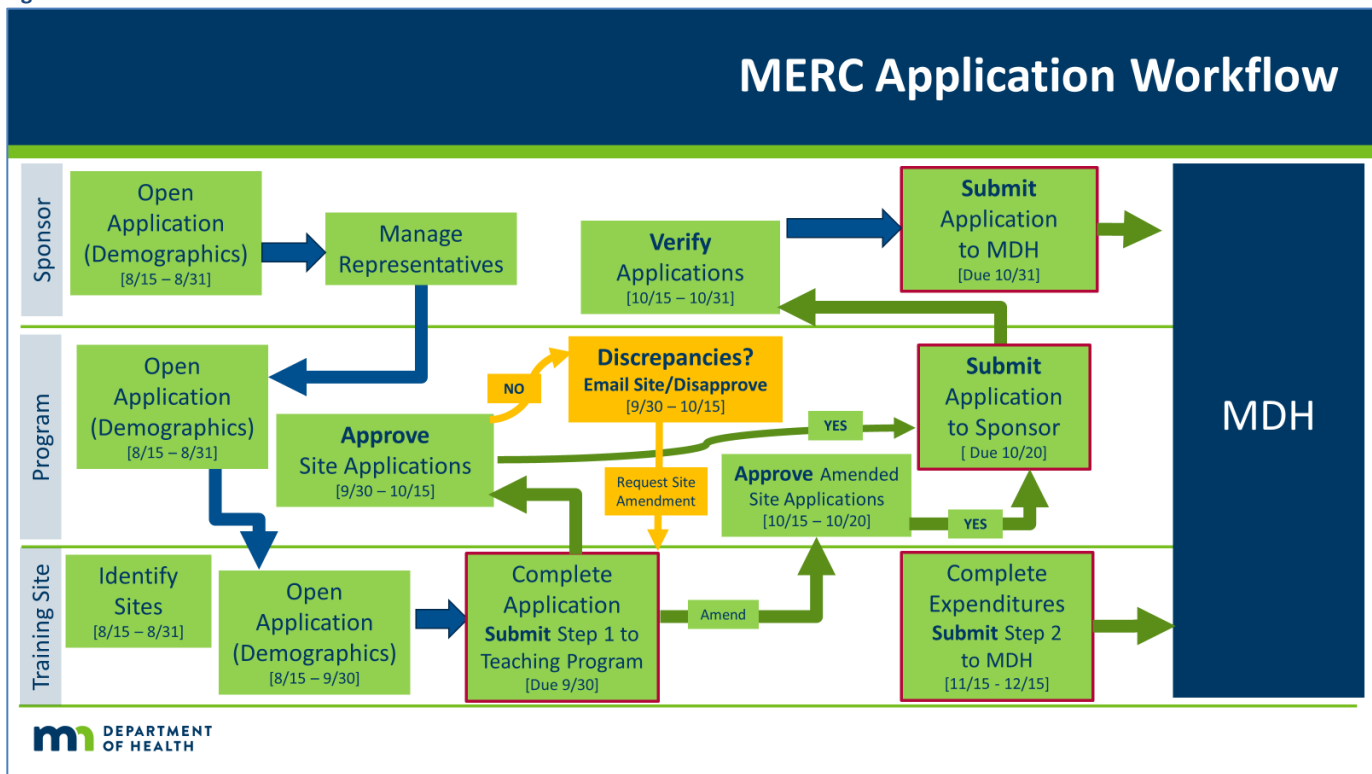
- Teaching programs must submit their application to the sponsor for approval by October 20.

Training Sites

- Applications submitted in Step 1 will be reviewed by the teaching program.
 - If a site submitted inconsistent information, the application will not be approved.
 - Denied applications must be removed or amended **and have final approval in place** by October 20.
- Applications not approved before October 20, will be removed from the application process.
 - The representative will be notified by the teaching program if their application has been denied/removed.
 - Sites who are not in compliance will be reported to MDH.

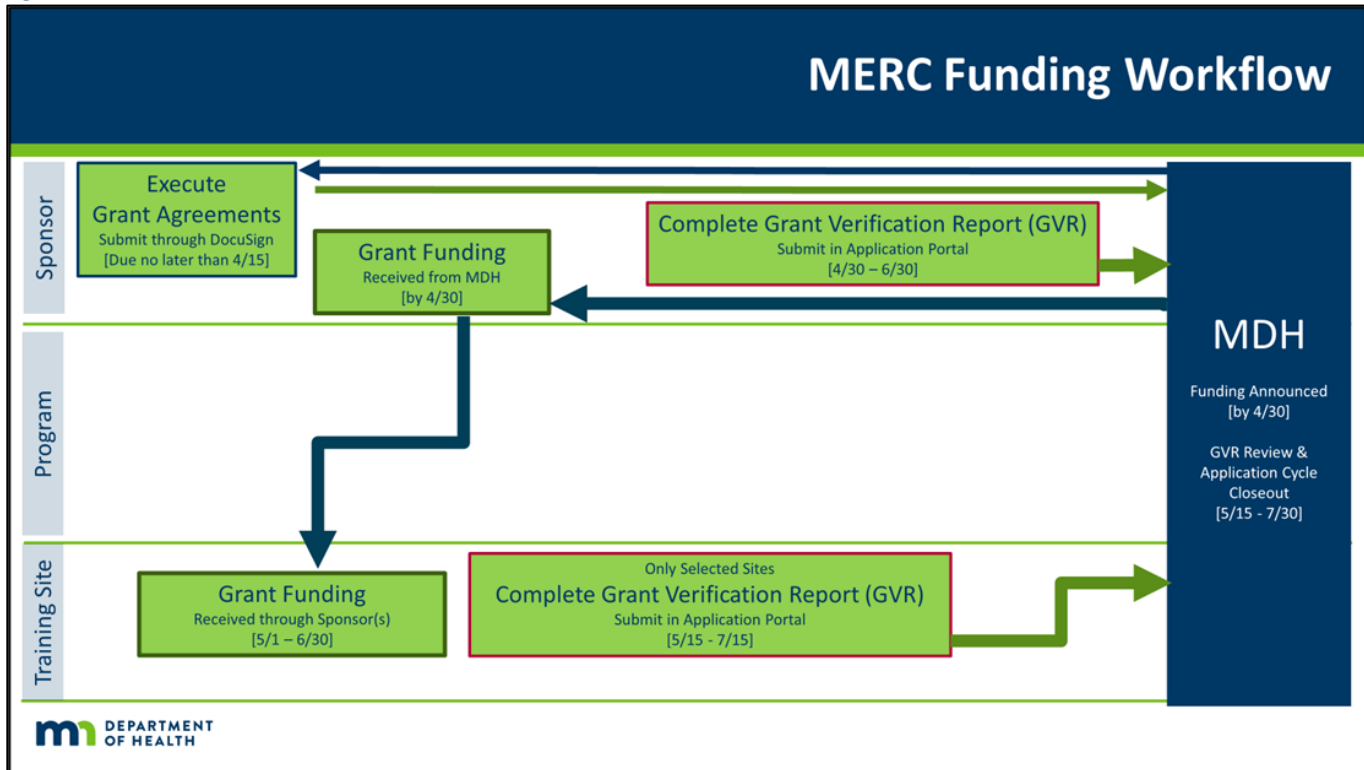
Workflow

Figure 2



MERC Application Instructions

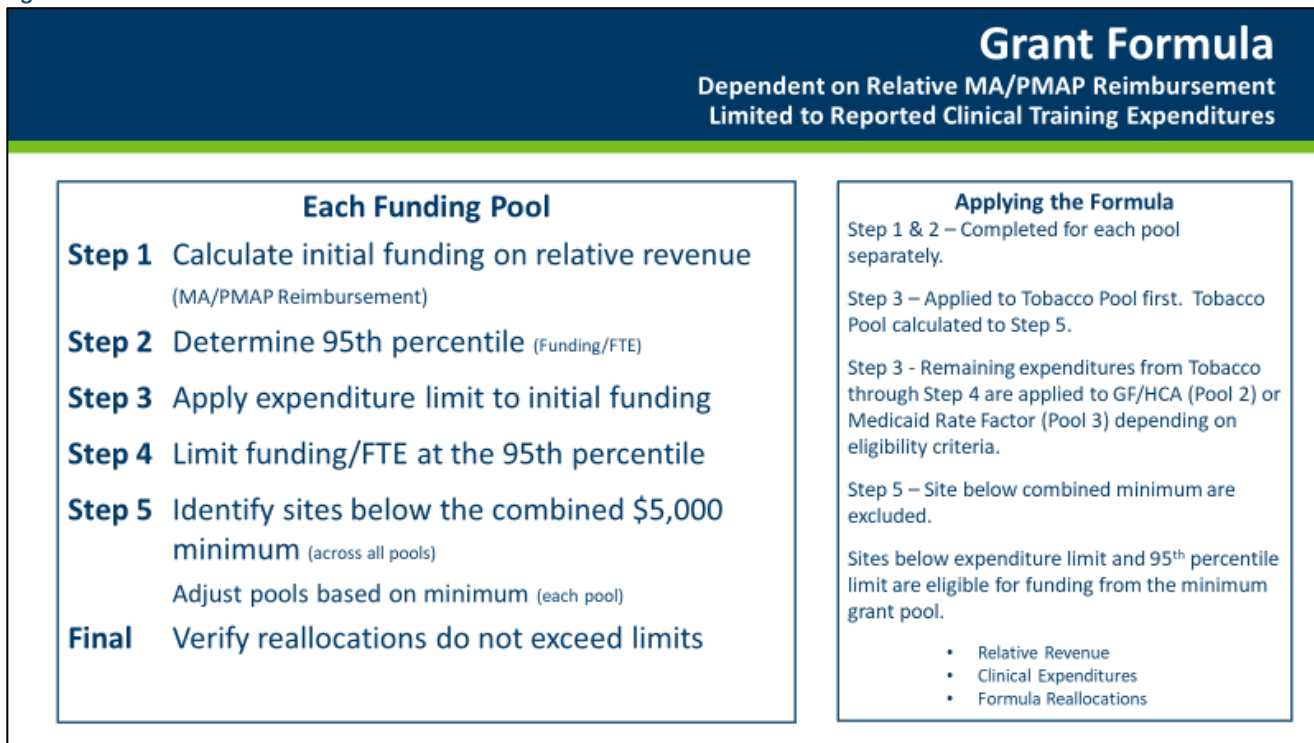
Figure 3



Grant Determination

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

Figure 4



MERC Application Instructions

Grant Agreement

The sponsor formally enters into a grant agreement with MDH prior to the distribution of funds. The agreement will be sent using DocuSign. The representative named in the sponsoring institution's [Vendor Information](#) will be named in the grant agreement. The DocuSign service will send the agreement directly to this individual for their electronic signature. Provide the [Vendor Information](#) in the Sponsoring Institution Demographics to avoid delays during the agreement and payment process.

DocuSign will send an executed copy of the agreement to the named representative after all signatures are in place. An executed copy will also be upload to the sponsoring institutions grant portal when payments are released. Download and retain a copy in the sponsoring institution's grant records.

Grant Announcement

By April 30, 2025, MERC funding will be announced to subscribers of [GovDelivery](#) (see [Communication](#) regarding signup).

- MDH will award funding to the clinical training site through the sponsoring institution.
 - The sponsoring institution will have 60-days to submit the required [Grant Verification Report \(GVR\)](#) to confirm grant payments have been made to the clinical training sites in accordance with the sponsor's grant agreement.
- A grant summary will be posted on the MERC website under [publications](#).
- Detailed grant reports will be available to applicants in the [application portal](#).
 - Sponsors, see [Sponsoring Institution Reports](#) and [Grant Verification Report \(GVR\)](#).
 - Teaching Programs, see [Teaching Program Reports](#).

Questions & Communication

Submit questions in writing no later than **4:30 p.m. Central Standard Time (CST), on October 28, 2024.**

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

Site-Based Clinical Training (SBCT) Program ClinicalTraining.MDH@state.mn.us
(651)-201-5905

Subscribe to [GovDelivery](#) to receive MERC notifications and announcements.

Identify the following in the subject line of all correspondence:
Sponsoring Institution Name/Teaching Program Name
When Site Related: Grant ID Number (or NPI Number)/Clinical Training Site Name
FY2023 Clinical Training

MERC Application Instructions

Quick References

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

- New Representatives
 - [Register](#) for account in the portal.
 - Update [User Profile](#).
 - [Adding/changing](#) sponsoring institution representative (completed by Sponsor).
 - [Adding/changing](#) teaching program representatives (completed by Sponsor).
- Opening the Application
 - [Sponsoring Institution Demographics](#)
 - [Teaching Program Demographics](#)
- Grant Reports
 - [Sponsors](#)
 - [Teaching Programs](#)

Application and Submission Instructions

The Minnesota Sponsoring Institution and Teaching Program roles will be covered in the instructions that follow.

Application Process

Minnesota Sponsoring Institution

Sponsor: 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.

The sponsoring institution is designated as the applicant because, in some cases, programs are not prepared to handle funding directly, but rely on the sponsoring institution or consortium for those functions. This system also reduces the administrative complexity if more than one program at a given institution is receiving funding because the application and reporting process can be coordinated at a higher level.

Applications must be submitted to the Minnesota Department of Health by a sponsoring institution on behalf of one or more teaching programs and clinical training sites hosting the clinical trainees.

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

MERC Application Instructions

Teaching Program

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.

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

The teaching program must approve the clinical training site applying (location of training and eligible trainee FTEs) and submit the application to the sponsor for approval and submission to MDH.

Pre-Application: Clinical Trainee Reporting

Between August 15 and August 31 (or earlier), the sponsoring institutions/teaching programs must provide fiscal year 2023 clinical trainee data to the training sites where their students/residents received clinical training.

To ensure consistent format and clarity for training sites that host students/residents from multiple disciplines and sponsors, an Excel template was provided by MERC staff on July 7 to registered sponsoring institution and teaching program representatives. The representatives were encouraged to prepare and email this information to the sites where their students and residents received clinical training.

The sites will use the data to complete the grant application and report clinical training expenditures. The site's application will feed into the sponsoring institution and teaching program's grant application for approval and submission to MDH.

An example of the information the site must enter on their application is found in the figure below:

Figure 5

The screenshot shows a web application window titled 'Clinical Trainees at Facility'. At the top right, there is a search box. Below it is a table header with columns: Program Type, Sponsoring Institution, Teaching Program, Trainee Setting, Fulltime Equivalent (FTE) Clinical Trainee, and Action. The table content area displays 'No data available in table' and 'Showing 0 to 0 of 0 entries'. Below the table is a form with the following fields:

- Program Type: Select from drop down
- Sponsoring Institution: Select from drop down - sponsors applying
- Teaching Program: Select from drop down - teaching programs applying
- Trainee Setting: Select from drop down - Inpatient, Ambulatory, or Both
- Fulltime Equivalent (FTE) Clinical Trainee: Enter FTEs - Truncate to four decimals

MERC Application Instructions

Items #2 - #6 below are entered into the screen above while Item #1 is necessary to begin the application.

1. Name and Address of Site where training occurred.
2. Trainee 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.
3. Sponsoring Institution Name.
4. Teaching Program Name and Contact Information.
5. Patient Care Setting - where the training was completed (inpatient/ambulatory/or both)
6. Student/Resident Clinical Trainee FTE Count (program total)
 - Clinical training hours / 2,080 = Full Time Equivalent (FTE) Trainee Count

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

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

One person cannot exceed one FTE.

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

The information below is not collected in the grant application; however, providing this to the clinical training sites will clarify what expenditures can be included in the application cycle.

- Dates of clinical training
- Name of Primary Preceptor(s) and Student(s)/Resident(s).

Sites should be encouraged to contact the sponsoring institution/teaching program representative to clarify questions regarding their trainee data prior to submitting their grant application for approval. By addressing trainee data upfront, disapproval of training site applications should be rare; however, if necessary, teaching programs will have the ability to remove site application if the discrepancy is not addressed.

MERC Application Instructions

Accessing the Application Portal

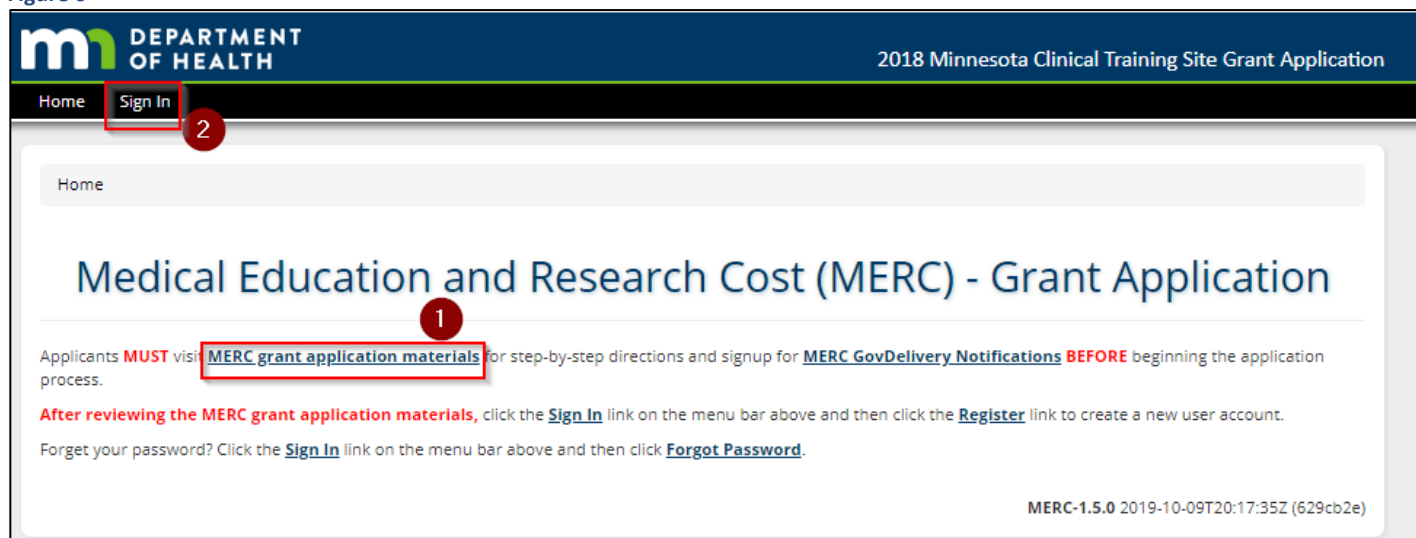
The grant application is completed electronically through an online portal available at <https://merc.web.health.state.mn.us>.

- In the black menu bar at the top of each page, users will find quick links.
- Just below the black menu bar, links to previous pages are available for navigation.
- Sign in to begin.
 - [Medical Education and Research Cost \(MERC\) Grant Application](#)

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

- All clinical training data submitted should reflect clinical training in fiscal year 2023.
- Step-by-step instructions and examples of the application screens are for reference only.

Figure 6



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

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

MERC Application Instructions

Grant Applicant Registration & Sign In

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

Figure 7

The screenshot shows the login interface for the MERC application. At the top left is the logo for the Minnesota Department of Health, featuring a stylized 'm' and the text 'DEPARTMENT OF HEALTH'. The main heading is 'Log in to merc-realm'. Below this are two input fields: 'Email' with the value 'diane.reger@state.mn.us' and an empty 'Password' field. There is a 'Remember me' checkbox which is checked, and a 'Forgot Password?' link. A blue 'Log in' button is positioned below these fields. At the bottom of the form, there is a link that says 'New user? Register'. Two callout boxes with red circular numbers '1' and '2' are overlaid on the page. Callout 1 points to the 'Register' link with the text 'Register as a new user.'. Callout 2 points to the 'Email' input field with the text 'Enter email/password used in registration. [Password is case sensitive.]'

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.

MERC Application Instructions

Figure 8

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.

MERC Application Instructions

User Profile

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

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

Figure 9

The screenshot shows the 'Manage User Profile' page in the '2018 Minnesota Clinical Training Site Grant Application' system. The user is logged in as 'diane.reger@state.mn.us'. The profile information is as follows:

| Field | Value |
|------------|---|
| 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 |

The Employer Information section contains the following details:

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

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

- Press Continue (or Update) to verify the information.
 - The user will be asked to verify their profile each time they access the application.
 - If no changes are necessary, scroll to the bottom of the screen and continue/update.
 - All data in the profile must correspond to the registered user (username/email).
 - Changes to the user's profile will be reflected throughout the application where the user is named.
 - Cannot change email.
 - Users must register for a new account if email is no longer valid (instructions in Figure 8, Step 1.)

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

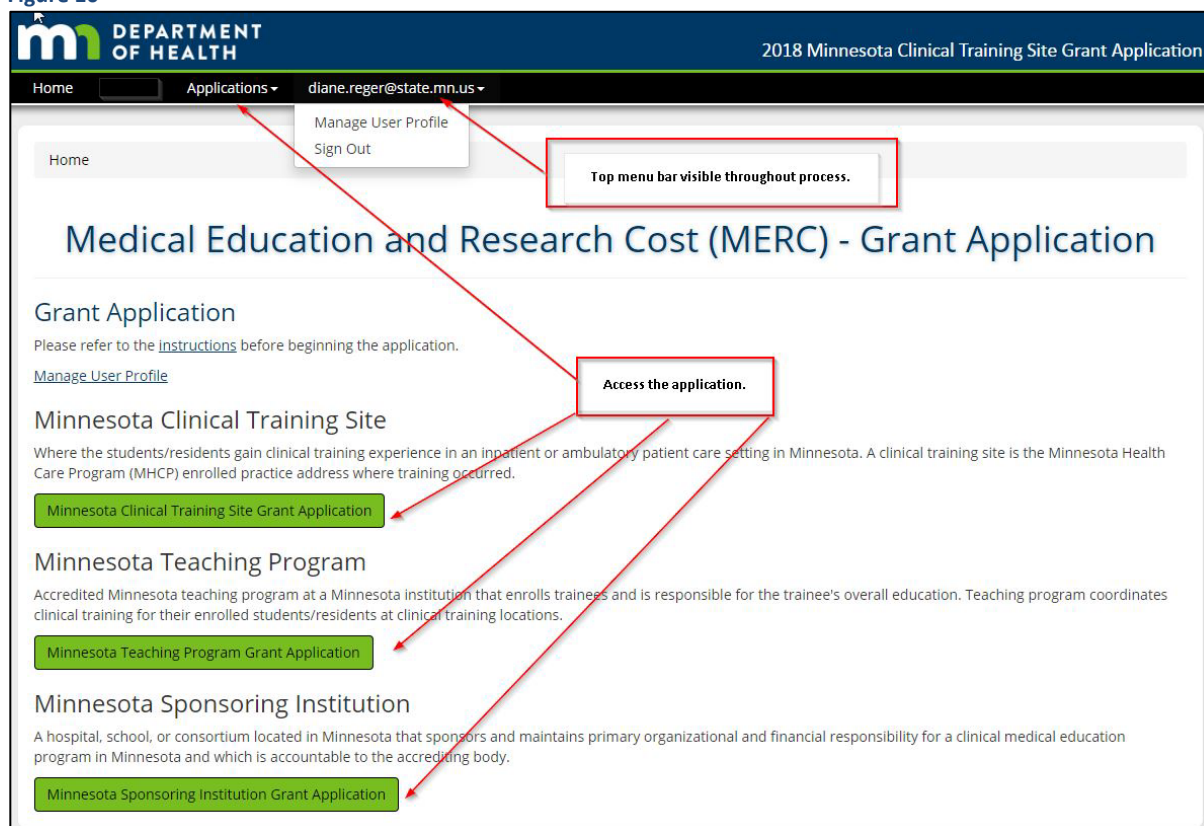
MERC Application Instructions

Home Screen

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

- The relevant application can be accessed by using one of the following methods:
 1. Mid-screen under each applicant type, users will find a short definition. By clicking on the green box, users can access:
 - Minnesota Sponsoring Institution Application (or)
 - Minnesota Teaching Program Application
 2. Users can also use the top menu bar to access the application. Select Applications and then:
 - Minnesota Sponsoring Institution (or)
 - Minnesota Teaching Program
- Additional links on the home screen include:
 - Link to this instruction manual.
 - Ability to manage user profile.
 - Sign out of the application portal.

Figure 10



Sign Out

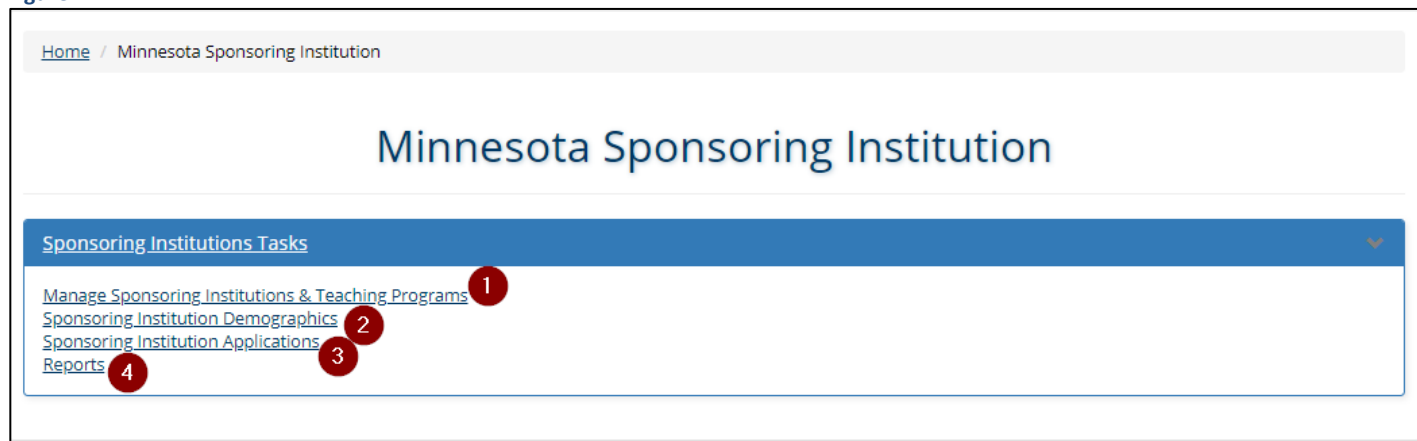
- Sign out is found on the top menu bar under the user's email (See Figure 10).

MERC Application Instructions

Minnesota Sponsoring Institution Instructions

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.

Figure 11



1. [Manage Sponsoring Institutions & Teaching Programs](#)
 - Setup user access for the sponsoring institution representative.
 - Add accredited teaching programs to the sponsor’s application.
 - Assign additional sponsoring institution representatives and teaching program representatives (as necessary).
2. [Sponsoring Institution Demographics](#)
 - Complete information regarding the sponsoring institution and indicate intent to apply.
3. [Sponsoring Institution Applications](#)
 - Approve the teaching program application(s) for submission to MDH.
4. [Reports](#)
 - Run Excel reports to view the contents of the application in report format.

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

Complete Steps 1 & 2 immediately.

Complete Step 3 after the teaching programs submit their application for approval (October 20, 2024).

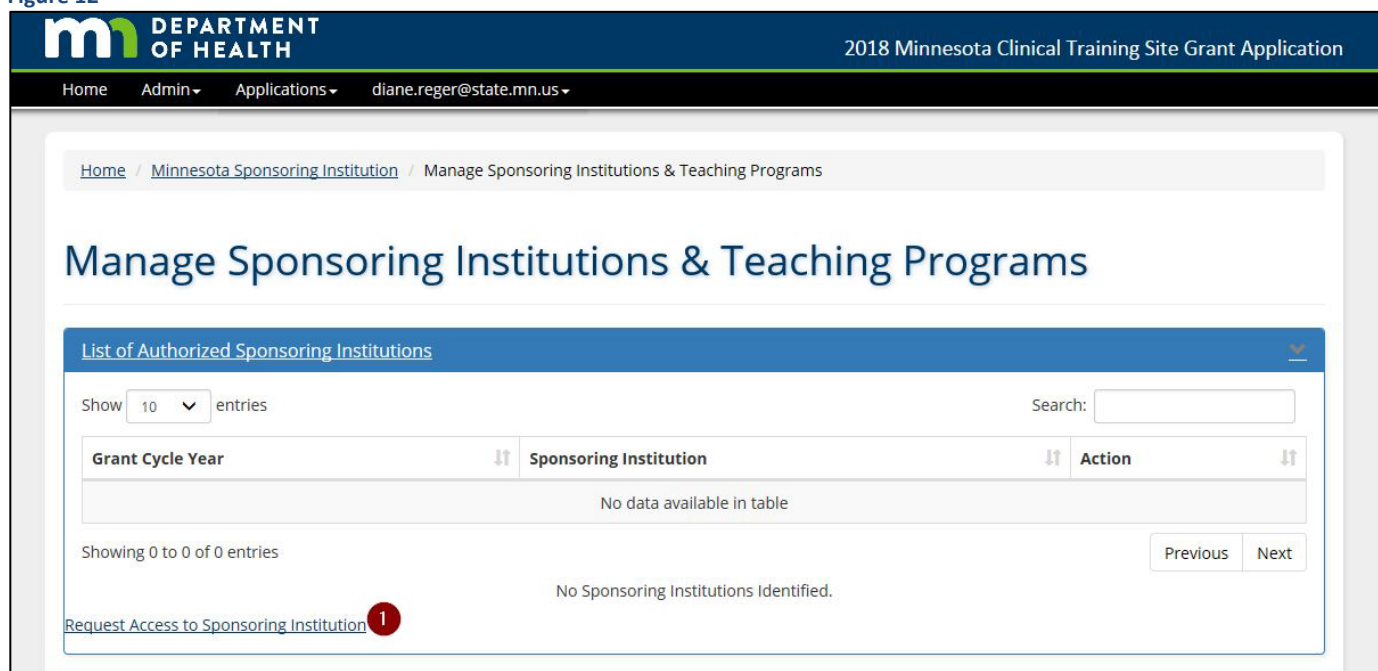
Instructions for each section are broken out in the following pages.

MERC Application Instructions

Manage Sponsoring Institutions & Teaching Programs

- The initial sponsoring institution representative must be granted access by MERC program administrator.
 - After initial access is granted:
 - the representative will be able to manage access for additional users at the sponsoring institution,
 - manage access for teaching programs at the sponsoring institution, and
 - manage the teaching programs that are part of the sponsoring institution.
- Once access is grant, it will remain in place until revoked.

Figure 12



If the sponsoring institution **applied** in the previous application period, skip the 'Request Access to Sponsoring Institution' section.

If the sponsoring institution **has not applied** in a previous application period, send an email to health.merc@state.mn.us and indicate:

- In the subject line: Sponsoring Institution Name – FY2023 Training MERC Application
- In the body of the email, the Sponsoring Institution's name, the representative's name, and a brief paragraph stating that the sponsor and accredited teaching program meet the FY2023 clinical training eligibility requirements.
- After confirmation from MDH,
 1. Click 'Request Access to Sponsoring Institution'

MERC Application Instructions

Request Access to Sponsoring Institution

- If the sponsor is applying for the first time, the initial representative is granted access by MDH.
- Once access is granted, the initial representative can add additional representatives.
 - Additional representatives do not seek access from MDH. They must be added by a current representative.
- All users will have access until revoked by another representative or MDH.

Figure 13

The screenshot shows the 'Request Access to Sponsoring Institution' form. The form is titled 'Request Access to Sponsoring Institution' and is located within the '2018 Minnesota Clinical Training Site Grant Application' system. The form includes the following fields:

- Grant Cycle Year:** A dropdown menu with '2018' selected. A red circle with the number '1' is next to it.
- Sponsoring Institution:** A dropdown menu with '---Select--' selected. A red circle with the number '2' is next to it.
- Comment:** A text input field with the placeholder text 'Enter comment...'. A red circle with the number '3' is next to it.
- Submit Request:** A green button with the text 'Submit Request'. A red circle with the number '4' is next to it.

The breadcrumb navigation at the top of the form is: Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Request Access to Sponsoring Institution. A red circle with the number '5' is next to the 'Manage Sponsoring Institutions & Teaching Programs' link.

1. Grant Cycle Year: Select 2023.
2. Sponsoring Institution: Select the sponsoring institution.
 - New sponsors meeting the application criteria, contact health.merc@state.mn.us as noted in the last section.
3. Comment: Provide a brief comment attesting to your authority to represent the sponsor.
4. Press Submit Request.
 - MDH will approve the first representative's access or respond within 24 business hours of receiving the email.
 - After initial access is granted, only the existing sponsoring institution representatives may designate additional representatives. (See [Grant/Revoke Access.](#))
5. Return to Manage Sponsoring Institutions & Teaching Programs after access is granted.

MERC Application Instructions

Figure 14

DEPARTMENT OF HEALTH 2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Home / [Minnesota Sponsoring Institution](#) / Manage Sponsoring Institutions & Teaching Programs

Manage Sponsoring Institutions & Teaching Programs

Sponsoring Institutions

Show 10 entries Search:

| Grant Cycle Year | Sponsoring Institution | Action |
|------------------|-----------------------------|--|
| 2018 | TEST Sponsoring Institution | Add/Remove Teaching Programs Grant/Revoke Access |

Showing 1 to 1 of 1 entries

[Request Access to Sponsoring Institution](#)

Previous 1 Next

6. [Add/Remove/Edit](#) teaching programs.
7. [Grant/Revoke Access](#) to additional representatives.
8. Return to the previous page.

MERC Application Instructions

Add/Edit Teaching Programs

- Sponsoring institution representatives can add or edit programs and users.
- The sponsoring institution representatives has authority over the teaching program application.

Figure 15

2018 Minnesota Clinical Training Site Grant Application

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs

Add/Remove Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Teaching Programs

Show 10 entries Search:

| Grant Cycle Year | Sponsor Institution | Program Type | Program Name | Action |
|------------------|---------------------|--------------------------|--------------------|----------------------|
| 2018 | Test Sponsor Diane1 | ADVANCED PRACTICE NURSES | State of Minnesota | Edit |
| 2018 | Test Sponsor Diane1 | MEDICAL RESIDENTS | State of Minnesota | Edit |

Showing 1 to 2 of 2 entries Previous 1 Next

Add Teaching Program

Program Type * --- Select ---

Name: * Enter name of teaching program

Add

Add New Teaching Programs

1. Program Type: Select the program type.
2. Type the Name of the teaching program.
3. Click add to add the teaching program.
4. If you are done, return to the previous screen.

If you are not done, repeat Steps 1 – 3 until the teaching programs are added.

Edit/Remove Teaching Programs

5. To edit/remove a teaching program, click edit.

MERC Application Instructions

Edit Teaching Programs

- If the program name has changed or has a typo, edit the program name.
- If a new teaching program was mistakenly added, the sponsor may remove the newly added program.
- **Do not delete historical programs from the application** (see below or contact health.merc@state.mn.us for clarification).

Figure 16

The screenshot shows the 'Edit Teaching Program' interface. At the top, there is a navigation bar with 'Home', 'Admin', 'Applications', and 'diane.reger@state.mn.us'. Below this is a breadcrumb trail: 'Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs / Edit Teaching Program'. The main heading is 'Edit Teaching Program'. The form contains the following fields:

- Grant Cycle Year *: 2018
- Sponsoring Institution *: Test Sponsor Diane1
- Program Type *: ADVANCED PRACTICE NURSES (highlighted with red circle 1)
- Name *: State of Minnesota (highlighted with red circle 2)

At the bottom of the form, there are three buttons: 'Save' (highlighted with red circle 3), 'Delete', and 'Cancel'.

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

**Programs that have applied in previous years, should not be removed.
The sponsor can indicate that the program is not applying. (See teaching program demographics.)**

MERC Application Instructions

Grant/Revoke Access – Sponsoring Institution Representative

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

Figure 17

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Sponsoring Institution Authorized Users

Show 10 entries Search:

| username | Action |
|-------------------------|-----------------|
| diane.reger@state.mn.us | Revoke Access 3 |

Showing 1 to 1 of 1 entries Previous 1 Next

Grant User Access to Sponsoring Institution

Username: * Enter username... 1

User must have an account before access can be granted.

Grant Access 2

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

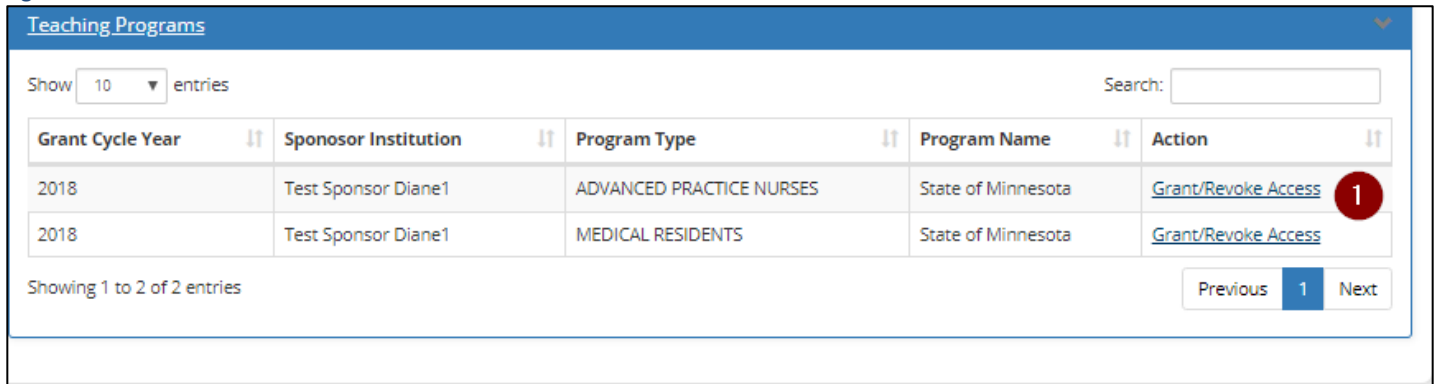
MERC Application Instructions

Grant/Revoke Access – Teaching Program Representative

(Optional)

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

Figure 18



| Grant Cycle Year | Sponsor Institution | Program Type | Program Name | Action |
|------------------|---------------------|--------------------------|--------------------|--|
| 2018 | Test Sponsor Diane1 | ADVANCED PRACTICE NURSES | State of Minnesota | Grant/Revoke Access 1 |
| 2018 | Test Sponsor Diane1 | MEDICAL RESIDENTS | State of Minnesota | Grant/Revoke Access |

1. Grant/Revoke access by selecting the teaching program.

MERC Application Instructions

Figure 19

2018 Minnesota Clinical Training Site Grant Application

Grant/Revoke Access to Teaching Program

Teaching Program

Grant Cycle Year * 2018

Sponsoring Institution: * Test Sponsor Diane1

Program Type * ADVANCED PRACTICE NURSES

Name: * State of Minnesota

Teaching Program Authorized Users

Show 10 entries Search:

| username | Action |
|-------------------------|-----------------|
| diane.reger@state.mn.us | Revoke Access 3 |

Showing 1 to 1 of 1 entries Previous 1 Next

Grant User Access to Teaching Program

Username: * Enter username... 1

User must have an account before access can be granted.

Grant Access 2

1. Enter the username of the program representative to approve/grant access to.
 - User must be registered.
2. Click Grant Access.
 - User has access to the teaching program specified.
3. Click Revoke Access to remove the representative.
 - Representative will no longer have access to the teaching program specified.
 - Representative will continue to have access to the system, just not the program specified.
4. Return to previous screen using links on top of the page.

MERC Application Instructions

Sponsoring Institution Demographics

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

Sponsoring Institution Information

Figure 20

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

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

Home / Minnesota Sponsoring Institution / Sponsoring Institution Demographics

Sponsoring Institution Demographics

Items with an * are required.

Sponsoring Institution(s)

Sponsoring Institution: * Test Sponsor Diane1 **1**

Sponsoring Institution Information

2

Name: Test Sponsor Diane1

Address Line 1: * 121 E 7th Place

Address Line 2: Enter address line 2.

City: * St. Paul

Select State: * MINNESOTA

Zip Code: * 54321

Postal Code: 1234.

Use arrows to expand or decrease section.

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

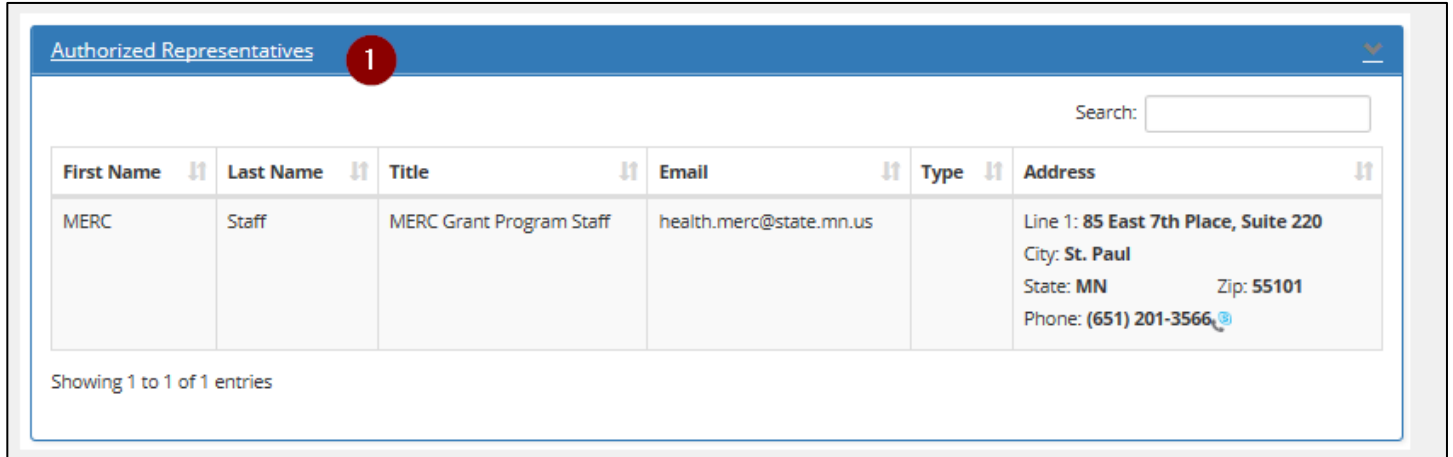
Scroll down the screen to continue.

MERC Application Instructions

Authorized Representative – Sponsoring Institution

- The sponsoring institution representatives listed in Manage Sponsoring Institutions & Teaching Programs are named in the application.

Figure 21



| First Name | Last Name | Title | Email | Type | Address |
|------------|-----------|--------------------------|-------------------------|------|---|
| MERC | Staff | MERC Grant Program Staff | health.merc@state.mn.us | | Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55101 Phone: (651) 201-3566 |

Showing 1 to 1 of 1 entries

1. No entry takes place.
 - The information reflects the representative's [user profile](#).
 - To name additional representatives, return to [Grant/Revoke Access – Sponsoring Institution Representative](#).

MERC Application Instructions

Vendor Information

Provide the name, title, email, and phone number of the representatives that should be named in the grant agreement as the person responsible for administration of the grant. Once the grant is determined, the grant agreement will be routed through DocuSign requesting the signature of this individual.

Next, provide the sponsor's Minnesota Supplier information. Visit [SWIFT \(State of Minnesota Supplier Portal\)](#) to determine the correct Vendor Number and Location Code and the corresponding vendor name, DBA name and remit to address for these codes. This information will be used by accounts payable if a grant is issued. The address provided must match the vendor's current remit to address for the vendor number and location provided.

- If the sponsor requires two signatures on the grant agreement, notify health.merc@state.mn.us by October 31, 2024.

Figure 22

The screenshot displays a web form titled "Vendor Information" with a blue header. The form contains the following fields and values:

| | |
|------------------------------|--------------------------------|
| Authorized Representative: * | Diane Reger |
| Title: * | Testing 10072019 |
| Email: * | health.merc@state.mn.us |
| Phone: * | (651) 201-3566 |
| Vendor Name: * | State of Minnesota |
| DBA (when applicable): | Minnesota Department of Health |
| Vendor Number: * | 1111111111 |
| Vendor Location Code: * | 011 |
| Federal Employer ID: * | 11-1111111 |
| Minnesota Tax ID: * | 1111111 |
| Address Line 1: * | 111 MERC Circle |
| Address Line 2: | 222 Line 2 |
| City: * | St. Cloud |
| Select State: * | MINNESOTA |
| Zip Code: * | 54321 |
| Postal Code: | 1234 |


I have verified that the information above is correct and complete.

MERC Application Instructions

Opening the Sponsoring Institution Grant Application

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

Figure 23



Open Fiscal Year [2018] Application

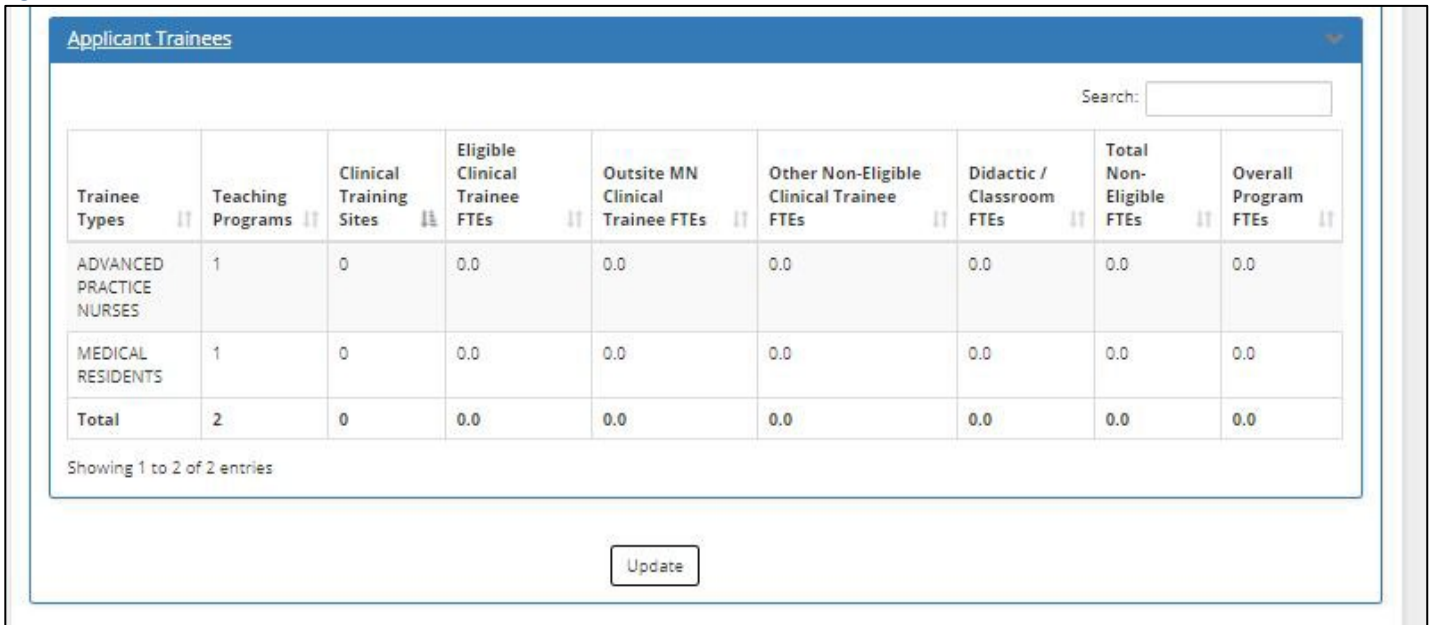
Applying: YES NO

1. Indicate if the sponsoring institution has programs applying in fiscal year 2023.

Applicant Trainees

- As teaching programs and clinical training sites apply through the sponsoring institution, the table will update by trainee type and application counts.
 - The table is for informational purposes.
 - No data entry takes place in this section.

Figure 24



| Trainee Types | Teaching Programs | Clinical Training Sites | Eligible Clinical Trainee FTEs | Outside MN Clinical Trainee FTEs | Other Non-Eligible Clinical Trainee FTEs | Didactic / Classroom FTEs | Total Non-Eligible FTEs | Overall Program FTEs |
|--------------------------|-------------------|-------------------------|--------------------------------|----------------------------------|--|---------------------------|-------------------------|----------------------|
| ADVANCED PRACTICE NURSES | 1 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| MEDICAL RESIDENTS | 1 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total | 2 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Showing 1 to 2 of 2 entries

Update

Update/Save

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

MERC Application Instructions

Sponsoring Institution Applications

Approving & Submitting Applications

This section of the application cannot be completed until the teaching programs have submitted their application for final approval.

- Sponsors can begin approving application as programs are submitted.
- Sponsors must submit the application to MDH by October 31, 2024.

Figure 25

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications

Sponsoring Institution Applications

Sponsoring Institution Demographics must be completed before your application is started.

Show 10 entries

Sort or Search Search:

| Cycle Year | Sponsoring Institution | Teaching Program (Type) and Status | Action | | | | | | | | |
|---|-------------------------|--|-------------------------|-----------|------------------------------------|--------------|---|--------------|---------------------------------------|--------------|--------|
| 2018 | Test Sponsor 1 | <table border="1"><thead><tr><th>Teaching Program (Type)</th><th>TP Status</th></tr></thead><tbody><tr><td>Test Program A (Medical Residents)</td><td>TP-SUBMITTED</td></tr><tr><td>Test Program B (Advanced Practice Nurses)</td><td>TP-SUBMITTED</td></tr><tr><td>Test Program C (Physician Assistants)</td><td>TP-SUBMITTED</td></tr></tbody></table> | Teaching Program (Type) | TP Status | Test Program A (Medical Residents) | TP-SUBMITTED | Test Program B (Advanced Practice Nurses) | TP-SUBMITTED | Test Program C (Physician Assistants) | TP-SUBMITTED | Select |
| Teaching Program (Type) | TP Status | | | | | | | | | | |
| Test Program A (Medical Residents) | TP-SUBMITTED | | | | | | | | | | |
| Test Program B (Advanced Practice Nurses) | TP-SUBMITTED | | | | | | | | | | |
| Test Program C (Physician Assistants) | TP-SUBMITTED | | | | | | | | | | |
| 2018 | Test Sponsor 2 | <table border="1"><thead><tr><th>Teaching Program (Type)</th><th>TP Status</th></tr></thead><tbody><tr><td>Test Program D (Medical Residents)</td><td>PENDING</td></tr><tr><td>Test Program E (Advanced Practice Nurses)</td><td>PENDING</td></tr></tbody></table> | Teaching Program (Type) | TP Status | Test Program D (Medical Residents) | PENDING | Test Program E (Advanced Practice Nurses) | PENDING | Select | | |
| Teaching Program (Type) | TP Status | | | | | | | | | | |
| Test Program D (Medical Residents) | PENDING | | | | | | | | | | |
| Test Program E (Advanced Practice Nurses) | PENDING | | | | | | | | | | |
| 2018 | Test Sponsor 3 10072019 | <table border="1"><thead><tr><th>Teaching Program (Type)</th><th>TP Status</th></tr></thead><tbody><tr><td>Test Program 1 (Medical Residents)</td><td>PENDING</td></tr><tr><td>Test Program 2 (Dental Residents)</td><td>PENDING</td></tr><tr><td>Test Program 3 (PharmD Residents)</td><td>PENDING</td></tr></tbody></table> | Teaching Program (Type) | TP Status | Test Program 1 (Medical Residents) | PENDING | Test Program 2 (Dental Residents) | PENDING | Test Program 3 (PharmD Residents) | PENDING | Select |
| Teaching Program (Type) | TP Status | | | | | | | | | | |
| Test Program 1 (Medical Residents) | PENDING | | | | | | | | | | |
| Test Program 2 (Dental Residents) | PENDING | | | | | | | | | | |
| Test Program 3 (PharmD Residents) | PENDING | | | | | | | | | | |

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

**Allow training sites time to apply to the teaching programs.
Programs must submit their application to the sponsor for approval by October 20, 2024.
SPONSORS MUST SUBMIT THE APPLICATION TO MDH BY OCTOBER 31, 2024.**

MERC Application Instructions

Figure 26

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Submit Grant Application

Submit Grant Application

Selected (Test Sponsor 1)

Sponsoring Institution Fiscal Year [2018] Clinical Training

Teaching Programs

Select all or select line by line to approve or disapprove.

Search:

| <input type="checkbox"/> | Teaching Program (Type) | Status | Comment | Approved Date | Finalized Date | Action |
|--------------------------|--|--------|----------------------|---------------|----------------|-------------------------------------|
| <input type="checkbox"/> | Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234 | NEW | <input type="text"/> | | | <input type="button" value="View"/> |
| <input type="checkbox"/> | Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234 | NEW | <input type="text"/> | | | <input type="button" value="View"/> |
| <input type="checkbox"/> | Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321 | NEW | <input type="text"/> | | | <input type="button" value="View"/> |

Showing 1 to 3 of 3 entries

1. View details of the teaching program's application before approval.
2. Select the teaching program to approve individually or select all.
3. Comment can be captured if disapproving (as needed).
4. Approve or disapprove the teaching program(s) application.
 - Disapprove teaching program if edits to the program are necessary before submission to MDH. This should be rare.
 - Upon disapproval, the program can edit and resubmitted to the sponsor for approval.
5. As needed, links are available to return to the main sponsoring institution page.

MERC Application Instructions

Figure 27

The screenshot displays a web application interface for 'Teaching Programs'. At the top, there is a search bar. Below it is a table with columns: Teaching Program (Type), Status, Comment, Approved Date, Finalized Date, and Action. Three rows are visible, each representing a test program (A, B, and C) with a status of 'SP-APPROVED' and an approved date of '10/10/2019'. Each row has a 'View' button. Below the table, it says 'Showing 1 to 3 of 3 entries'. At the bottom center, there is a button labeled 'Submit Application to MDH' with a red circle containing the number '1' above it.

| Teaching Program (Type) | Status | Comment | Approved Date | Finalized Date | Action |
|--|-------------|---------|---------------|----------------|--------|
| Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234 | SP-APPROVED | | 10/10/2019 | | View |
| Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234 | SP-APPROVED | | 10/10/2019 | | View |
| Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321 | SP-APPROVED | | 10/10/2019 | | View |

Showing 1 to 3 of 3 entries

1
Submit Application to MDH

1. After programs are approved, begin the submission to MDH.
 - The system will check for missing information before proceeding to the next step.
 - Next, finalize the submission process (See Figures 28 – 30).

MERC Application Instructions

Figure 28

Home / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / [Submit Grant Application](#) / Finalize Application

Finalize Application

[Submit Grant Application](#)

Items with an * are required.

Grant Application Summary Fiscal Year [2018] Clinical Training

Sponsoring Institution

Sponsoring Institution:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Figure 29

Teaching Program

Search:

| Teaching Program | Type | Address |
|------------------|--------------------------|--|
| Test Program A | Medical Residents | 123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Medical Residents |
| Test Program B | Advanced Practice Nurses | 123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Advanced Practice Nurses |
| Test Program C | Physician Assistants | 123 Street City: St. Paul State: MN Zip: 54321 Facility Type: Physician Assistants |

Showing 1 to 3 of 3 entries

MERC Application Instructions

Figure 30

Validation Summary

Application is complete. Confirm approval below.

Teaching Programs Approved: COMPLETED

Demographic Information: COMPLETED

Final Approval and Submission

I affirm that the grant application submitted is accurate to the best of my knowledge. The application reflects the sponsoring institution's accredited Minnesota teaching programs and clinical training sites during the application training period. I am aware of my responsibilities as a sponsoring institution representative under Minnesota Statute 62J.692.

1

Name: Diane Reger

Title: MERC Grant Program - TEST ACCOUNT

Email: health.merc@state.mn.us

Date Signed: 10/10/2019

Comment: Enter comment

Option box for notes to MDH.

Submit **2**

1. Approval check box.
 - Signature will prefill based on representative's profile.
 - Optional comment box to MDH.
2. Submit the application to MDH by October 31, 2024.
3. Print Application (see figure below).
 - Return to the top of the screen to print and save a PDF copy of the submission. This document is part of the grant application process and should be maintained in the sponsor's internal records.

Figure 31

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Submit Grant Application

Submit Grant Application

Selected: Sponsor Name HERE

Items with an * are required.

3 Print Application

Sponsoring Institution Fiscal Year [2019] Clinical Training

MERC Application Instructions

Figure 32

Grant application submitted to MDH successfully!

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Submission Summary

Submission Summary

Grant Application Submission Summary [2018]

Sponsoring Institution Demographic

Name: Test Sponsor 1

Address Line 1: 111 MERC Street

Address Line 2:

City: St. Paul

State: MN

Zip Code: 54321

Postal Code:

Figure 33

Teaching Programs

Search:

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

Showing 1 to 3 of 3 entries

MERC Application Instructions

Application Status

The application's status will be recorded throughout the process. 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. |

Figure 34

Home / [Minnesota Sponsoring Institution](#) / Sponsoring Institution Applications

Sponsoring Institution Applications

Sponsoring Institution Demographics must be completed before your application is started.

Show 10 entries Search:

Sponsor has submitted the application.

| Cycle Year | Sponsoring Institution | Teaching Program (Type) and Status | Action |
|------------|---|---|--------|
| 2018 | Test Sponsor 1 SP Status: SP-SUBMITTED Finalized Date: 10/10/2019 | Teaching Program (Type) Test Program A (Medical Residents) TP-SUBMITTED Test Program B (Advanced Practice Nurses) TP-SUBMITTED Test Program C (Physician Assistants) TP-SUBMITTED | Select |

MERC Application Instructions

Conflict of Interest & Due Diligence

The sponsoring institution must submit the forms below to health.merc@state.mn.us when the application is submitted. In the future, we hope to incorporate these into the application portal.

1. [Applicant Conflict of Interest Disclosure](#)
2. [Due Diligence Form](#)

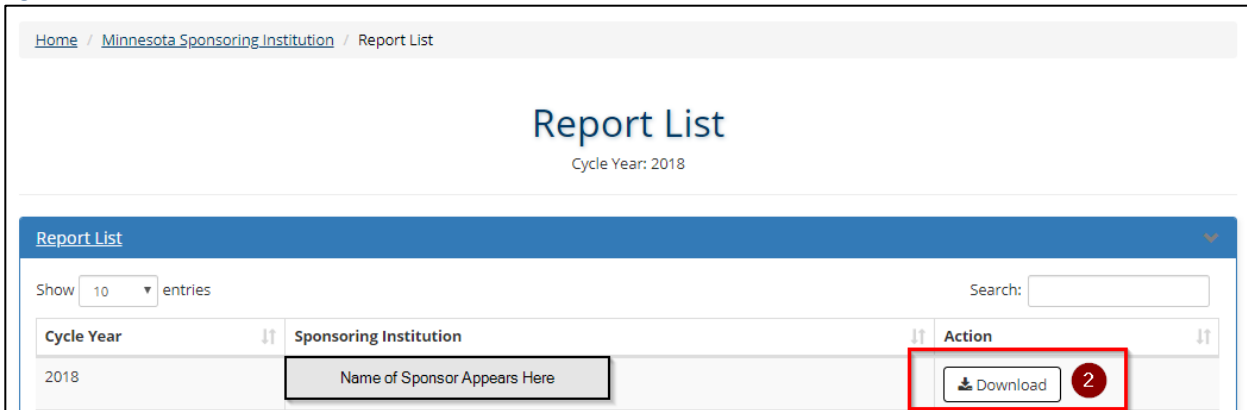
Reports

Excel reports include fields from the sponsoring institution's application.

Figure 35



Figure 36



1. Click, Reports.
2. Select, Download.

Once the grant is determined, funding will be reflected in the report. Download and save the report once the grant cycle is complete and the sponsor has submitted the Grant Verification. The comments noted in Table 3 are included in the report.

MERC Application Instructions

Table 3

| Comment | Description |
|---|--|
| Did Not Qualify for Formula – Below FTE Minimum | Overall site FTEs must meet 0.10 FTE minimum. |
| Site Withdrew Application or Expenditures Not Submitted | Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application. |
| Did Not Qualify for Formula | Minnesota Health Care Program Revenue |
| Expenditures Below Minimum Grant | Site expenditures under \$5,000. |
| Below Minimum Grant | Overall site grant must meet \$5,000 minimum under formula. |
| Qualified for Grant | Site qualified for grant formula and grant. |

MERC Application Instructions

Minnesota Teaching Program Instructions

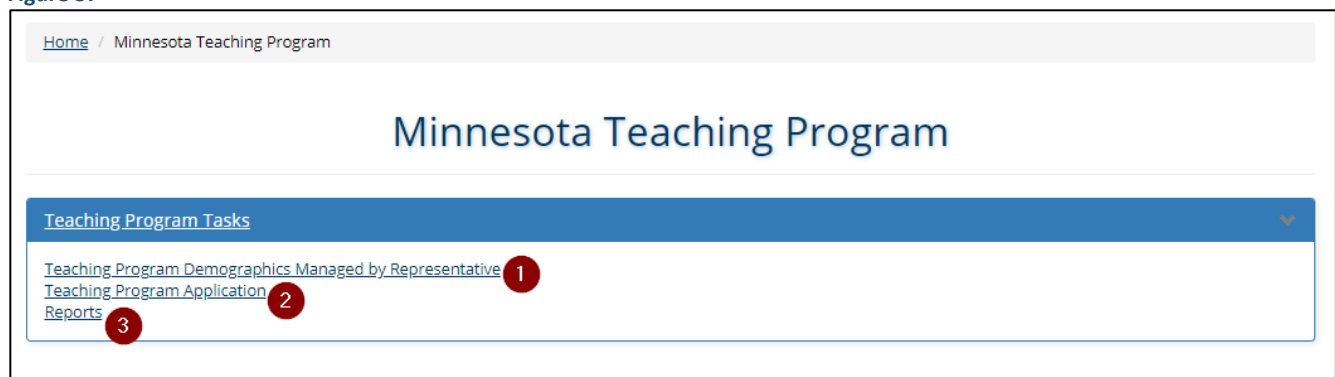
“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners (pharmacy students and residents), doctors of chiropractic, dentists (dental students and residents), advanced practice nurses* (clinical nurse specialists,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

*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).

Completed by the sponsoring institution representative or a teaching program representative designated by the sponsoring institution.

- See [Manage Sponsoring Institutions & Teaching Programs](#) to manage user access and add teaching programs.

Figure 37



Complete in order. Instructions are broken out for each task.

- [Teaching Program Demographics Managed by Representative](#)
 - Complete general information regarding the teaching program and indicate intent to apply.
 - Complete by August 31, 2024.
 - Sites cannot apply until the program completes.
- [Teaching Program Application](#)
 - Approve the grant applications submitted by clinical training sites by October 15, 2024.
 - Submit the program’s application to the sponsor by October 20, 2024.
- [Reports](#)
 - Run Excel reports to view the contents of the application in report format.

Complete Step 1 no later than August 31, 2023.
Complete Step 2 approvals by October 15, 2023.
Submit the application to the sponsor by October 20, 2023.

MERC Application Instructions

Teaching Program Demographics Managed by Representative

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

- The table will reflect programs assigned to the user by the sponsoring institution representative.
- Contact the sponsoring institution representative for authorization questions or requests.

Figure 38

Home / Minnesota Teaching Program / Teaching Program Demographics Managed by Representative

Teaching Program Demographics Managed by Representative

Teaching Program Demographic Information

Demographics must be completed before application is started.

Show 10 entries

Search:

Yes, indicates program intends to apply and must finalize the application process.

| Cycle Year | Sponsoring Institution | Teaching Program | Program Type | Intends to Apply |
|------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| 2018 | Sponsor name will appear here. | Program name will appear here. | Trainee type will appear here. | YES Complete Demographics |
| 2018 | Sponsor name will appear here. | Program name will appear here. | Trainee type will appear here. | NO Complete Demographics |

1. Select the teaching program to complete the demographics for.
 - Representatives that manage multiple programs must complete demographics for each program.

MERC Application Instructions

Program's Sponsoring Institution Information

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

Figure 39

The screenshot shows the 'Teaching Program Demographics' form. At the top, there is a section for 'Teaching Program Demographic Information' with a placeholder 'Program name will appear here.' Below this is a blue header for 'Sponsoring Institution Information'. A red box highlights the 'Sponsoring Institution' field, which contains the placeholder 'Sponsor name will appear here.' Other fields include 'Address Line 1' (placeholder: 'Address for sponsor will appear here.'), 'Address Line 2', 'City', 'State' (pre-filled with 'MN'), 'Zip Code', and 'Postal Code'. A red box also highlights the 'State' field with the text 'Information pre-populated based on sponsoring institution's demographics.' A red box at the top right of the form contains the text 'Use arrows to expand or decrease sections.' with an arrow pointing to a dropdown arrow icon.

Opening the Teaching Program Grant Application

Figure 40

The screenshot shows the 'Open Fiscal Year [2018] Application' form. It features a blue header with the title. Below the header, there is a section for 'Applying' with a red circle containing the number '2' and radio buttons for 'YES' (selected) and 'NO'. A red box highlights a warning message: 'DO NOT select 'yes' unless accreditation was in place during the fiscal year and continues to be in place. Clinical training sites will be allowed to apply through the program if 'yes' is selected.' Below this is a section for 'Program's [2018] Fiscal Year' with a red circle containing the number '3'. This section includes 'Start Date' (01/01/2018) and 'End Date' (12/31/2018) fields.

2. Indicate if the program is applying. This opens the program's application to clinical training sites.
3. Enter the program 2023 fiscal year.
 - Programs that applied in the previous application will have FY2023 suggested dates prefilled.
 - Verify the program dates do not overlap the previously reported application period.
 - New programs must enter their program's 2023 fiscal year dates.
 - i. Programs could apply for a partial year if accreditation began mid-year.
 - ii. Application must reflect only the accredited training dates and trainees during those dates.

MERC Application Instructions

Teaching Program Information

Figure 41

Teaching Program Information

Name: Test Program 2

Address Line 1: 111 MERC Circle

Address Line 2: 222 Line 2

City: St. Cloud

Select State: MINNESOTA

Zip Code: 54321

Postal Code: 1234

Year program was established and began teaching activities (yyyy): 1950

Program Type: Dental Residents

Select One: Primary Care - General Practice Dentistry/Pediatric Dentistry
 Specialist - Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Periodontics, Prosthodontics, etc.

Specialty: General Practice Dentistry

4. Enter the teaching program's information.

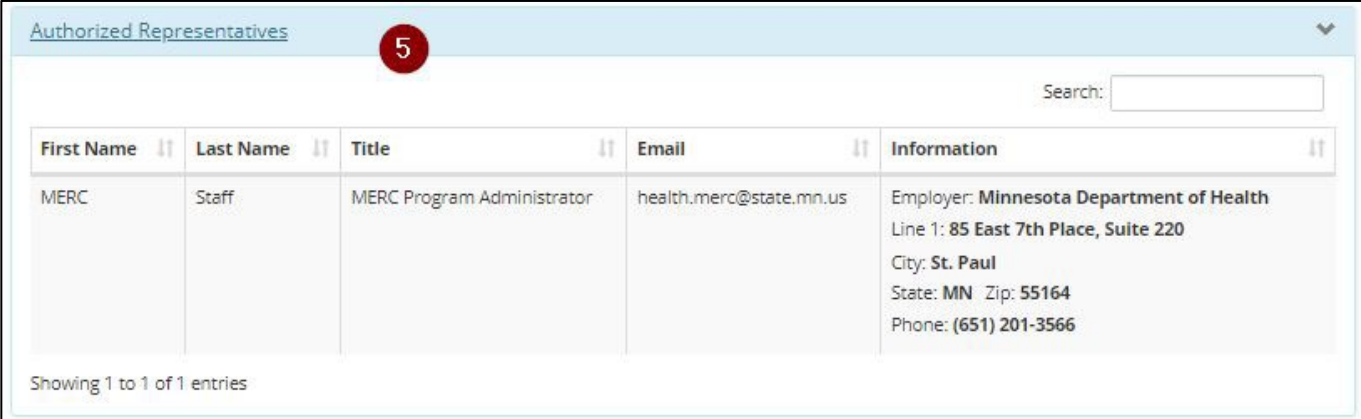
- Name – Prefilled based [Add/Edit Teaching Programs](#)
- Address
- Year the program was established and began teaching activities.
- Program type – Prefilled based on [Add/Edit Teaching Programs](#)
- Primary Care or Specialist
 - i. Advanced Practice Nurses, Dental Residents, Medical Residents – Select Primary Care or Specialist. See screen for details on selection.
 - ii. All other program types are pre-set as Primary Care.
- Specialty - Scroll through the available options and highlight the program's specialty (e.g., clinical nurse specialist, pediatric dentistry, internal medicine).
 - i. If the specialty is not listed, select OTHER at the bottom of the drop-down list.
 - ii. Add the specialty using uppercase.
- If the teaching program applied in the previous year, the information from the previous application will populate in #4.
 - i. Review/Edit.

MERC Application Instructions

Authorized Representatives – Teaching Program

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

Figure 42



The screenshot shows a web interface titled "Authorized Representatives" with a search bar and a table. A red circle with the number "5" is overlaid on the top left of the table area. The table has five columns: First Name, Last Name, Title, Email, and Information. The first row contains the following data:

| First Name | Last Name | Title | Email | Information |
|------------|-----------|----------------------------|-------------------------|---|
| MERC | Staff | MERC Program Administrator | health.merc@state.mn.us | Employer: Minnesota Department of Health Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55164 Phone: (651) 201-3566 |

Showing 1 to 1 of 1 entries

5. No entry takes place.

- The information can be updated in the representative's [user profile](#).
- If additional representatives should be named, return to [Grant/Revoke Access – Teaching Program Representative](#).

MERC Application Instructions

Accreditation

Teaching programs applying for a MERC grant must be accredited through an organization recognized by the U.S. Department of Education (“Current List of Nationally Recognized Accrediting Agencies and the Criteria for Recognition by the U.S. Secretary of Education.” U.S. Department of Education Office of Postsecondary Education, September 1998), the **Centers for Medicare and Medicaid Services** (42 C.F.R. §§ 413.85, 413.86) or another national body who reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the Commissioner of Health.

Figure 43

The screenshot shows the 'Accreditation' section of a web form. It includes a dropdown menu for 'Name' (American Society of Health System Pharmacists (ASHP)), radio buttons for 'Status' (Initial Accreditation, Continued Accreditation, Other), and date fields for 'Initial Accreditation Granted' (01/01/2011) and 'Accreditation Continues Through' (12/31/2021). Below these are two checkboxes with text: 'I understand that programs must be accredited to meet qualifications...' and 'I have verified that the attached accreditation document(s) cover the training period...'. The 'Upload Accreditation Document' section shows a table with one entry: 'Sponsoring Institution Contact List updated 06042019.pdf'. At the bottom are 'Save Draft' and 'Finalize to Validate' buttons.

6 Select the accrediting body.

7 Select one: New/Initial, Ongoing, Other (Describe).

8 Date accreditation was originally granted.

9 Date of expected renewal/site visit.

10 I understand that programs must be accredited to meet qualifications. I attest the program is accredited both currently and during the training period in which I am applying. If accreditation status changes, I will notify the MERC program administrator.

11 Submit supporting documentation from the accrediting body naming the sponsor/program along with accreditation dates.

12 I have verified that the attached accreditation document(s) cover the training period. The accreditation dates above reflect when the program was first accredited, and when the next approval is scheduled take place according to the accreditation documents

13 Save Draft

14 Finalize to Validate

All information must be completed to Finalize.

6. Programs applying for the first time can select from a dropdown list of accreditation bodies by clicking on the right arrow.
 - If the accrediting body is not in the existing list, email a PDF of the program’s accreditation letter to MERC staff at health.merc@state.mn.us. Do not proceed until confirmation from MERC staff.

MERC Application Instructions

7. Select one:

- Initial Programs in their initial accreditation period.
- Continued Programs who have ongoing accreditation.
- Other Other status along with a short description – may affect eligibility.
Notify health.merc@state.mn.us before sites begin applying.

Programs must be and remain accredited.

8. Initial accreditation granted.

- Enter the date the program’s accreditation was original granted.

9. Accreditation continues through.

- Enter the date the current accreditation will be up for renewal/site visit.

10. Representative must attest to the accreditation.

11. Attach documentation, such as a letter from the accrediting body, verifying the program’s accreditation status and effective dates.

- Programs with ongoing accreditation must confirm the attached document is current.
- Add accreditation documents when updates are received.
- Do not remove an accreditation document that was previously provided.

12. Representative must attest the documentation corresponds to details provided in the accreditation section.

- If the program’s accreditation status changes between time of application and payment, MERC staff must be notified in writing. Eligibility may be affected.

13. Save draft if not complete.

14. Finalize demographics.

- All documents required.

Return to Minnesota Teaching Program page.

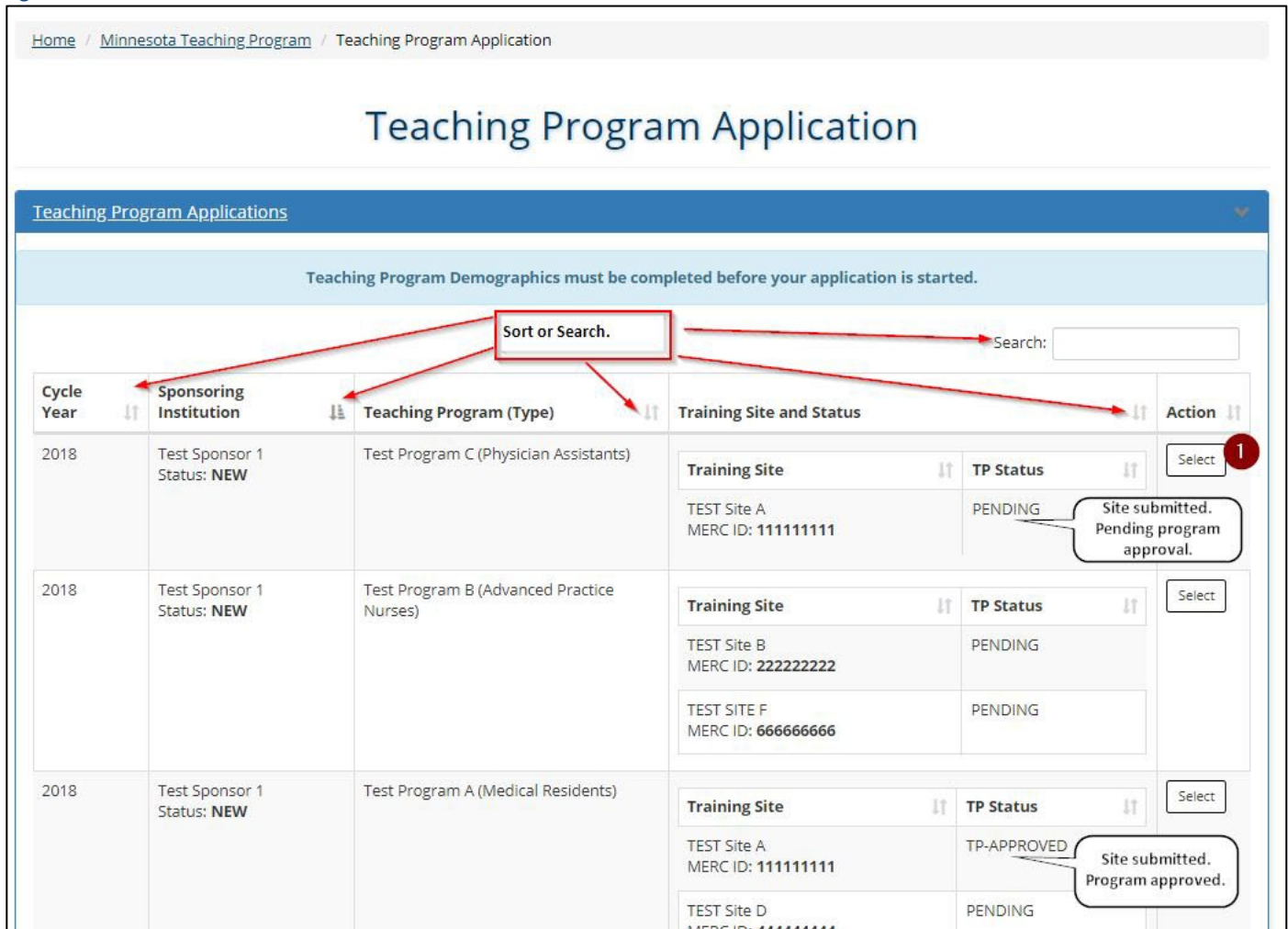
MERC Application Instructions

Teaching Program Application

Teaching Program Demographics must be completed before the portal will [open](#) the grant cycle.

- Once demographics are complete, the application will appear.
- As clinical training sites begin applying through the teaching program, their application will be visual.
- Begin approving clinical training site applications as they apply to the program.
 - Clinical training sites can submit applications to the program until September 30, 2024.
 - Program must approve all clinical training site applications by October 15, 2024.
 - In rare cases, site application discrepancies must be amended and have the program's final approval by October 20, 2024.
 - Programs must submit their application to the sponsor by October 20, 2024.

Figure 44



The screenshot shows the 'Teaching Program Application' interface. At the top, there is a breadcrumb trail: Home / Minnesota Teaching Program / Teaching Program Application. Below this is the title 'Teaching Program Application' and a blue header 'Teaching Program Applications'. A light blue banner states: 'Teaching Program Demographics must be completed before your application is started.' Below the banner is a 'Sort or Search.' box with a search input field. The main content is a table with columns: Cycle Year, Sponsoring Institution, Teaching Program (Type), Training Site and Status, and Action. The table contains three rows of data. The first row (2018, Test Sponsor 1, Test Program C) has a 'Select' button with a red circle '1' and a callout: 'Site submitted. Pending program approval.' The second row (2018, Test Sponsor 1, Test Program B) has a 'Select' button. The third row (2018, Test Sponsor 1, Test Program A) has a 'Select' button and a callout: 'Site submitted. Program approved.'

| Cycle Year | Sponsoring Institution | Teaching Program (Type) | Training Site and Status | Action | | | | | | |
|-----------------------------------|-------------------------------|---|---|---------------|-----------|-----------------------------------|-------------|---|---------|--|
| 2018 | Test Sponsor 1 Status: NEW | Test Program C (Physician Assistants) | <table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site A MERC ID: 111111111</td><td>PENDING</td></tr></tbody></table> | Training Site | TP Status | TEST Site A MERC ID: 111111111 | PENDING | Select 1 Site submitted. Pending program approval. | | |
| Training Site | TP Status | | | | | | | | | |
| TEST Site A MERC ID: 111111111 | PENDING | | | | | | | | | |
| 2018 | Test Sponsor 1 Status: NEW | Test Program B (Advanced Practice Nurses) | <table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site B MERC ID: 222222222</td><td>PENDING</td></tr><tr><td>TEST SITE F MERC ID: 666666666</td><td>PENDING</td></tr></tbody></table> | Training Site | TP Status | TEST Site B MERC ID: 222222222 | PENDING | TEST SITE F MERC ID: 666666666 | PENDING | Select |
| Training Site | TP Status | | | | | | | | | |
| TEST Site B MERC ID: 222222222 | PENDING | | | | | | | | | |
| TEST SITE F MERC ID: 666666666 | PENDING | | | | | | | | | |
| 2018 | Test Sponsor 1 Status: NEW | Test Program A (Medical Residents) | <table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site A MERC ID: 111111111</td><td>TP-APPROVED</td></tr><tr><td>TEST Site D MERC ID: 444444444</td><td>PENDING</td></tr></tbody></table> | Training Site | TP Status | TEST Site A MERC ID: 111111111 | TP-APPROVED | TEST Site D MERC ID: 444444444 | PENDING | Select Site submitted. Program approved. |
| Training Site | TP Status | | | | | | | | | |
| TEST Site A MERC ID: 111111111 | TP-APPROVED | | | | | | | | | |
| TEST Site D MERC ID: 444444444 | PENDING | | | | | | | | | |

1. Select the teaching program application to begin approving clinical training locations and trainee counts.

MERC Application Instructions

Application Status

The application's status will be recorded throughout the process. The status will be indicated in each section according to the applicant.

SP = Sponsoring Institution

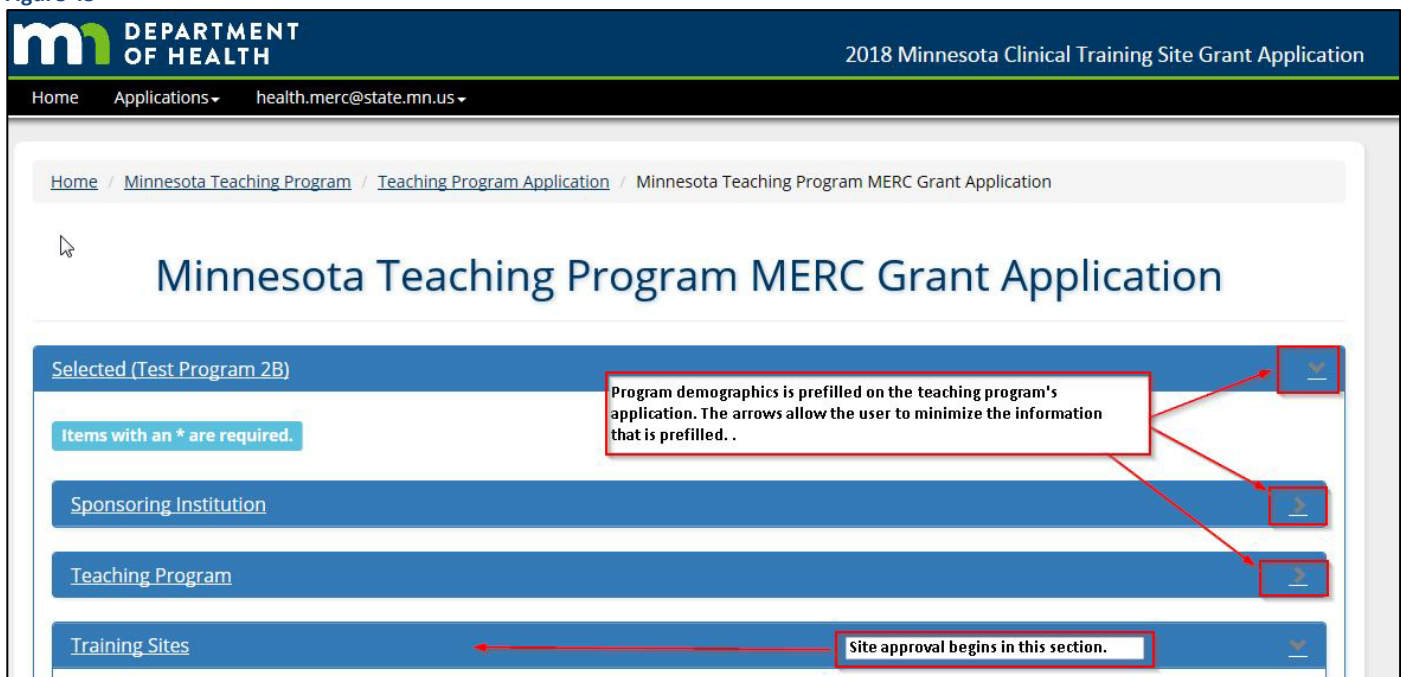
TP = Teaching Program

TS = Training Site

Table 4

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

Figure 45



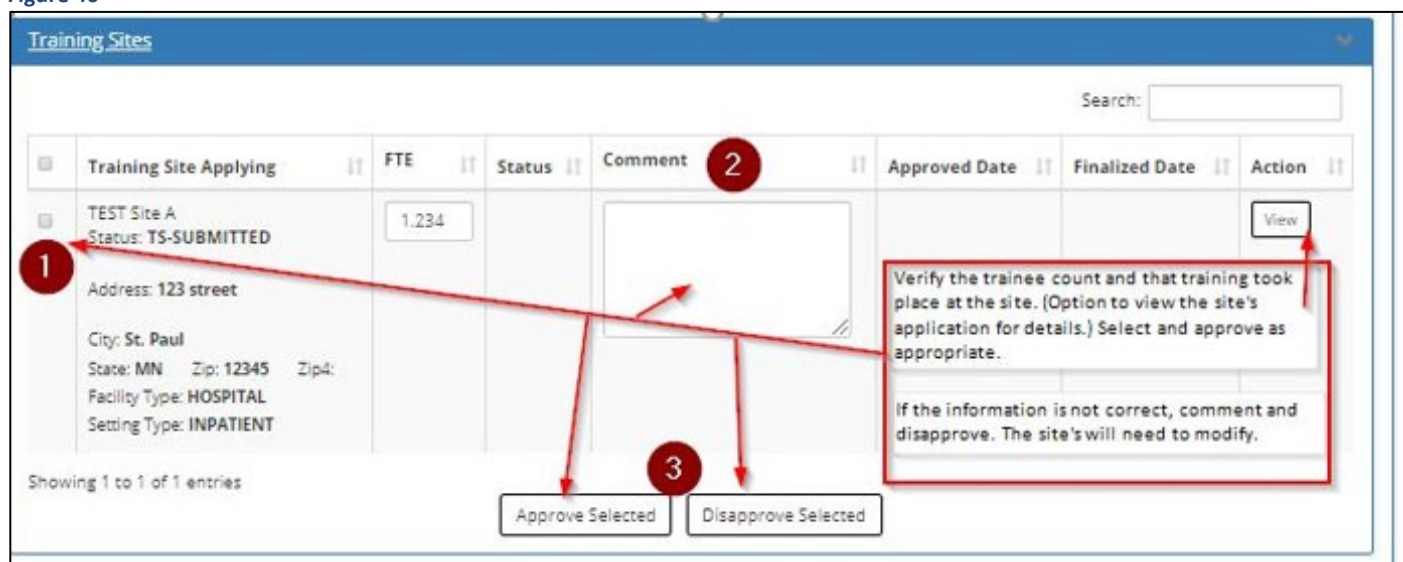
- The information completed in demographics auto completes the top section of the grant application.
- Review the information for accuracy.
 - To edit, return to [Teaching Program Demographics](#) before continuing.

MERC Application Instructions

Training Sites of the Teaching Program

- Training sites that apply through the teaching program are automatically added the program's application.
- Review the location of training and eligible FTE in the table summary or view the detailed site application.
 - The program must approve the clinical training site application before the application can be submitted to the sponsoring institution for submission to MDH.
 - Special attention should be given to the location where training took place and the eligible FTEs.
 - FTEs should not be rounded (truncate at four decimals).
 - Complete all approvals by October 15, 2023.
 - The program has the authority to disapprove clinical training site applications that are not consistent with program records.

Figure 46



1. To approve or disapprove a training site, click the box next to the site name.
2. Insert a comment if the training site application will be disapproved due to inconsistencies (does not match the location where training took place, or the FTE trainee count is incorrect).
 - FTE count should not be rounded.
 - Truncate (cut off) at four decimals.
3. Approve or disapprove the training site.
 - Approve – verifies the program's records are consistent with the clinical training site's submission.
 - Disapprove – reopens the application to the training site for correction.
 - Teaching program has ability to add a comment before pressing disapprove.
 - Comment will be noted in the clinical training site's application table.
 - When a program disapproves a training site, the program should contact the training site representative to discuss the discrepancies and notify the site their application must be amended and resubmitted.

MERC Application Instructions

- The clinical training site must edit the application and resubmit to the teaching program for reconsideration/approval prior to October 20, 2023.
 - Teaching program cannot approve applications until the training site resubmits.
 - When site resubmits the amended application, the comment can be changed to indicate the amendment has been accepted by the program.
 - All amended application must be submitted and approved by October 20, 2023.
 - The program can remove sites that are not compliant with the submission deadline.
 - a. Notify sites in writing if their application was not in compliance and was removed.

The site name and address must be consistent with the location where training took place. The grant formula is based on the MA/PMAP claims reimbursement at the site location. Contact the site if there are inconsistencies requiring disapproval of the application.

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

MERC Application Instructions

Trainee Summary

- Report the total number of non-eligible trainees for the teaching program.
 - See FTE definition below.
- Enter “0” for categories with no trainee FTEs in fiscal year 2023.

Figure 47

The screenshot shows the 'Trainee Summary' form with the following sections and callouts:

- Non-Eligible FTEs** section:
 - Clinical Trainee FTEs Outside Minnesota:** Input field with value 'Enter FTEs Outside MN' and callout 4.
 - Other - Clinical Trainee FTEs (Non-Eligible Sites):** Input field with value 'Enter other FTEs' and callout 5.
 - Didactic/Classroom FTEs:** Input field with value 'Enter Didactic/Classroom FT' and callout 6.
 - Total Non-Eligible:** Input field.
 - Save** button with callout 7.
 - Instructional box: 'Enter the program's non-eligible trainees and Save.'
- Eligible FTEs** section:
 - Total Eligible FTEs:** Input field with value '1.2339'.
 - Instructional box: 'Fields are calculated based on training sites. No data entry.'
- Clinical Training Sites** section:
 - Total Eligible Clinical Training Sites:** Input field with value '1'.
- Submit Application to Sponsoring Institution for Approval** button with callout 8.
- Instructional box: 'After the sites that are expected to apply are approved, submit the application to the Sponsor for final approval and submission to MDH.'

FTE is defined as a *full-time equivalent*.

One person cannot exceed one FTE.

Full-time is considered a minimum of 2,080 hours, 52 weeks, or 260 days.

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

FTE trainee count cut off at four decimals. FTE count should not be rounded.

4. Report the total number of clinical trainee FTEs training sites outside of Minnesota.
5. Report all other non-eligible trainee FTEs.
 - Examples of other non-eligible trainees include trainees in sites not enrolled in the Minnesota Health Care Program (MHCP), trainees in nursing homes or VA/federal facilities, or training in sites not supported by patient care revenue.
6. Report the total number of didactic/classroom (non-patient care) FTEs.

MERC Application Instructions

- For example, if trainees spend half of their time in didactic/classroom activities, then half of the total student/resident FTEs should be reported here.

The total non-eligible is automatically calculated by the system.

7. Save information entered.

The eligible FTE total and clinical training site total is automatically calculated based on the training site section.

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

8b. Submit application to sponsoring institution for approval.

- The submit button will run a check for missing information before final signoff. The application is not submitted until signed.

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

MERC Application Instructions

Finalize Training Site Application

The application must be finalized before the submission to the sponsoring institution is complete.

- Review the application summary for missing information.
- Return to the application or demographics if edits are necessary.
- Validated/Sign the application to complete.

Figure 48

Finalize Training Site Application

Finalize Training Site Application

Items with an * are required.

My Sponsoring Institution

Name: Abbott Northwestern Hospital

My Teaching Program

Name: Clinical Pharmacy

Address line1: Abbott Northwestern Hospital

Address line2: 800 East 28th Street

City: Minneapolis

State: MN

Zip Code: 55407

Training Site Application Summary

Search:

| Site Name (Status) | Address | FTE | Status | Approved Date |
|----------------------------|----------------------------------|-----|-------------|---------------|
| Test Site C (TS-SUBMITTED) | 111 Street St. Paul, MN 54321 | 2.0 | TP-APPROVED | 08/31/2019 |

Showing 1 to 1 of 1 entries

MERC Application Instructions

Figure 49

Validation Summary

Approved All: YES

Upload Accreditation: YES

Demographic Information: YES

If all the boxes = YES, the program can submit the application to the Sponsor.

I affirm that the grant application submitted for the teaching program is accurate. I understand that only accredited programs with eligible clinical trainees qualify for MERC funding. I attest to the accreditation status of this program, the clinical trainee sites, and clinical trainees. I am aware that the Minnesota Department of Health requires this data to determine eligibility for the MERC grant.

1

Name: []

Title: []

Email: []

Sign Date: []

After the box is checked, the Name, Title, Email and Date will prefill based on the user's profile.

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

Figure 50

Validation Summary

Approved All: YES

Upload Accreditation: YES

Demographic Information: YES

I affirm that the grant application submitted for the teaching program is accurate. I understand that only accredited programs with eligible clinical trainees qualify for MERC funding. I attest to the accreditation status of this program, the clinical trainee sites, and clinical trainees. I am aware that the Minnesota Department of Health requires this data to determine eligibility for the MERC grant.

Name: MERC Staff

Title: MERC Grant Program Staff

Email: health.merc@state.mn.us

Sign Date: 08/28/2019

Finalize 2

2. Finalize to complete the application submission to the sponsoring institution for approval.

MERC Application Instructions

Figure 51

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Submission Successful

Home / Minnesota Teaching Program / Submission Summary

Submission Summary

Submission Summary

My Sponsoring Institution

TEST Sponsoring Institution

My Teaching Program

Test Program 2B

Training Site Application Submission Summary

Search:

| Site Name | Address | FTE | Status | Finalized Date |
|--------------|--------------|--------|--------------|----------------|
| XXXXXXXXXXXX | XXXXXXXXXXXX | 5.4321 | TP-SUBMITTED | 08/28/2019 |

Showing 1 to 1 of 1 entries

Summary showing the application has been submitted to the Sponsoring Institution.

The application has been submitted to the sponsoring institution.

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

MERC Application Instructions

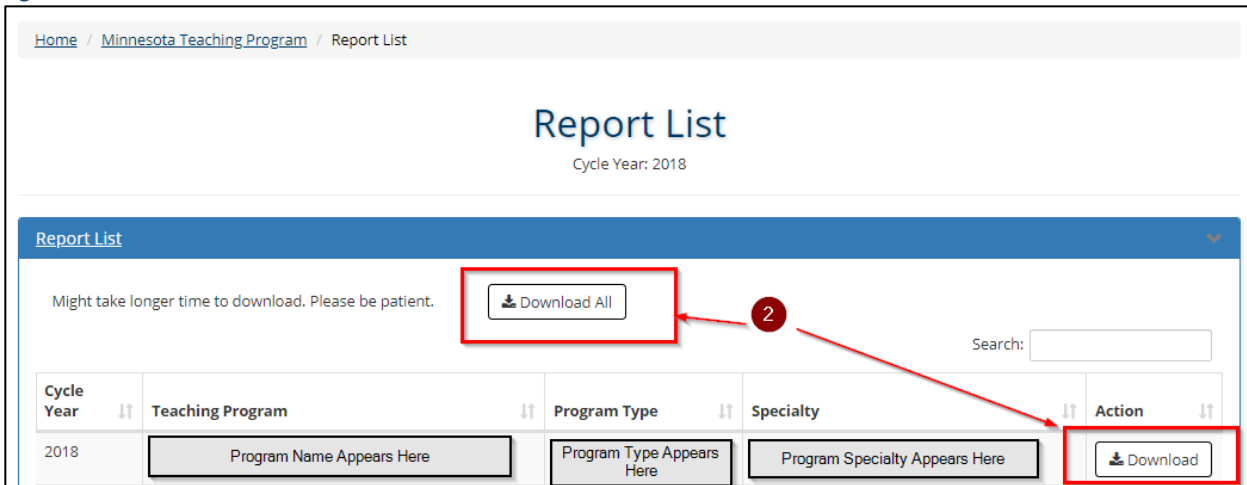
Reports

Excel reports include fields from the teaching program's application.

Figure 52



Figure 53



1. Press Reports
2. Select the report.
 - a. Download all – Representatives who manage more than one teaching program have the option to pull information into one Excel report.
 - b. Download – Download each program individually.

Once the grant is determined, funding will be reflected in the report. Download and save a copy once the grant cycle is complete. The comments noted in Table 5 will provide insight to clinical training site qualifications.

MERC Application Instructions

Table 5

| Comment | Description |
|---|--|
| Did Not Qualify for Formula – Below FTE Minimum | Overall site FTEs must meet 0.10 FTE minimum. |
| Site Withdrew Application or Expenditures Not Submitted | Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application. |
| Did Not Qualify for Formula | Minnesota Health Care Program Revenue |
| Expenditures Below Minimum Grant | Site expenditures under \$5,000. |
| Below Minimum Grant | Overall site grant must meet \$5,000 minimum under formula. |
| Qualified for Grant | Site qualified for grant formula and grant. |

Grant Verification Reporting (GVR)

The GVR will indicate the grants awarded to clinical training facilities in Minnesota that hosted trainees from the institution. As required by the statute governing the MERC grant, the institution must forward payments to the clinical training sites and submit a GVR to MDH.

- The GVR section will appear in the application portal when MDH releases funding.
 - Sponsoring Institutions must submit the GVR to MDH within of 60 days after the grant announcement or June 30, 2025, whichever is earlier.
 - Teaching programs do not have a GVR process. They are covered under the sponsoring institution.
- The portal will include a separate GVR for recipients of the [Site-Based Clinical Training \(SBCT\) Grant](#).

Figure 54



1. Select, Sponsoring Institution Application.

MERC Application Instructions

Figure 55

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications

Sponsoring Institution Applications

Sponsoring Institution Demographics must be completed before your application is started.

Show 10 entries Search:

| Cycle Year | Sponsoring Institution | Teaching Program (Type) and Status | Action |
|------------|--|--|--|
| 2018 | Sponsor Name Appears Here SP Status: SP-SUBMITTED Finalized Date: 10/28/2019 | Teaching Program (Type) Program Name / Type Appear Here | TP Status: TP-SUBMITTED 2 Grant Verification |

2. Click on, Grant Verification.

The document reflects the grant payments the sponsor must forward to the clinical training sites.

The GVR should be printed and retained by the sponsor after the GVR is submitted (see Figure 56).

Figure 56

Sponsoring Institution Grant Verification Report (GVR)

Fiscal Year 2018 Clinical Training

Items with an * are required.

Print Verification

Figure 57

Grant Payments Verified by Sponsor Institution

Notice will appear after GVR is submitted to MDH.

Sponsoring Institution

Sponsoring Institution: [Redacted]
Address: [Redacted]
Overall Clinical Training FTEs: [Redacted]
Overall Total Grant Amount: \$ [Redacted]

A summary will be available in this section.

Grant Agreement

The Grant Verification Report (GVR) details the grants awarded to clinical training sites in Minnesota that hosted trainees from the sponsoring institution. As required by the statute governing the MERC grant, the sponsoring institution must forward payments to the clinical training sites and complete the GVR within 60-days.

Download the executed grant agreement for the Sponsoring Institution's records.

Sponsors can download a copy of the grant agreement for their records.

| Cycle Year | Filename | Download |
|------------|--|---------------|
| 2018 | MERC Staff will load an executed copy of the grant agreement after payments are processed. | 1 Download |

MERC Application Instructions

Executed Grant Agreement

1. An executed copy of the grant agreement will be upload to the sponsoring institutions grant portal when payments are released. Download and retain a copy in the sponsoring institution’s grant records.

Making Payments to Training Sites

Details for the sponsor’s clinical training sites include:

- Location where clinical training took place.
- Address where the grant should be mailed.
- Comment on the site’s overall qualification status.
 - Site may qualify for a grant through one or multiple sponsors.
 - While a site may qualify for funding, the allocation to the sponsor/teaching program is dependent on the site’s reported clinical training expenditures by trainee type and the percent of trainees within that trainee type from the teaching program.

Table 6

| Comment | Description |
|--|--|
| Did Not Qualify for Formula – Below FTE Minimum | Overall site FTEs must meet 0.10 FTE minimum. |
| Site Withdrew Application or Expenditures Not Submitted | Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application. |
| Did Not Qualify for Formula Expenditures Below Minimum Grant | Minnesota Health Care Program Revenue Site expenditures under \$5,000. |
| Below Minimum Grant | Overall site grant must meet \$5,000 minimum under formula. |
| Qualified for Grant | Site qualified for grant formula and grant. |

- The sponsor’s teaching programs that had students/residents at the site location.
- Total grant payable from the sponsor to the clinical training site.

MERC Application Instructions

Figure 58

Training site name will appear here.

MERC Application ID:
 Training Facility:
 Type:
 Location:
 Address:

Location where training took place.

Grant Mailing Address **1**
 Billing Type:
 Authorized User:
 Training Facility:
 Address:

The address where the grant should be mailed.

Grant Comment: **2**

A comment will appear here. This comment pertains to the training site overall (all sponsors/programs will see the same comment for the training site).

Teaching Programs

| Teaching Program | Program Type | FTEs | Grant |
|----------------------|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |

The details of the sites' grant through the sponsoring institution by program.

Total FTEs: Total Grant: \$ **2**

The total grant amount the sponsor must forward to the clinical training site at the grant mailing address above.

Discrepancy Reporting (if applicable) **3**

⊗ Any discrepancy between the clinical training site grant details stated above and the sponsoring institution's payment to the grantee must be reported.

1. Contact the MERC grant administrator immediately for instructions. Funding may be affected.
 2. Click the box to report a discrepancy between the award materials and the records uploaded from the sponsoring institution's accounting system.
 3. Explain the discrepancy and provide the date reported to the MERC grant administrator.

Report Discrepancy

Comment

Discrepancies are not expected! See warning and instructions above. Any comment in this section will appear on the training sites grant report. Do not use this section UNLESS there is a discrepancy that must be reported.

Payment should be made payable to the training site.

1. Grant Mailing Address:
 - The address where payment should be mailed.
1. Grant amount that must be paid to the clinical training site.
2. If a site is closed or forfeits their grant, the grant must be returned payable to the Minnesota Department of Health. Please contact our office at health.merc@state.mn.us for more information before processing a return or noting a discrepancy.
 - a. The discrepancy section can remain closed unless a discrepancy is being reported.
 - b. If a discrepancy is reported, both MDH and the training site will see the comment.

MERC Application Instructions

Verification of Payments

Figure 59

Verification of Grant Funding

Upload an official report from the accounting system showing the incoming grant deposited and the outgoing grants paid to the clinical training sites. Grants must be consistent with the amounts above.

[+ Select file to upload](#) 4

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

3. Upload an official accounting report from your accounting system showing the incoming grant deposited from MDH and the grants paid to the appropriate training sites. The report must show the payee and the amounts.
 - a. MDH must be notified if changes to the documentation arise after the GVR is submitted.

GVR Signature and Submission

Figure 60

Signature of Authorized Representative

I am an authorized representative for the sponsoring institution named above consistent with applicable corporate articles, by-laws, or resolutions in the distribution of the MERC grant.

I verify the grant payments above have been made. These payments are accurately reflected in the uploaded system generated accounting reports.

I accept the responsibility to return grant funds should a clinical training site forfeit their grant. Any discrepancies between the grant verification report and the sponsoring institution's distribution have been reported.

Name:

Title:

Email:

Date Signed:

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

[Save](#)

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Sponsoring Institution Grant Verification Report (GVR)

MERC Application Instructions

Figure 61

Signature of Authorized Representative

I am an authorized representative for the sponsoring institution named above consistent with applicable corporate articles, by-laws, or resolutions in the distribution of the MERC grant.

I verify the grant payments above have been made. These payments are accurately reflected in the uploaded system generated accounting reports.

I accept the responsibility to return grant funds should a clinical training site forfeit their grant. Any discrepancies between the grant verification report and the sponsoring institution's distribution have been reported.

Name:

Title:

Email:

Date Signed:

When box is checked, user can submit grant verification.

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Sponsoring Institution Grant Verification Report (GVR)

4. Sign the GVR.
 - a. Click the box to populate the fields.
 - b. Do not sign unless you are ready to submit.
5. Submit the Grant Verification to MDH.
 - a. Return to the top of the document to print and save the GVR for the sponsor's records (See Figure 56).
 - b. Return to the main sponsoring institution page.
 - Run reports for the sponsor's records.
 - Print/Save the grant application.

The grant cycle is complete.