

COVID-19: FINANCIAL RELIEF OPPORTUNITIES FOR HEALTHCARE PROVIDERS



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FUNDING OPPORTUNITIES FOR HEALTHCARE PROVIDERS

Changes to Medicare/Medicaid Payment

- Medicare Accelerated and Advance Payment Program*
- 20% add-on payment for COVID-19-related inpatient services
- Temporary Medicare sequester relief
- Federal medical assistance percentage (FMAP) increase
- Telehealth policy changes

*Advance Payment Program currently suspended, Accelerated Payment Program under reevaluation

Grant Opportunities

- \$175 billion Provider Relief Fund
- Other funding sources within the Public Health and Social Services Emergency Fund
- 30+ grant opportunities created or expanded in the Coronavirus Aid, Relief, and Economic Security (CARES) Act

Business Relief

- Paycheck Protection Program (PPP)
- Economic Injury Disaster Loans (EIDL) and Grants*
- Payroll tax deferral
- Tax credits
- Main Street Lending Program

*The Small Business Administration (SBA) will accept new EIDL and EIDL Advance applications on a limited basis only to provide relief to US agricultural businesses

CHANGES TO MEDICARE/MEDICAID PAYMENT

OVERVIEW OF MEDICARE/MEDICAID PAYMENT CHANGES

Name	Description	Eligible Entities	Repayment Obligations	Additional Information/How to Apply
<p>Medicare Accelerated and Advance Payment Program*</p> <p>*Advance Payment Program currently suspended, Accelerated Payment Program under reevaluation</p>	<p><u>Physicians and other suppliers</u> 100% of the Medicare payment amount for a three-month period</p> <p><u>Most Hospitals</u> 100% of the Medicare payment amount for a six-month period</p> <p><u>Critical Access Hospitals</u> 125% of the Medicare payment amount for a six-month period</p>	<p>Hospitals, physicians, durable medical equipment suppliers, and other Medicare Part A and Part B providers and suppliers</p> <p>The provider must have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form; must not be in bankruptcy, under active medical review or a program integrity investigation; and must not have outstanding delinquent Medicare overpayments</p>	<p>Repayment of the advance begins for all participants after 120 days, but providers covered by the CARES Act have additional time to repay the balance.</p> <p>Inpatient acute care hospitals, children's hospitals, certain cancer hospitals and critical access hospitals will have up to one year from the date that the accelerated payment was made to repay the balance. Interest will accrue on the outstanding balance based on the consumer loan rate at the time. The current interest rate is 9 ⁵/₈ %.</p> <p>A small subset of Part A providers that receive a Period Interim Payment will have their accelerated payment included in the reconciliation and settlement of their final cost report.</p> <p>All other Part A providers and Part B suppliers will have 210 days from the date the accelerated or advance payment was made to repay the balance.</p>	<p>For more information and application processes and criteria, see the CMS factsheet.</p> <p>Regulatory language is available here.</p> <p>On April 26, 2020, CMS announced that it would not be accepting any new applications for the Advance Payment Program for Part B suppliers, effective immediately. CMS also is "reevaluating" all pending and new applications for Accelerated Payments in light of the aid available through the Provider Relief Fund.</p>
Medicare Add-On Payment	A 20% add-on payment for COVID-19-related inpatient services	Hospitals	N/A	N/A
Medicare Sequestration	Suspension of the the Medicare sequester effective May 1, 2020, through December 31, 2020	All Medicare providers	N/A	N/A
FMAP Increase	A 6.2% increase in FMAP for the duration of the public health emergency	<p>To qualify for the temporary FMAP increase during the emergency period, states must:</p> <ul style="list-style-type: none"> ▪ Maintain eligibility standards, methodologies or procedures that are no more restrictive than what the state had in place as of January 1, 2020 ▪ Not charge higher premiums than what the state had in place as of January 1, 2020 ▪ Cover testing, services and treatments related to COVID-19 at no cost-sharing for beneficiaries ▪ Not terminate Medicaid enrollment of individuals who enrolled in Medicaid prior to or during the emergency period, unless the individual voluntarily terminates their eligibility or is no longer a resident of the state 	N/A	Frequently asked questions about the FMAP increase are available here .
Telehealth Flexibilities	Congress and CMS have loosened Medicare restrictions on telehealth services, expanded reimbursable Medicare telemedicine services, improved reimbursement for certain telehealth services, and waived specific requirements and restrictions related to the use of telemedicine.	Medicare providers broadly; specific eligibility varies depending on the action	N/A	<p>More information on telehealth flexibilities is available here.</p> <p>As regulators make public statements in support of permanently expanding telemedicine uses, telehealth stakeholders are asking a key question: "What would it take for the recent changes to Medicare telehealth reimbursement to become permanent beyond the public health emergency?" Our report answers this question.</p>

SELECT GRANT OPPORTUNITIES

OVERVIEW OF SELECT GRANT OPPORTUNITIES

Name	Funding Level	Description	Eligible Entities	Additional Information/How to Apply
<p>Provider Relief Fund</p> <p>\$175 billion total</p> <p>(Part of the Public Health and Social Services Emergency Fund)</p>	<p>\$50 billion</p>	<p>HHS allocated \$50 billion for general distribution to Medicare fee-for-service (FFS) providers.</p> <p>The first \$30 billion was distributed beginning April 10, 2020, in proportion to a provider's share of 2019 Medicare FFS reimbursement. The second wave of \$20 billion was distributed beginning April 24, 2020, such that the full \$50 billion is allocated proportionately to providers' net patient revenue.</p> <p>More information is available here.</p>	<p>Hospitals, physicians and others that had FFS Medicare reimbursement in 2019</p> <p>According to the Terms and Conditions, an eligible provider must meet the following criteria:</p> <ul style="list-style-type: none"> ▪ The provider currently provides diagnoses, testing or care for individuals with possible or actual cases of COVID-19. ▪ The provider is not currently terminated from participation in Medicare and has billing privileges. ▪ The provider is not currently excluded from participation in Medicare, Medicaid and other federal healthcare programs. 	<p>No application was required for the first \$30 billion.</p> <p>HHS required revenue data to distribute the additional \$20 billion. For providers that submit cost reports, HHS distributed payments on April 24, 2020. These providers are instructed to access the HHS portal to enter revenue information for verification purposes. Providers that do not file cost reports were required to submit revenue information through a portal by June 3, 2020, to receive funds. Distributions and recipients will become public, and the revenue information providers submitted may also become public.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers who fail to comply with the Terms and Conditions may be subject to recoupment actions.</p> <p>More information is available here.</p> <p>The list of providers who have received funding through the general, hotspot and rural distributions and attested to the Terms and Conditions as of June 11, 2020, is available here.</p>
	<p>\$12 billion</p>	<p>HHS allocated \$12 billion in the first round of funding to "hotspot" hospitals (in areas highly affected by COVID-19). \$10 billion was distributed to eligible providers based on their number of COVID-19 inpatient admissions. An additional \$2 billion was distributed to these hospitals based on their Medicare and Medicaid disproportionate share and uncompensated care payments.</p> <p>More information is available here.</p>	<p>395 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020</p>	<p>To receive these funds, hospitals were required to provide information through an authentication portal by 3 pm EDT on April 25, 2020. Hospitals applying for these funds reported their total number of intensive care unit beds as of April 10, 2020, and total number of admissions with a positive diagnosis for COVID-19 from January 1 to April 10, 2020.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers who fail to comply with the Terms and Conditions may be subject to recoupment actions.</p> <p>The state and county breakdown is available here. The list of providers who have received funding through the general, hotspot, and rural distributions and attested to the Terms and Conditions as of June 11, 2020, is available here.</p>
	<p>\$10 billion</p>	<p>HHS allocated an additional \$10 billion in a second round of funding to hotspot hospitals.</p>	<p>Specific eligibility criteria are not yet known.</p>	<p>Hospitals received a communication from HHS on June 8, 2020, asking them to provide updated COVID-19 data, which will be used to determine the hospitals' eligibility for the funding. Hospitals had until 9 pm EDT on June 15, 2020, to submit their data.</p> <p>More information is available here.</p>

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Name	Funding Level	Description	Eligible Entities	Additional Information/How to Apply
Provider Relief Fund \$175 billion total (Part of the Public Health and Social Services Emergency Fund)	\$10 billion	HHS allocated \$10 billion to rural hospitals and health clinics. Clinics will each receive a minimum base payment of \$100,000; Hospitals and critical access hospitals will receive a minimum base payment of \$1 million. Clinics and hospitals may receive additional amounts based on a percentage of annual expenses.	Rural general acute care hospitals and critical access hospitals, rural health clinics and community health centers located in rural areas	<p>No application required. HHS identified eligible entities based on the physical address of the facilities as reported to CMS and HRSA.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers who fail to comply with the Terms and Conditions are subject to recoupment actions.</p> <p>The state-by-state breakdown is available here. The list of providers who have received funding through the general, hotspot and rural distributions and attested to the Terms and Conditions as of June 11, 2020, is available here.</p>
	\$4.9 billion	HHS allocated \$4.9 billion to skilled nursing facilities (SNFs). Each SNF will receive a fixed distribution of \$50,000, plus a distribution of \$2,500 per bed.	All certified SNFs with six or more certified beds	<p>No application required.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers who fail to comply with the Terms and Conditions are subject to recoupment actions.</p> <p>More information is available here.</p>
	\$500 million	HHS allocated \$500 million to Indian Health Service (IHS) facilities. IHS and tribal hospitals will receive a base payment of \$2.81 million plus 3% of their total operating expenses. IHS and tribal clinics and programs will receive a base payment of \$187,000 plus 5% of the average cost for the service population, and IHS urban programs will receive a base payment of \$181,000 plus 6% of the average cost for the service population.	IHS facilities	<p>No application required. HHS identified the service population for most service units, and estimated an operating cost of \$3,943 per person per year based on actual IHS spending per user from a 2019 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita report.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers who fail to comply with the Terms and Conditions are subject to recoupment actions.</p> <p>More information is available here.</p>
	\$15 billion	HHS allocated approximately \$15 billion to certain Medicaid/CHIP providers. Eligible providers will receive at least 2% of reported gross patient revenue.	Medicaid and CHIP providers that did not previously receive payments from the Fund's \$50 billion general distribution and directly billed either their state Medicaid and CHIP programs or Medicaid managed care plans for healthcare-related services from January 1, 2018, to May 31, 2020	<p>Providers must apply through an online portal by July 20, 2020. HHS also posted instructions on how to apply and the application form.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers that fail to comply with the Terms and Conditions are subject to recoupment actions.</p> <p>More information is available here.</p>
	\$10 billion	HHS allocated \$10 billion to "safety net" providers that treat high numbers of low-income patients. Recipients will receive a minimum distribution of \$5 million and a maximum distribution of \$50 million.	<p>Qualifying acute care facilities will have:</p> <ul style="list-style-type: none"> A Medicare disproportionate payment percentage (DPP) of 20.2% or greater. Average uncompensated care per bed of \$25,000 or more. For example, a hospital with 100 beds would need to provide \$2.5 million in uncompensated care in a year to meet this requirement. Net operating margins of 3% or less, as reported to the Centers for Medicare and Medicaid Services in the hospital's most recently filed cost report. <p>Qualifying children's hospitals must meet only the first and third criteria.</p>	<p>No application is required for this distribution. A formal list of qualifying hospitals under the targeted safety net hospital funding distribution is not yet available, but HHS reported that 761 hospitals received this funding.</p> <p>HHS determined each acute care facility's bed-weighted DPP score by performing the following calculation: Acute Care DPP Score X Number of facility beds. HHS determined each children's hospital's bed-weighted Medicaid Only Days score by performing a similar calculation: Medicaid Only Ratio X Number of facility beds. Each acute care or children's hospital's individual score was expressed as a percentage of the total sum of bed-weighted facility DPP scores and Medicaid Only ratios. This percentage was multiplied by \$10 billion to determine each entity's distribution.</p> <p>Recipients must attest to the Terms and Conditions within 90 days of receiving the funds. Providers that fail to comply with the Terms and Conditions are subject to recoupment actions.</p> <p>More information is available here.</p>

OVERVIEW OF SELECT GRANT OPPORTUNITIES

Name	Funding Level	Description	Eligible Entities	Additional Information/How to Apply
Public Health and Social Services Emergency Fund	\$250 million	Supports hospital preparedness through the Hospital Preparedness Program (HPP), including increasing healthcare facilities' capacity to respond to medical events	Grants to, or cooperative agreements with, entities that are either grantees or sub-grantees of the HPP (a federal grant program supporting regional healthcare preparedness)	Existing HPP requirements apply. More information on the program is available here . HHS distributed HPP funds to specific awardees, which are primarily local and state health departments. All funds were awarded as of May 25, 2020.
	\$180 million	Expands services and capacity for rural hospitals, including telehealth	1,779 small rural hospitals have received a portion of this funding to date. A list of award recipients is available here .	On April 22, 2020, HRSA distributed \$150 million to small rural hospitals through the Small Rural Hospital Improvement Program.
	\$90 million	Funding to support the Ryan White HIV/AIDS Program to respond to COVID-19	Ryan White HIV/AIDS Program recipients	On April 15, 2020, HRSA awarded grants to 581 Ryan White HIV/AIDS Program recipients across the country, including city/county health departments, health clinics, community-based organizations, state health departments, and AIDS Education and Training Centers. The press release is available here .
COVID-19 Uninsured Program	At least \$2 billion	Funding for claims reimbursement to certain providers treating uninsured COVID-19 patients	Healthcare providers that have conducted testing or treatment of uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020 Providers must not be on the Office of the Inspector General US Department of Health and Human Services List of Excluded Individuals/Entities, and must not have had their Medicare enrollment revoked by CMS.	Eligible providers can submit claims through a portal and be reimbursed at Medicare rates, subject to available funding. Steps involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit. There will be no adjustments to payment once claims reimbursements are made. Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded: <ul style="list-style-type: none"> Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary Hospice services Outpatient prescription drugs More information is available here .

OVERVIEW OF SELECT GRANT OPPORTUNITIES

Name	Funding Level	Description	Eligible Entities	Additional Information/How to Apply
FCC COVID-19 Telehealth Program	\$200 million	Helps healthcare providers deploy telecommunication and information services, as well as the devices necessary to enable telehealth services	<p>Nonprofit and public healthcare providers that fall into the following categories:</p> <ul style="list-style-type: none"> Post-secondary educational institutions offering healthcare instruction, teaching hospitals and medical schools Community health centers or health centers providing healthcare to migrants Local health departments or agencies Community mental health centers Not-for-profit hospitals Rural health clinics Skilled nursing facilities A consortia of healthcare providers consisting of one or more entities falling into the first seven categories 	<p>Healthcare providers that do not already have an eligibility determination can obtain one by filing an FCC Form 460 with the Universal Service Administrative Company.</p> <p>Healthcare providers can submit applications for the program while their Form 460 is pending. Applications are available on the Telehealth Program page.</p> <p>A list of program awardees as of June 10, 2020, is available here.</p>
Telehealth Network and Telehealth Resource Centers Grant Programs	\$145 million	<p>Supports evidence-based projects that utilize telehealth technologies through telehealth networks. Grants may run for up to five years.</p> <p>The CARES Act Reauthorized these programs through fiscal year 2025.</p>	<p>Entities eligible for the Telehealth Network Grant Program are rural or urban nonprofit entities that will provide direct clinical services through a telehealth network.</p> <p>Eligible entities for the Telehealth Resource Centers Grant Program include nonprofit entities, faith-based, community-based and tribal nonprofit organizations.</p>	<p>On April 22, 2020, HRSA distributed \$11.5 million to 14 Telehealth Resource Centers.</p>
Rural Healthcare Services Outreach, Rural Health Network Development and Small Healthcare Provider Quality Improvement Grant Programs	\$397.5 million	<p>Supports improvement of quality, access and outcomes for rural underserved populations. Grants may run for up to five years.</p> <p>The CARES Act reauthorized these programs through fiscal year 2025.</p>	<p>Eligible entities for the Rural Healthcare Services Outreach grant program are rural nonprofit or rural public entities that represent a consortium of three or more healthcare providers.</p> <p>Eligible entities for the Rural Health Network Development grant program are public or private nonprofit entities located in a rural area or in a rural census tract of an urban county, and all services must be provided in a rural county or census tract.</p> <p>Eligible entities for the Small Healthcare Provider Quality Improvement grant program are rural public or rural nonprofit private healthcare providers or providers of healthcare services.</p>	<p>HRSA is expected to post the application for the Rural Health Network Development Grant Program in August 2020, and the Rural Health Care Services Outreach Program in September 2020.</p>
Rural Residency Planning and Development Program	\$8.25 million	To support the development of new rural residency programs in family medicine, internal medicine, public health and general preventive medicine, psychiatry, general surgery, and obstetrics and gynecology, to address the physician workforce shortages in rural communities	<p>Eligible applicants include:</p> <ul style="list-style-type: none"> Rural hospitals Rural community-based ambulatory patient care centers Health centers operated by the Indian Health Service, a Native American tribe, or tribal organization Graduate medical education consortiums Entities such as faith-based and community-based organizations, capable of carrying out the grant activities 	<p>Applications will be accepted until June 30, 2020.</p> <p>More information is available here.</p>

The grants listed here do not represent a comprehensive list of funding opportunities. However, this list provides an overview of key grants for which healthcare providers can directly apply. Providers should check with their state health departments for more funding opportunities. For a thorough list of available health-related grant opportunities, see our [COVID-19 Grants Tracker](#).

BUSINESS RELIEF

OVERVIEW OF BUSINESS RELIEF

Program	Type	Eligible Entities	Available Amounts	Eligible Expenses	Additional Information/How to Apply
Paycheck Protection Program (PPP) Expansion of the SBA's 7(a) loan program	Loan	Small businesses, 501(c)(3) nonprofit organizations, 501(c)(19) veterans organizations and tribal businesses with fewer than 500 employees (unless the covered industry's SBA size standard allows more than 500 employees)	<p>Lesser of: \$10 million or 2.5 times an applicant's average total monthly payments for payroll costs incurred during the one-year period before the date on which the loan is made, plus the outstanding amount of any EIDL, made available between January 31, 2020, and when a covered loan is made available, that is to be refinanced under a covered loan</p> <p>Payroll costs do not include the compensation of an individual employee in excess of an annual salary of \$100,000, as prorated for the covered period. Payroll costs also do not include the compensation of an employee whose principal place of residence is outside the United States.</p>	Payroll costs; costs related to group healthcare benefits during periods of paid sick, medical or family leave; and insurance premiums, as well as employee salaries, mortgage interest payments, rent, utilities and interest on other debt obligations	<p>Borrowers are eligible for loan forgiveness in an amount equal to the amount spent for payroll costs, mortgage interest payments (incurred prior to February 15, 2020), rent payments (for leases in force prior to February 15, 2020) and utility payments (service having begun prior to February 15, 2020) during the loan forgiveness period.</p> <p>The Paycheck Protection Program Flexibility Act, signed into law on June 5, 2020, made several important adjustments to the PPP, including the following:</p> <ul style="list-style-type: none"> Extended the loan forgiveness period from eight weeks to 24 weeks after the origination of the loan, or to December 31, 2020, whichever is earlier Reduced the percentage of the loan a borrower must spend on payroll costs from 75% to 60% Extended the maturity date for PPP loans from two years to five years (but only for loans issued after June 5, 2020) Extended the date on which a borrower must begin making payments of principal, interest and fees on PPP loans to either 10 months after the end of the borrower's 24-week forgiveness period (if the borrower does not seek forgiveness) or the date on which the SBA remits to the borrower's lender the loan forgiveness amount (if the borrower applies for forgiveness) Allowed PPP borrowers to take advantage of loan forgiveness and the payroll tax deferral provision of the CARES Act (borrowers that accepted loan forgiveness were previously ineligible for the payroll tax deferral) <p>The SBA plans to issue new guidance implementing these changes and confirming that June 30, 2020, will be the last date on which a PPP loan application can be approved.</p> <p>Recipients of PPP loans are not eligible to claim the refundable employee retention credit, but may claim the paid sick leave tax credit.</p> <p>Guidance is available from the SBA and the Department of the Treasury.</p>
Economic Injury Disaster Loans (EIDL)* <i>*SBA will accept new EIDL and EIDL Advance applications on a limited basis only to provide relief to US agricultural businesses</i>	Loan	Agricultural businesses with fewer than 500 employees; these include businesses engaged in the production of food and fiber, ranching, and raising of livestock, aquaculture, and all other farming and agricultural related industries as defined in the Small Business Act.	Up to \$2 million	Fixed debts, payroll, accounts payable and other bills that can't be paid because of the disaster	<p>Available only in states where the governor has made a disaster declaration that is approved by the president</p> <p>Entities may not use EIDLs and PPP loans for the same purposes. Entities that received an EIDL between January 31, 2020, and the date on which covered PPP loans are made available can refinance the EIDL as part of the PPP. If the EIDL was used for payroll costs, the PPP loan must be used to refinance the EIDL loan.</p> <p>SBA is currently processing already submitted applications on a first-come, first-served basis. Agricultural businesses can submit new applications here.</p> <p>For more information and application processes and criteria, visit the SBA website.</p>
Economic Injury Disaster Grants <i>*SBA will accept new EIDL and EIDL Advance applications on a limited basis only to provide relief to US agricultural businesses</i>	Grant	Agricultural businesses that have applied for an EIDL because of COVID-19	<p>Advance on that loan of no more than \$10,000, which the SBA must distribute within three days</p> <p>Applicants are not be required to repay advances, even in instances where the EIDL is subsequently denied.</p>	Advance on EIDL, for uses including paid sick leave, payroll, rent and mortgage payments, meeting increased costs to obtain materials unavailable from the applicant's original source due to interrupted supply chains, and repaying obligations that cannot be met because of revenue losses	<p>Entities that receive the advance and also receive a PPP loan must subtract the \$10,000 from the PPP loan forgiveness amount.</p> <p>SBA is currently processing already submitted applications on a first-come, first-served basis. Agricultural businesses can submit new applications here.</p> <p>For more information and application processes and criteria, visit the SBA website.</p>

OVERVIEW OF BUSINESS RELIEF

Name	Funding Level	Eligible Entities	Description	Additional Information/How to Apply
Main Street Lending Program	\$600 billion	US companies that either employ fewer than 15,000 workers or had 2019 annual revenues less than \$5 billion	<p>The Federal Reserve established the Main Street Lending Program to offer five-year loans for small and mid-sized businesses affected by the COVID-19 pandemic.</p> <p>Principal and interest payments will be deferred for two years.</p> <p>The Program will operate through three facilities: the Main Street New Loan Facility (MSNLF) and the Main Street Priority Loan Facility (MSPLF) for new loans with a minimum loan size of \$250,000 and maximum size of \$35 million and \$50 million, respectively, and the Main Street Expanded Loan Facility (MSELF) for increases to existing loans with a minimum loan size of \$10 million and maximum size of \$300 million.</p>	<p>Firms seeking Main Street loans must make reasonable efforts to maintain payroll and retain workers, and must also follow compensation, stock repurchase and dividend restrictions that apply to direct loan programs under the CARES Act.</p> <p>An eligible borrower may only participate in one of the Main Street facilities: the MSNLF, the MSPLF or the MSELF. However, an eligible borrower may receive more than one loan under a single Main Street facility.</p> <p>Business that have taken advantage of the PPP may also take out loans from the Main Street Lending Program.</p> <p>Frequently Asked Questions (updated June 8, 2020) are available here.</p> <p>The Federal Reserve is currently working to operationalize the Program. More information will be posted here as it becomes available.</p>
Payroll Tax Deferral for Employers	N/A	Employers	Employers may delay paying payroll taxes (6.2% for Social Security) and may defer payments of those payroll taxes for 2020 over the following two years, with half of the amount required to be paid by December 31, 2021, and the other half by December 31, 2022.	<p>Businesses that defer the payroll tax may still receive a PPP loan and loan forgiveness.</p> <p>More information related to the deferral of deposit and payment of these employment taxes is available here.</p>
Tax Credits to Offset Costs of Paid Sick Leave Entitlement	N/A	Employers	Optional tax credits for employers (including self-employed individuals) for qualified sick leave wages and family medical leave wages	<p>An employer may claim the paid sick leave tax credit and a PPP loan, but leave wages are not counted as payroll costs for the purposes of loan forgiveness under PPP.</p> <p>For more information and application processes and criteria, see the IRS guidance.</p>
Refundable Employee Retention Tax Credit	N/A	Employers whose businesses have been suspended by government order relating to COVID-19 or whose businesses have experienced at least 50% decline in gross receipts relative to the same quarter of the previous year	A refundable tax credit for employers equal to 50% of qualified wages paid to each eligible employee, capped at \$10,000 per employee	<p>A borrower that receives a PPP loan may not claim the refundable employee retention credit.</p> <p>More information is available here.</p>