

# GAG CLAUSE PROHIBITION COMPLIANCE ATTESTATION



**IMPORTANT:** This proposal is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts.

# GCPCA SUBMISSION

## [Click to access GCPCA webform](#)

An authentication code is required to access the GCPCA webform. Click “Don’t have a code or forget yours?” A code will be sent to your email.

https://hios.cms.gov/HIOS-GCPCA-UI

Marketing Benefits Marketing Home Benefits Home Bukaty Companies Phone List GoToMeeting/Webi... CAPS HubSpot Login Call Recording MyGlue Analytics HR Consulting - Ho... Kaseya -Login Bukaty Companies

An official website of the United States government [Here's how you know](#)

### Gag Clause Prohibition Compliance Attestation

Home

#### Access the Gag Clause Prohibition Compliance Attestation Submission

\* Enter email address

\* Enter the code that was sent via email

[Login to the system](#) [Don't have a code or forgot yours?](#)



# GCPCA SUBMISSION

## Enter your e-mail address to access the Gag Clause Prohibition Compliance Attestation submission [✕ Close](#)

Once we receive your e-mail address, a unique code will be generated and e-mailed to you. This e-mail will be from [submissions@cms.hhs.gov](mailto:submissions@cms.hhs.gov). Follow the instructions in the e-mail.

\* Enter e-mail address

[Get my unique code](#)

[Cancel](#)

Request your unique code. It will arrive in an email from [HIOS-Submission@cms.hss.gov](mailto:HIOS-Submission@cms.hss.gov).

Click the GCPCA portal link in the email and enter your assigned code.

Dear User,

Please use the following access code to login to GCPCA portal (<https://hios.cms.gov/HIOS-GCPCA-U>): "555555"

**Note:** On the GCPCA portal, please enter only the access code (without double-quotes).



# GCPCA SUBMISSION

Click “Access the system” to start the submission process.

The screenshot shows a web application interface for 'Gag Clause Prohibition Compliance Attestation'. At the top left, the page title is 'Gag Clause Prohibition Compliance Attestation'. At the top right, it shows 'Logged in as mamundsen@bukaty.com' and a 'Logout' link with an external icon. Below the title bar is a dark blue navigation bar with the word 'Home' in white. The main content area features a background image of a doctor in a white coat holding a silver pen. Overlaid on this image is a white box containing the following text: 'Access the Gag Clause Prohibition Compliance Attestation Submission' in bold blue font, followed by 'You are currently logged into the system. Please select "Access the system" below to continue using GCPCA.' Below this text is a blue button with the text 'Access the system' in white, which is circled in red. At the bottom right of the page, there are four colored squares: red, orange, green, and blue.

# GCPCA SUBMISSION



Click “Start a new submission”



## GCPCA Dashboard

Welcome to the Gag Clause Prohibition Compliance Attestation (GCPCA) dashboard! Your GCPCA can be made here. The GCPCA is required under the Consolidated Appropriations Act, 2021.

### Submissions

To view or continue your submission, select the Submission ID.

Showing 0 to 0 of 0 Submissions

[+ Start a new submission](#)

10 Submissions per page

Submission ID	Name	Year	Status
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[i Status Definitions](#)

# GCPCA SUBMISSION

## 1 Enter the Submitter's Contact Information

Enter the name and contact information of the person completing the required fields (and the Excel Template if attesting for multiple Reporting Entities). This person is the "Submitter" and will be contacted in the event we have any questions.

\* Submitter first and last name

Jane Doe

\* Submitter position title

HR Manager

\* Submitter e-mail address

mamundsen@bukaty.com

\* Submitter telephone number

Enter a phone number in the following format: "(xxx) xxx-xxxx".

(913) 555-5555

\* Submitter employer name

Test Company

\* By what type of entity are you employed?

You should select all options that apply. For example, if you work for a health insurance issuer that also functions as a Third-Party Administrator for self-insured ERISA plans, and you are submitting an attestation for the issuer and the self-insured ERISA plans, select both "Health Insurance Issuer" and "Third-Party Administrator." In this example, do not select "ERISA Plan (or sponsor of ERISA plan)." As another example, if you are work for a Pharmacy Benefits Manager and you are submitting an attestation on behalf of an issuer with respect to the issuer's pharmacy benefits, select "Pharmacy Benefit Manager." In this example, do not select "Health Insurance Issuer." If you work for a health insurance issuer that is attesting on behalf of a fully-insured group health plan, select "Health insurance issuer." Do not select the applicable type of group health plan. If you work for a plan or issuer that is attesting on its own behalf, select either "Health Insurance Issuer" or the applicable type of group health plan.

- GHP
- Issuer
- Third-party administrator
- Pharmacy benefit manager
- Behavioral health manager
- Other third-party service provider

After providing all required submitter contact information, click Save and continue.

If completing for your employer group health plan, your entity type is GHP as shown on the screen shot.



# GCPCA SUBMISSION

## 2 Enter the Attester's Contact Information

Enter the Attester's name and contact information. This should be the person who will electronically sign the attestation and has the legal authority to attest for or on behalf of the Reporting Entity(ies). In some cases, the Attester and the Submitter are the same person. If they are, select the checkbox below.

Submitter is the same as the Attester

\* Attester first and last name

\* Attester position title

\* Attester e-mail address

\* Attester phone number

Enter a phone number in the following format: "(xxx) xxx-xxxx".

\* Attesting entity (attester's employer)

Save and continue

Save and exit

**The Attester must be someone who is legally authorized to attest on behalf of a group health plan.**

The Submitter and the Attester can be the same individual. If so, check the appropriate box and the Attester data fields will be auto-populated with information the Submitter previously provided.

If the Attester is another individual within your company, notify the Attester of the process and to expect an email from HIOS.



# GCPCA SUBMISSION

## 3 Enter Reporting Entity Details

If you are submitting on behalf of more than one plan or one issuer, select Yes.

- Yes  
 No

### Entity/Organization Details

Please add the entity details for the entity you are submitting this attestation on behalf of.

Note: If you are submitting on behalf of yourself, the entity details you enter will need to represent your entity.

\* Name of the reporting entity

Reporting entity type

\* Name of reporting entity point-of-contact

\* Employer identification number

\* Mailing address for the reporting entity

\* E-mail address for the reporting entity point-of-contact

\* Phone number for the reporting entity point-of-contact

Enter a phone number in the following format: "(xxx) xxx-xxxx".

\* Are you attesting for all provider agreements?

Medical, PB, BHN, Other

- Yes  
 No

Select **No** to signify you are not reporting on behalf of multiple group health plans.

## Enter Reporting Entity Details

- Reporting entity name (company name)
- Reporting entity type (1) non-federal governmental plan, 2) ERISA plan, 3) church plan
- Reporting entity point of contact (can be submitter or other company individual)
- EIN (enter company tax ID)
- Plan number (generally 501)
- Reporting entity mailing address (company address)
- Email address for the point of contact (can be submitter or attester's email)
- Phone number for point of contact (can be submitter or attester's phone number)

Select **YES**, unless a pharmacy benefit manager (PRM) or other service provider is also providing an attestation related to your group health plan





# GCPCA SUBMISSION

**Let's confirm the Attester's email address.** [✕ Close](#)

Verify that the attester's email is correct, if not please enter the correct email address. Once verified, a unique code will be generated from [submissions@cms.hhs.gov](mailto:submissions@cms.hhs.gov) and email to your chosen attester.

\* Attester email address

Please notify the attester that they will be receiving an email from [submissions@cms.hhs.gov](mailto:submissions@cms.hhs.gov). Have the attester follow the instructions in the email to complete the submission. Please have the attester check their junk mail just in case the email was not received. If for any reason the email was not received or has expired, please apply for a new code from the home page.

[Send Email](#) [Cancel](#)

If the Attester is a different contact than the Submitter, this screen verifies who within the organization will complete the attestation on behalf of the plan sponsor. Communicate in advance so the Attester knows to expect an email from HIOS submission.

**After you click “Send Email,” close out of the form.**

The Group “Attester” will receive an email from: [HIOS\\_Submissions@cms.hhs.gov](mailto:HIOS_Submissions@cms.hhs.gov)

Subject: Passcode requested for you to attest submission



# ATTESTER EMAIL NOTIFICATION

**From:** [HIOS\\_Submissions@cms.hhs.gov](mailto:HIOS_Submissions@cms.hhs.gov) <[HIOS\\_Submissions@cms.hhs.gov](mailto:HIOS_Submissions@cms.hhs.gov)>  
**Sent:** Wednesday, July 12, 2023 12:38 PM  
**To:** Erin Balint <[ebalint@bukaty.com](mailto:ebalint@bukaty.com)>  
**Subject:** Passcode Requested for you to attest submission

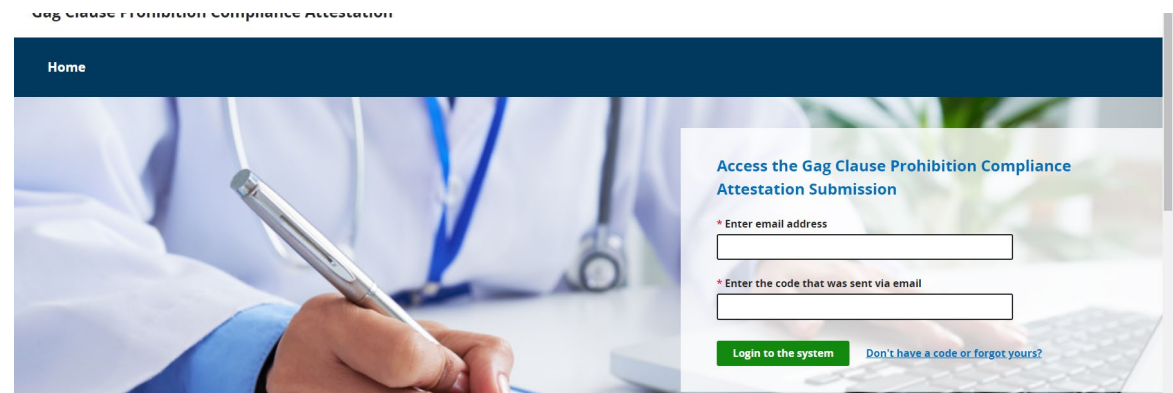
Dear User,

Please use the following access code to login to GPCCA portal (<https://hios.cms.gov/HIOS-GPCCA-UI>) and attest submission 349: "5622788"

**Note:** On the GPCCA portal, please enter only the access code (without double-quotes).

For additional assistance, please contact the Marketplace Service Desk (MSD) at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or 1-855-267-1515. Thank you. Marketplace Service Desk (MSD)

Click <https://his.cms.gov/HIOS-GPCCA-UI> to be directed to GPCCA portal. Enter the code provided in the email. (In this example email the code is 5622788.)



# ATTESTER COMPLETES SUBMISSION

Attester clicks the Submission ID listed in the notification email

## GCPCA Dashboard

Welcome to the Gag Clause Prohibition Compliance Attestation (GCPCA) dashboard! Your GCPCA can be made here. The GCPCA is required under the Consolidated Appropriations Act, 2021.


### Submissions

[+ Start a new submission](#)

To view or continue your submission, select the Submission ID.

Showing 1 to 1 of 1 Submissions

10 Submissions per page

Submission ID	Name	Year	Status
<a href="#">349</a>	Mary Amundsen	2021-2023	<span>In Progress</span> 

[i Status Definitions](#)



# ATTESTATION COMPLETION

## 5 Verify the entity type(s) you are attesting on behalf of

You must, at a minimum, select that you are either attesting on behalf of a group health plan or insurance issuer. If you are attesting on behalf of both a group health plan, whether fully insured or self-funded, and an issuer of individual health insurance coverage, check both boxes.

### Group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage

I attest that, in accordance with section 9824(a)(1) of the Internal Revenue Code, section 724(a)(1) of the Employee Retirement Income Security Act, and section 2799A-9(a)(1) of the Public Health Service Act, the group health plan(s) or health insurance issuer(s) offering group health insurance coverage on whose behalf I am signing will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of providers that would directly or indirectly restrict the group health plan(s) or health insurance issuer(s) from —

1. Providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage;
2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary, or enrollee in the plan or coverage, upon request and consistent with the privacy regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA), including, on a per claim basis —
  - a. Financial information, such as the allowed amount, or any other claim-related financial obligations included in the provider contract;
  - b. Provider information, including name and clinical designation;
  - c. Service codes; or
  - d. Any other data element included in claim or encounter transactions; or
3. Sharing information or data described in items (1) or (2), or directing that such data be shared, with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of HIPAA, the amendments made by GINA, and the ADA.

I'm attesting on behalf of group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage.

### Health insurance issuers offering individual health insurance coverage

I attest that, in accordance with section 2799A-9(a)(2) of the Public Health Service Act, the health insurance issuer(s) offering individual health insurance coverage on whose behalf I am signing will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, or other service provider offering access to a network of providers that would directly or indirectly restrict the health insurance issuer(s) from —

1. Providing provider-specific price or quality of care information, through a consumer engagement tool or any other means, to referring providers, enrollees, or individuals eligible to become enrollees of the plan or coverage; or
2. Sharing, for plan design, plan administration, and plan, financial, legal, and quality improvement activities, data described in item (1) with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA).

## The Attester completes the remaining attestation fields and submits.

### Attest your submission

I attest that I have the authority to bind the plan(s) or issuer(s) entered/uploaded in the entity attestation details.

I attest that all information in this submission is accurate.

\* Please enter your full name to sign this attestation.

Signed submission date

07/12/2023 01:33 PM

[Start over](#)



# HELPFUL RESOURCES

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[CMS overview](#)

[GCPCA webform](#)

[Instructions](#)

[User manual](#)

[CMS-FAQs](#)

