

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

Start by clicking **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, an access code will be generated and e-mailed to you. This e-mail will be from submissions@cms.hhs.gov. Follow the instructions in the e-mail.

* Enter e-mail address

[Get my access code](#)

[Cancel](#)

Request your access code. It will arrive in [an email from HIOS- Submission@cms.hhs.gov](mailto:Submission@cms.hhs.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', 'You are currently logged into the system. Please select "Access the system" below to continue using GCPCA.', and a blue button with the text 'Access the system' which is circled in red.



GCPCA SUBMISSION

Click “Start a new submission”

Gag Clause Prohibition Compliance Attestation

Logged in as mamundsen@bukaty.com

Home

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 0 to 0 of 0 Submissions

10 Submissions per page

Submission ID **Name**

Year

Status

[i Status Definitions](#)

SUBMITTER DATA

*** Attestation year**

Select the year for which you're submitting; this is the ending year if the GPCCA covers multiple years.

*** Submitter's first and last name**

*** Submitter's position title**

*** Submitter's e-mail address**

*** Submitter's phone number**

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

*** Submitter's employer name**

*** By what type of entity are you employed?**

Select all options that apply to your entity.

[View examples](#)

- Health insurance issuer/insurer
- ERISA group health plan (GHP) or sponsor of ERISA plan, including a plan sponsored or established by a union
- (Non-Federal) governmental group health plan
- Church plan
- Third-party administrator (TPA)
- Pharmacy benefit manager (PBM)
- Behavioral health manager (BHM)
- Other third-party network or service provider (e.g., agent/broker)

Select "2024" as the Attestation year.

Complete the Submitter data fields.

Submitter name: Individual who initiates the submission

Submitter title

Submitter's email

Submitter's phone

Employer name

Entity type – Select ERISA group plan or plan sponsor.

For non-ERISA plans check non-federal group health plan (counties, schools) or church plans.

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



ATTESTER DATA

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, complete the data fields. Notify the Attester of the process and to expect an email from HIOS to complete the final submission.



COMPANY DATA

3 Enter Responsible Entity's details

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

- Yes
 No

Responsible Entity's 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 Responsible Entity

* Type of Responsible Entity

* Name of Responsible Entity's point-of-contact

* Employer Identification Number

* Mailing address for the Responsible Entity

* E-mail address for the Responsible Entity's point-of-contact

* Phone number for the Responsible Entity's point-of-contact

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

* Are you attesting for all provider agreements?

- Yes
 No

Select “No.” to confirm you are not submitting on behalf of other health plans.

Complete the Responsible Entity's detail data fields.

Name of entity: Company name

Type of entity: Select either 1) Church plan, 2) ERISA plan 3) Non-federal government

Name of point of contact: Either the submitter or attester

Company EIN: 9 digits, with no space or special characters

ERISA plan #: Generally, 501

Mailing address: Company address

Email : Either the submitter or attester

Phone: Either the submitter or attester

Attesting for all provider agreements: Select “Yes” unless another provider is also submitting data



ATTESTATION PERIOD

Attestation Period

Enter the start and end dates that your attestation covers. If you attested last year and would like to use the end date of your previous submission as your start date for the current submission, select "previous attestation end date" below.

* Start date

For example: January 19 2021

Month	Day	Year	
01 - January	1	2024	 Previous attestation end date

* End date

For example: January 19 2022

Month	Day	Year
01 - January	1	2025

Attestation Period – If there is a prior year submission for your company, click “Previous attestation date” and dates will autofill.



ATTESTER CONFIRMATION

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 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. 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,” verify data is correct.

The Group “Attester” will receive an email from: HIOS_Submissions@cms.hhs.gov

Subject: Passcode requested for you to attest submission



SUBMISSION REVIEW

4 Review your submission and attest

If the information below is correct, add your attestation below and then select the "Submit" button to complete your submission. If you need to change any previously entered information, use the edit buttons to return to the appropriate step and make your changes.

Submitter's contact information [Edit](#)

Attestation year 2024	Submitter's first and last name Mary Ann	Submitter's position title Director
Submitter's e-mail address mamundsen@bukaty.com	Submitter's phone number (913) 345-0440	Submitter's employer name Bukaty

Entity
ERISA group health plan (GHP) or sponsor of ERISA plan, including a plan sponsored or established by a union

Attester's contact information [Edit](#)

Attester's first and last name Mikek Bukaty	Attester's position title CEO	Attester's e-mail address mamundsen@mytechsource.net
Attester's phone number (912) 334-0040	Attesting entity (Attester's employer) Bukaty	

Responsible Entity's attestation detail [Edit](#)

Responsible Entity's name Bukaty	Responsible Entity's type ERISA group health plan (GHP)	Responsible Entity's point of contact Mary Ann
Responsible Entity's EIN 234277382	ERISA Plan Number 501	Responsible Entity's mailing address 4601 College Blvd, Leawood, KS 66211
Responsible Entity's e-mail address mamundsen@bukaty.com	Responsible Entity's phone number (913) 345-0440	Provider agreement type(s) Medical network Pharmacy benefit manager network Behavioral health network

Attestation Period
01-01-2024 to 01-01-2025

Additional Information
N/A

Save and continue

Save and exit

Review your submission. Click the Edit link if changes are needed. Once data is confirmed, click **Save & continue.**



ATTESTER EMAIL NOTIFICATION

From: HIOS_Submissions@cms.hhs.gov <HIOS_Submissions@cms.hhs.gov>
Sent: Wednesday, July 12, 2023 12:38 PM
To: Erin Balint <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 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.)

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?

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
349	Mary Amundsen	2021-2023	In Progress 

[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

[CMS overview](#)

[GCPCA webform](#)

[Instructions](#)

[User manual](#)

[CMS-FAQs](#)

