

Gag Clause Prohibition Compliance Attestation

(GCPCA)

User Manual



**Center for Consumer Information & Insurance
Oversight (CCIIO)**

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Table of Contents

1 – Introduction	7
2 – Accessing the Gag Clause Prohibition Compliance Attestation	7
3 – Get My Access Code	8
4 – Login to the “Gag Clause Prohibition Compliance Attestation Submission” Webform.....	10
5 – GPCCA Dashboard	11
6 – Get Started with Your GPCCA Submission	13
7 – Start a New Gag Clause Prohibition Compliance Attestation	13
8 – Pre-Populate Submission Details	14
9 – Step 1 - Enter the Submitter’s Contact Information	18
10 – Step 2 - Enter the Attester’s contact information	22
11 – Step 3 - Enter Responsible Entity’s Details	25
12 – Step 4 - Review your submission and attest	37
13 – Step 5 Verify the Responsible Entity Type(s) for Which You Are Attesting.....	39
14 – View and/or Edit a Completed Submission	46
15 – How to Complete the Responsible Entity Excel Template at Step 3	51
16 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validations.....	55
17 – Group Health Plan and Health Insurance Issuer Attestation Statements	59
18 – Responsible Entity Excel Template Fields and Instructions	61
19 – Acronyms	64

Table of Figures

Figure 1 – Gag Clause Prohibition Compliance Attestation Landing Page	8
Figure 2 – Access the Gag Clause Prohibition Compliance Attestation Submission	8
Figure 3 – Get My Access Code	9
Figure 4 – Successful Access Code Request Message.....	9
Figure 5 – Requested Access Code E-mail	10
Figure 6 – Access Code and E-mail Address	11
Figure 7 – GCPCA Dashboard	12
Figure 8 – Get Started Section.....	13
Figure 9 – Start a New Gag Clause Prohibition Compliance Attestation Button.....	14
Figure 10 – Start a New Submission Button	14
Figure 11 – Start a New Submission Modal.....	14
Figure 12 – Select Attestation Year	15
Figure 13 – Select “Start a new submission” Button	15
Figure 14 – Select the checkbox.....	17
Figure 15 – Previous Submission Table	17
Figure 16 – Select the Radio Button	18
Figure 17 – Select the "Start a new submission" Button	18
Figure 18 – Enter the Submitter's Contact Information	19
Figure 19 – Attestation Year Selection Options.....	20
Figure 20 – By What Type of Entity Are You Employed? Selection Options	21
Figure 21 – Entity Type Information.....	21
Figure 22 – The Submitter’s Contact Information Section, Completed	22
Figure 23 – Enter Attester's Contact Information	23
Figure 24 – Submitter IS the Same as the Attester.....	24
Figure 25 – Submitter IS NOT the Same as the Attester.....	25
Figure 26 – The Attester’s Contact Information Section, Completed	25
Figure 27 – Enter the Responsible Entity’s Details, “No” Radio Button Option Selected	26
Figure 28 – Enter the Responsible Entity’s Details for a Single Entity, Part 1	28
Figure 29 – Type of Responsible Entity Drop-down Options	28
Figure 30 – Responsible Entity Type Help Tray.....	29
Figure 31 – Enter the Responsible Entity’s Details, Single Entity, Part 2	30

Figure 32 – Attesting for All Provider Agreements 31

Figure 33 – Attestation Period and Other Relevant Information, Not Completed 31

Figure 34 – Attestation Period and Other Relevant Information, Completed 32

Figure 35 – Last Year’s Completed Submissions, with “Use selected date” Option Disabled 32

Figure 36 – Last Year’s Completed Submissions, with “Use selected date” Option Enabled 33

Figure 37 – The Responsible Entity’s Details Section, Completed 33

Figure 38 – Confirm Attester’s E-mail Address Section When the Attester and Submitter Are Not the Same Person 33

Figure 39 – Enter Responsible Entity’s Details “Yes” Radio button 34

Figure 40 – Multiple Responsible Entity Attestation Workflow 36

Figure 41 – Responsible Entity Details Help Information 37

Figure 42 – Review Your Submission and Attest - Contact Information 38

Figure 43 – Review Your Submission and Attest, Single Responsible Entity 38

Figure 44 – Review Your Submission and Attest, Multiple Responsible Entities 39

Figure 45 – The Review Your Submission and Attest Section, Completed 39

Figure 46 – Step 5, Select the Responsible Entity Type(s) on Whose Behalf You Are Attesting and Read the Attestation 40

Figure 47 – Step 5, Confirm that the Submitted Information is Accurate 41

Figure 48 – Step 5, Attester, Enter Your Full Name and Submit 41

Figure 49 – Step 5, Submission Successful Pop-up Window 42

Figure 50 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 1 42

Figure 51 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 2 43

Figure 52 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 1 44

Figure 53 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 2 45

Figure 54 – Submission Completion Email 45

Figure 55 – Select “Submission ID” Hyperlink 46

Figure 56 – View Completed GCPCA Submission, Part 1 47

Figure 57 – View Completed GCPCA Submission, Part 2 47

Figure 58 – View Completed GCPCA Submission, Single Responsible Entity 48

Figure 59 – View Completed GCPCA Submission, Multiple Responsible Entities 48

Figure 60 – Print Completed GCPCA Submission.....	49
Figure 61 – Warning Message: Status of Completed GCPCA Submission Will Be Changed From Complete Back to In Progress.....	49
Figure 62 – Warning Message: Confirm Deletion for Completed GCPCA Submission	50
Figure 63 – Warning Message: Type "DELETE"	50
Figure 64 – GCPCA Submission Deletion Confirmation Message	50
Figure 65 – Email Confirmation of Submission Deletion	51
Figure 66 – Responsible Entity Excel Template (columns A-F)	51
Figure 67 – Responsible Entity Excel Template (columns G-J).....	52
Figure 68 – Responsible Entity Excel Template (columns K-P)	52
Figure 69 – Save as Excel Workbook (*.xlsx), Part 1	53
Figure 70 – Save as Excel Workbook (*.xlsx), Part 2.....	53
Figure 71 – Save as Text (tab-delimited) (*.txt), Part 1	54
Figure 72 – Save as Text (tab-delimited) (*.txt), Part 2	55
Figure 73 – Save as Text (tab-delimited) (*.txt), Part 3	55
Figure 74 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation with No Errors Found	56
Figure 75 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation with Errors View, Button	57
Figure 76 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation Errors Print Errors, Button.....	57
Figure 77 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation Print Errors.....	58

Table of Tables

Table 1 - Group Health Plan and Health Insurance Issuer Attestation Statements	59
Table 2 - Responsible Entity Excel Template data validations	61
Table 3 - Acronyms.....	64

GCPCA User Manual Change History

June 2025

- CMS updated some screenshots and added new text to the User Manual to reflect the minor design updates to the GCPCA Webform. One of the changes is that GCPCA system users will now receive an email notification when their GCPCA Webform submission has been completed or deleted.

March 2025

- User Manual version 9.0 was updated with a new section “8 – Pre-Populate Submission Details”. Additionally, the manual was updated for minor technical corrections and latest submission year in screenshots.

1 – Introduction

This User Manual explains how to use the Gag Clause Prohibition Compliance Attestation (GCPCA) Webform. Internal Revenue Code (Code) section 9824, Employee Retirement Income Security Act (ERISA) section 724, and Public Health Service (PHS) Act section 2799A-9, as added by the Consolidated Appropriations Act, 2021 (CAA), prohibit plans and issuers from entering into an agreement with a health care provider, network or association of providers, third-party administrator (TPA), or other service provider offering access to a network of providers, that would directly or indirectly restrict the plan or issuer from:

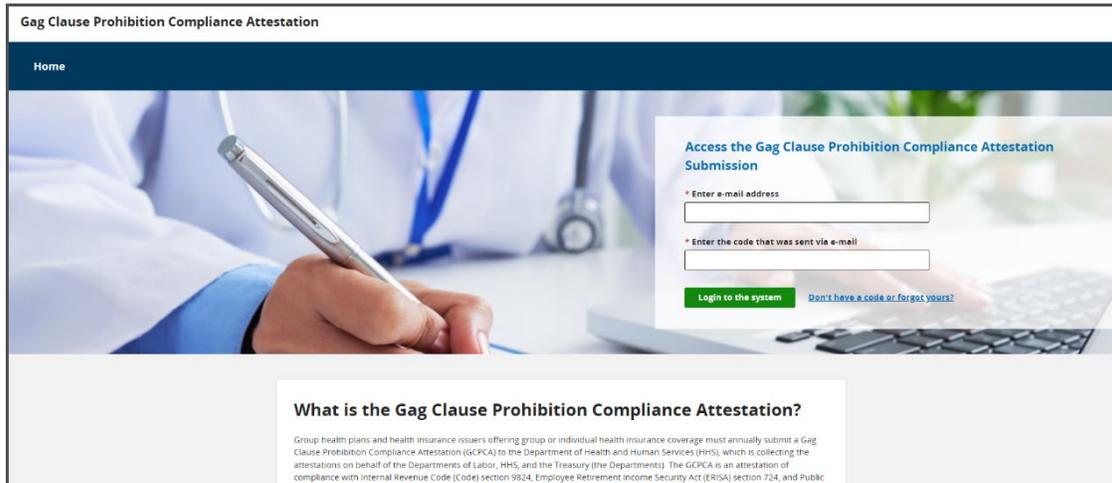
1. Providing provider-specific cost or quality of care information or data to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage.
2. Electronically accessing de-identified claims and encounter data for each participant, beneficiary, or enrollee, upon request and consistent with applicable privacy regulations.
3. Sharing such information, consistent with applicable privacy regulations.

Plans and issuers must annually submit to the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury (collectively, the Departments) an attestation of compliance with these requirements and should use the GCPCA Webform to do so.

2 – Accessing the Gag Clause Prohibition Compliance Attestation

- Access the GCPCA Homepage via the following link: [Gag Clause Prohibition Compliance Attestation submission](#) (Figure 1).
- From the GCPCA Homepage users will be able to login and access the Dashboard where they will be able to view, edit, and/or create their GCPCA.
- Users will be able to either log in with an existing access code that was previously emailed to them or request a new access code. Access codes are valid for 14 days, at which time they expire, and a new code must be obtained to use the GCPCA Webform.

Figure 1 – Gag Clause Prohibition Compliance Attestation Landing Page

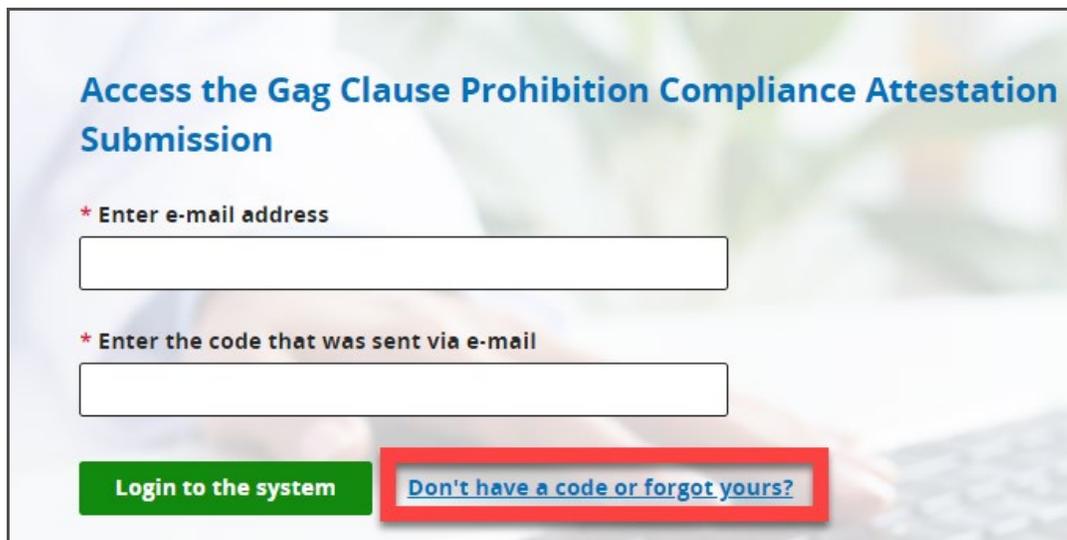


3 – Get My Access Code

To request an access code for the first time or to request a new one if the previous code expired, or if you have forgotten your code, follow the steps below.

- Select “Don’t have a code or forgot yours?” (Figure 2).

Figure 2 – Access the Gag Clause Prohibition Compliance Attestation Submission



- Enter your e-mail address into the “Enter e-mail address” field (Figure 3).
Note: Enter a valid e-mail address, using the following format:
e-mail@domain.extension.
- Select “Get my access code” (Figure 3).

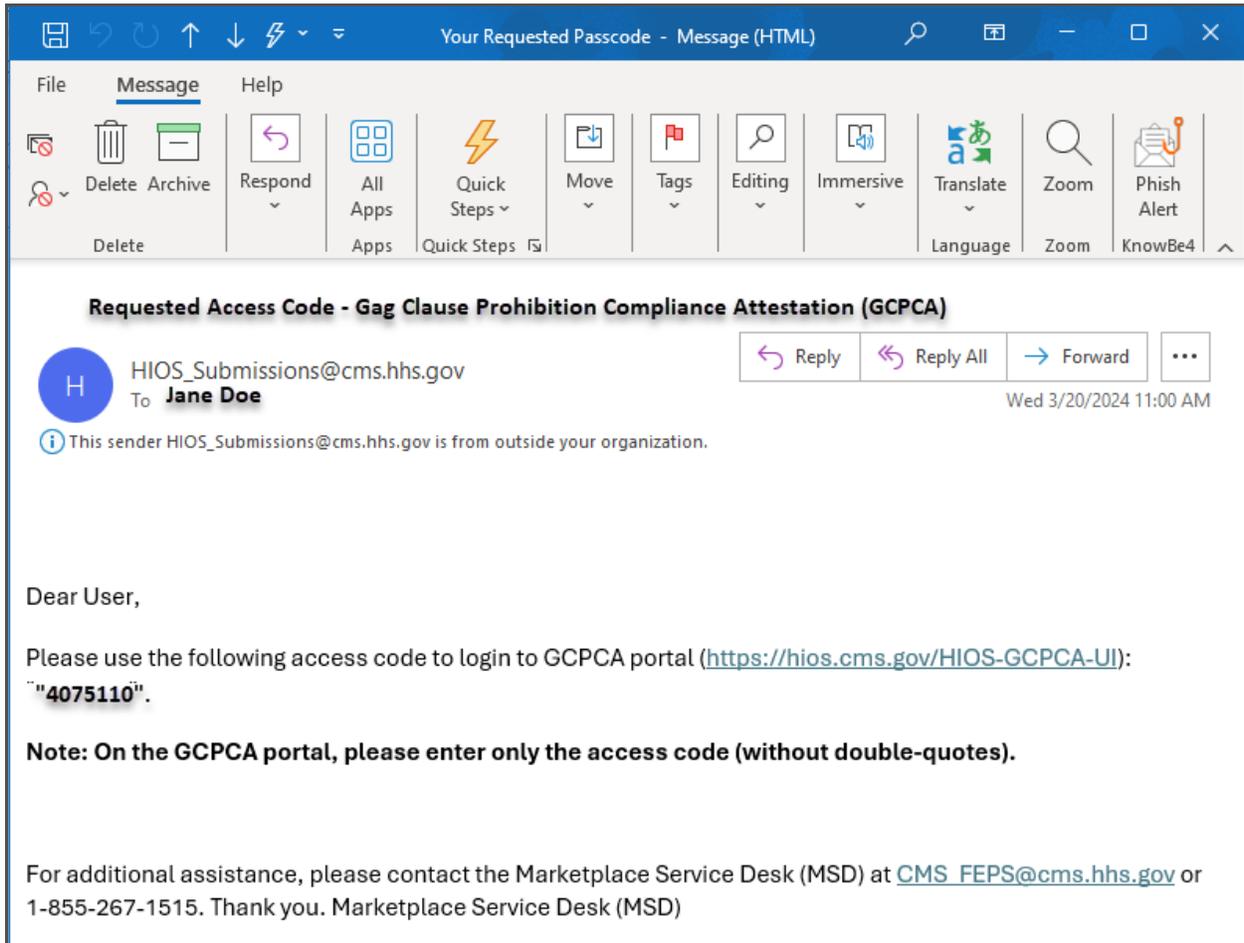
Figure 3 – Get My Access Code

- After completing a successful access code request, a message is displayed on the GPCCA landing page that lets the user know that the code should be received within 10 minutes (Figure 4).

Figure 4 – Successful Access Code Request Message

- Access codes are generally delivered within 10 minutes to your e-mail address (Figure 5).
Note: Check your spam folder if you do not receive an e-mail with the access code within 10 minutes of requesting it. Wait at least 10 minutes before requesting another access code or e-mailing the help desk.
- Once you receive an e-mail with the access code, it is valid for 14 calendar days.
- A different Submitter or Attester cannot use your access code.

Figure 5 – Requested Access Code E-mail



4 – Login to the “Gag Clause Prohibition Compliance Attestation Submission” Webform

- Enter your e-mail address into the “Enter e-mail address” field (Figure 6).
- Enter your access code into the “Enter the code that was sent via e-mail” field (Figure 6).
- Select “Login to the system” button (Figure 6).

Figure 6 – Access Code and E-mail Address

Access the Gag Clause Prohibition Compliance Attestation Submission

* Enter e-mail address
Jane@Doe.com

* Enter the code that was sent via e-mail
4075110

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

Once logged in, you will be directed to the GCPCA Dashboard.

5 – GCPCA Dashboard

The GCPCA dashboard (Figure 7) includes a “Submissions” table that allows users to view, edit, or delete all “In Progress” and “Complete” submissions.

Helpful materials, such as the GCPCA Webform Instructions, this User Manual, and the GCPCA Responsible Entity Excel template, which assist with understanding the attestation requirements and procedures, as well as the GCPCA Webform itself, are listed in the “Get Started” section of your Dashboard.

Note: *File sizes shown in screenshots may not match file sizes of downloaded files due to various constraints based on the browser used and the user’s overall computer system.*

Your Dashboard also includes “Start a new submission” and “Start a new Gag Clause Prohibition Compliance Attestation” buttons, which allow users to start their GCPCA.

Note: *If this is your first time in the Webform, the “Submissions” table will be blank.*

Figure 7 – GCPCA Dashboard

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.

Make sure to use the latest template found at the bottom of this page.

Submissions + Start a new submission

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

Showing 1 to 7 of 7 Submissions 10 Submissions per page

Submission ID	Name	Year	Status
6878	John Doe	2025	○ In progress 🗑
6870	John Doe	2025	○ In progress 🗑
6868	Jane Doe	2025	✔ Complete 🗑
6850	Jane Doe	2025	○ In progress 🗑
6849	Jane Doe	2024	○ In progress 🗑
6724	btest	2021-2023	○ In progress 🗑
6480	Jane Doe	2021-2023	○ In progress 🗑

📘 [Status definitions](#)

Get started

Please read the GCPCA Annual Submission Instructions before starting your submission.

- 📄 [Instructions for submitting the GCPCA](#) [PDF - 408 KB]
- 📄 [User Manual for submitting the GCPCA](#) [PDF - 2.90 MB]
- 📄 [Frequently Asked Questions \(FAQs\) about GCPCA](#) [PDF - 110 KB]

Download Responsible Entity Excel Template

If you are submitting an Attestation on behalf of more than one Responsible Entity, identify the entities using this template.

- 📄 [GCPCA Responsible Entity Template](#) [XLSX - 108 KB]

6 – Get Started with Your GPCCA Submission

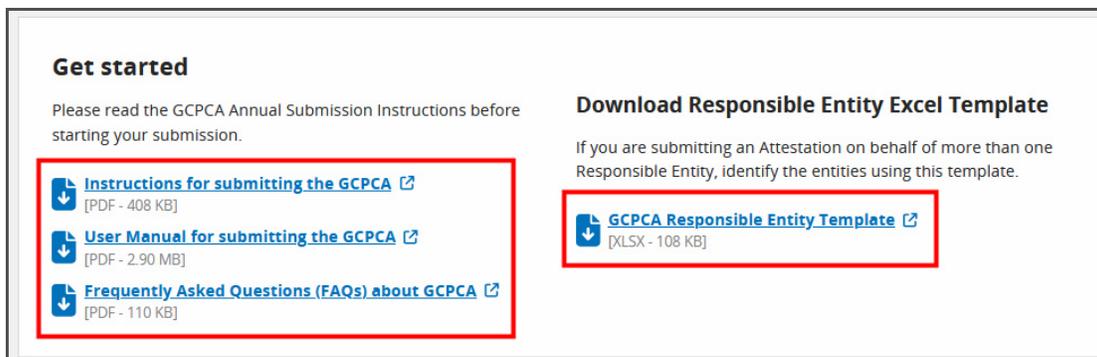
Once you are logged into the GPCCA submission Webform, you can begin the process of submitting an attestation. Start by going to the “Get started” section, located directly below the “Submissions” section (Figure 8) on the Dashboard, to download all of the GPCCA documents.

Download, open, and read the GPCCA Webform Instructions to learn about the attestation requirements and how to complete the Webform. The Instructions and User Manual can be downloaded by selecting the links in the “Get Started” section.

Multiple Responsible Entities. If you are submitting an attestation on behalf of more than one Responsible Entity, download the Responsible Entity Excel Template and list each Responsible Entity using this template. A Responsible Entity is the plan or issuer that is required by law to make the attestation.

Note: *Additional instructions for completing and submitting the Responsible Entity Excel Template where the submitter is attesting for multiple Responsible Entities are in Section 14 and Section 17 of this Manual.*

Figure 8 – Get Started Section



7 – Start a New Gag Clause Prohibition Compliance Attestation

To start a new GPCCA submission, select one of the following buttons:

- “Submit Gag Clause Prohibition Compliance Attestation,” located at the bottom of the page, under the “Get started” section (Figure 9).
- “Start a New Submission,” located in the “Submissions” section at the top of the page (Figure 10).

Either button will take the user to Step 1 - Enter the Submitter’s Contact Information.

Figure 9 – Start a New Gag Clause Prohibition Compliance Attestation Button

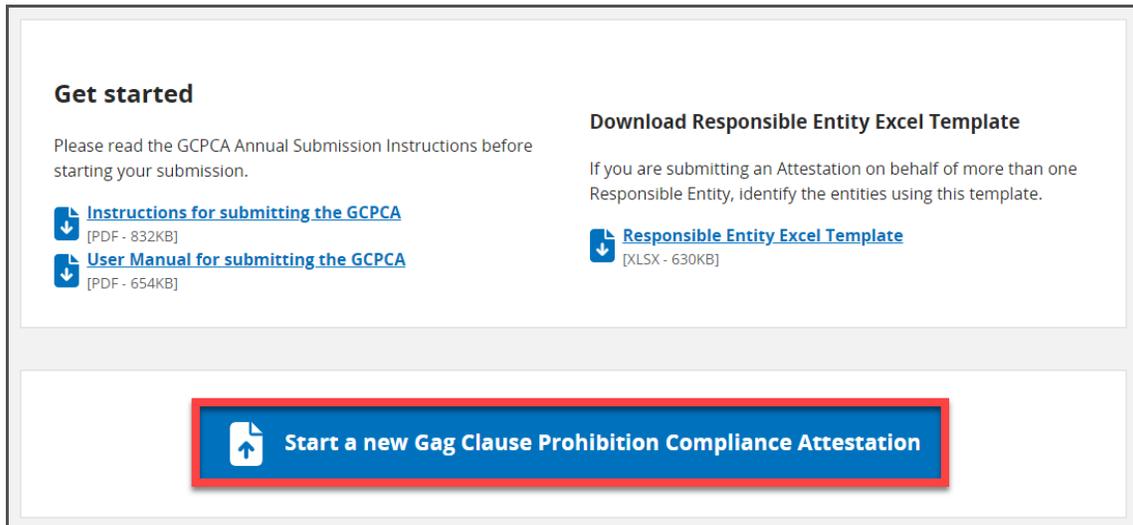
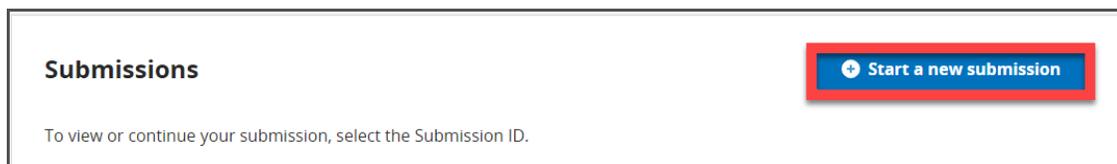


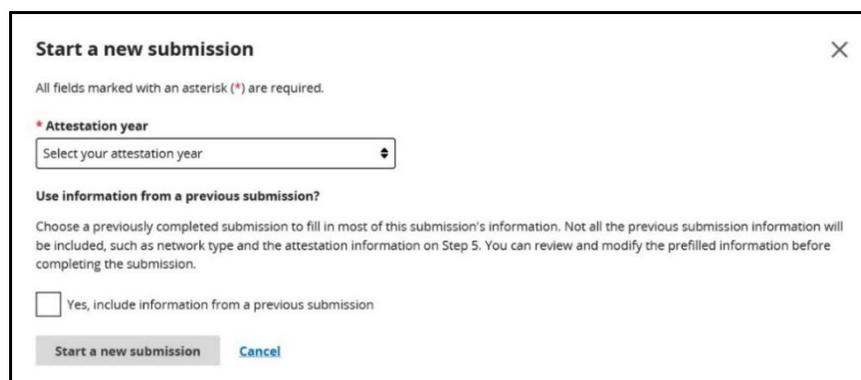
Figure 10 – Start a New Submission Button



8 – Pre-Populate Submission Details

After selecting “Start a new Gag Clause Prohibition Compliance Attestation” (Figure 9) or “Start a new submission” (Figure 10), users will be presented with a modal (Figure 11) if they have previously completed a submission, from which they can select an attestation year and begin their submission. If users have not previously completed a submission, they will be redirected to Step 1 “Enter the Submitter’s contact information”(Figure 18).

Figure 11 – Start a New Submission Modal

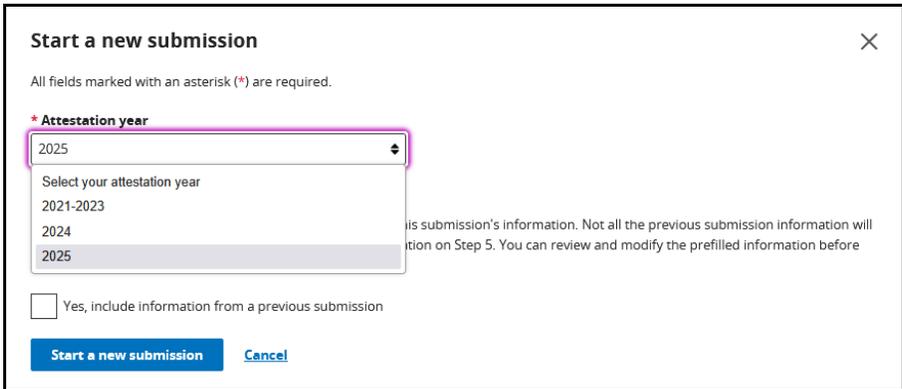


Users can choose a previously completed submission to fill in most of this submission's information. If users do not want to use a previously completed submission to pre-populate the submission details, they must select the "Attestation Year" and select "Start a new submission".

To create a new attestation without using a previously completed submission:

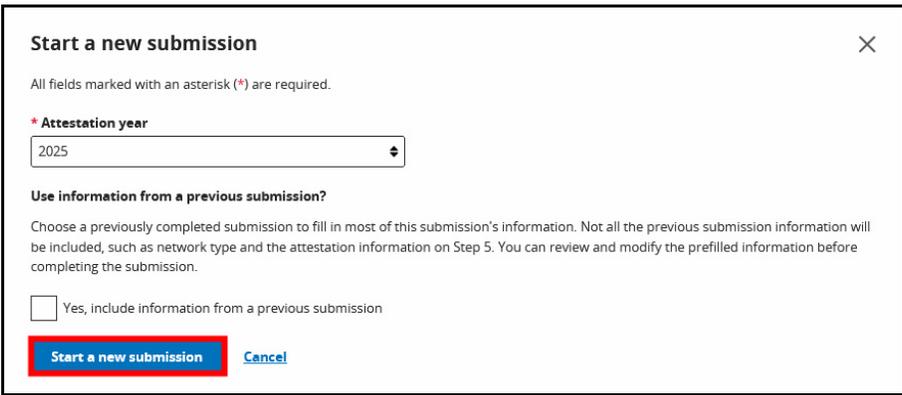
- Select the "Attestation year" drop-down menu and choose your attestation year (Figure 12)
- Select the "Start a new submission" button (Figure 13)
- You will be directed to Step 1 "Enter the Submitter's contact information" (Figure 18)
 - **Note:** For instructions on how to complete Step 1 for your attestation, please refer to [page 18](#) under the "Enter the submitters contact information" section.

Figure 12 – Select Attestation Year



The screenshot shows a web form titled "Start a new submission" with a close button (X) in the top right corner. Below the title, it states "All fields marked with an asterisk (*) are required." The form contains a dropdown menu labeled "* Attestation year" with "2025" selected. The dropdown menu is open, showing options: "2021-2023", "2024", and "2025". Below the dropdown, there is a checkbox labeled "Yes, include information from a previous submission" which is currently unchecked. At the bottom of the form, there are two buttons: "Start a new submission" (highlighted in blue) and "Cancel".

Figure 13 – Select "Start a new submission" Button



The screenshot shows the same "Start a new submission" form. The "Attestation year" dropdown menu is now closed, and "2025" is visible in the input field. The "Use information from a previous submission?" section is expanded, showing the text: "Choose a previously completed submission to fill in most of this submission's information. Not all the previous submission information will be included, such as network type and the attestation information on Step 5. You can review and modify the prefilled information before completing the submission." Below this text is the same unchecked checkbox "Yes, include information from a previous submission". The "Start a new submission" button is now highlighted with a red border, and the "Cancel" button is also visible.

To create a new attestation using a previously completed submission to pre-populate the information:

- Select the attestation year drop-down menu and choose your attestation year (Figure 12)
- Select the checkbox “Yes, include information from a previous submission” (Figure 14)
- A table will display the 3 most recently completed submissions (Figure 15)
- Select the radio button for the submission you want to use (Figure 16)
- Select the “Start a new submission” button (Figure 17)
- Step 1 will be pre-populated with the information entered into the selected submission (Figure 18)
- Step 2 will also be pre-populated with the information entered into the selected submission
 - If the submitter and attester were the same in the previous submission, the checkbox “Submitter is the same as the Attester” **will** be selected by default and the information that is pre-populated cannot be modified (Figure 24)
 - **Note:** *Users can unselect the checkbox to enter a new attester’s information*
 - *If the submitter and attester were not the same in the previous submission, the checkbox “Submitter is the same as the Attester” **will not** be selected by default and the information that is pre-populated can be modified (Figure 25)*
- Step 3 will be pre-populated with the information entered in the selected submission
 - If users have selected a previous submission which they submitted on behalf of **one** group health plan or issuer (single Responsible Entity), then the information **will be** pre-populated (Figure 28)
 - If users have selected a previous submission which they submitted on behalf of **more than one** group health plan or more than one issuer (multiple Responsible Entities), then the information **will not** be pre-populated, and users will have to complete and upload a new “Responsible Entity Excel Template” for entities on whose behalf they are submitting the attestation (Figure 39)
 - **Note:** *Not all the of the previous submission’s information will be pre-populated for Step 3*
 - *Users will have to update the following information:*
 - *If they are attesting for all provider agreements*
 - *If they are not attesting for all provider agreements, the type of provider agreements that apply*
 - *The attestation period*
- Users can review and modify the pre-populated information in Step 4 before completing the submission.
- Users must select their attestation type in Step 5 and sign the attestation to complete the submission.

Figure 14 – Select the checkbox

Start a new submission ✕

All fields marked with an asterisk (*) are required.

*** Attestation year**

Use information from a previous submission?

Choose a previously completed submission to fill in most of this submission's information. Not all the previous submission information will be included, such as network type and the attestation information on Step 5. You can review and modify the prefilled information before completing the submission.

Yes, include information from a previous submission

[Cancel](#)

Figure 15 – Previous Submission Table

Start a new submission ✕

All fields marked with an asterisk (*) are required.

*** Attestation year**

Use information from a previous submission?

Choose a previously completed submission to fill in most of this submission's information. Not all the previous submission information will be included, such as network type and the attestation information on Step 5. You can review and modify the prefilled information before completing the submission.

Yes, include information from a previous submission

Showing 1 to 2 of 2 Submissions

	Submission ID	Attestation Year	Submitted date
<input type="radio"/>	6480	2021-2023	02/11/2025
<input type="radio"/>	6421	2024	02/18/2025

[Cancel](#)

Figure 16 – Select the Radio Button

Start a new submission ✕

All fields marked with an asterisk (*) are required.

*** Attestation year**

2025 ▾

Use information from a previous submission?

Choose a previously completed submission to fill in most of this submission's information. Not all the previous submission information will be included, such as network type and the attestation information on Step 5. You can review and modify the prefilled information before completing the submission.

Yes, include information from a previous submission

Showing 1 to 2 of 2 Submissions

	Submission ID	Attestation Year	Submitted date
<input type="radio"/>	6480	2021-2023	02/11/2025
<input type="radio"/>	6421	2024	02/11/2025

Figure 17 – Select the "Start a new submission" Button

Start a new submission ✕

All fields marked with an asterisk (*) are required.

*** Attestation year**

2025 ▾

Use information from a previous submission?

Choose a previously completed submission to fill in most of this submission's information. Not all the previous submission information will be included, such as network type and the attestation information on Step 5. You can review and modify the prefilled information before completing the submission.

Yes, include information from a previous submission

Showing 1 to 2 of 2 Submissions

	Submission ID	Attestation Year	Submitted date
<input checked="" type="radio"/>	6480	2021-2023	02/11/2025
<input type="radio"/>	6421	2024	02/11/2025

9 – Step 1 - Enter the Submitter’s Contact Information

After selecting “Start a new Gag Clause Prohibition Compliance Attestation” (Figure 9) or “Start a new submission” (Figure 10), users enter the year for which they are attesting, information about the Submitter, and information about the Submitter’s employer (Figure 18).

Note: *The individual who will make the attestation on behalf of the Responsible Entity is called the Attester. The Attester may have someone else, known as the Submitter, fill in the required information on the Webform before the Attester makes the attestation.*

Figure 18 – Enter the Submitter's Contact Information

1 Enter the Submitter's contact information

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

*** Attestation year**

*** 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)

In Step 1, enter the name and contact information of the person submitting the form. This person will be contacted in the event the Departments have any questions regarding the submission. Enter the required information:

- Attestation year (see Figure 19 for current options in the drop-down)
 - Submitter’s first and last name
 - Submitter’s position title
 - Submitter’s e-mail address
- Note:** *The email address used to login will automatically pre-populate in this box and cannot be edited.*
- Submitter’s telephone number
 - Submitter’s employer name
 - The type of entity that employs the submitter (see Figure 20 for current types of entities available for selection).

Note: *Select all options that apply to your entity. If you need further clarification, select the “View examples” hyperlink to open the “Entity details help” tray (Figure 21). To close the “Entity details help” tray, select the “Close” button.*

Figure 19 – Attestation Year Selection Options

The screenshot shows a form field for "Attestation year". The field is a drop-down menu with a pink border. The text inside the field is "Select your attestation year". Below the field, a list of options is displayed: "Select your attestation year", "2021-2023", "2024", and "2025".

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

Select your attestation year

- Select your attestation year
- 2021-2023
- 2024
- 2025

Figure 20 – By What Type of Entity Are You Employed? Selection Options

Note: The “Other third-party service provider name” input field will only be displayed if “Other third-party network or service provider (e.g., agent/broker)” is selected.

*** 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)

*** Other third-party service provider name**

Figure 21 – Entity Type Information

Entity type information
Close

Select all options that apply to your entity.

Example 1
 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."

Note: *In this example, do not select "ERISA group health plan (GHP)" since it is not the submitter.*

Example 2
 If you work for a Pharmacy Benefits Manager and you are submitting an attestation on behalf of an ERISA plan or an issuer with respect to the issuer's pharmacy benefits, select "Pharmacy Benefits Manager".

Note: *In this example, do not select "ERISA plan" or "Health Insurance Issuer".*

Example 3
 If you work for a health insurance issuer that is attesting on behalf of a fully insured group health plan, select "Health Insurance Issuer."

Note: *Do not select the applicable type of group health plan.*

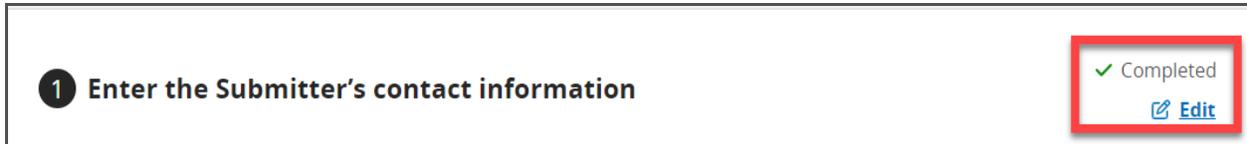
Example 4
 If you work for a plan or issuer that is attesting on its own behalf, select either "Health Insurance Issuer" or the applicable type of group health plan.

Note: *Please select the entity type(s) that you represent.*

- Select “Save and continue” to save your work and move on to Step 2 or Select “Save and exit” to save your progress and return to the attestation later. This can be accomplished from the Submissions Table on the GCPCA Dashboard.

Note: If “Save and continue” is selected, the user will see a green check mark showing that Step 1 has been completed, as well as an “Edit” button (Figure 22), which will allow the user to go back and make any necessary edits.

Figure 22 – The Submitter’s Contact Information Section, Completed



10 – Step 2 - Enter the Attester’s contact information

To enter the Attester’s contact information (Figure 23), follow the steps in Option A if the Submitter and the Attester **are** the same person, or follow the steps in Option B if the Submitter and the Attester **are not** the same person.

Note: The Attestor is the person who will electronically sign the attestation and who has the legal authority to attest for, or on behalf of, the Responsible Entity(ies).

Figure 23 – Enter Attester's Contact Information

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 Responsible 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's first and last name**

*** Attester's position title**

*** Attester's e-mail address**

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

*** Attesting Entity (Attester's Employer)**

Option A: If the Submitter **IS** the same person as the Attester:

- Select the checkbox at the top of the page (Figure 24).

Note: *This will automatically populate the fields with the same information as that in the Submitter's contact information section.*
- Select "Save and continue" to save your work and move on to Step 3 or Select "Save and exit" to save your progress and return to the attestation later. This is accomplished from the Submissions Table on the GCPCA Dashboard.

Note: *If "Save and continue" is selected, you will see a green check mark showing that Step 2 has been completed, as well as an "Edit" button (Figure 26), which will allow you to go back and make any necessary edits.*

Figure 24 – Submitter IS the Same as the Attester

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 Responsible 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's first and last name**

*** Attester's position title**

*** Attester's e-mail address**

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

*** Attesting Entity (Attester's Employer)**

Option B: If the Submitter **IS NOT** the same person as the Attester, **DO NOT** select the checkbox and enter the required information (Figure 25):

- Attester's first and last name
- Attester's position and title
- Attester's e-mail address
- Attester's phone number
- Attesting Entity (Attester's Employer)
- Select "Save and continue" to save your work and move on to Step 3 or Select "Save and exit" to save your progress and return to the attestation later. This is accomplished from the Submissions Table on the GPCCA Dashboard.

Note: If "Save and continue" is selected, you will see a green check mark showing that Step 2 has been completed, as well as an "Edit" button (Figure 26), which will allow you to go back and make any necessary edits.

Figure 25 – Submitter IS NOT the Same as the Attester

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 Responsible 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's first and last name**

*** Attester's position title**

*** Attester's e-mail address**

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

*** Attesting Entity (Attester's Employer)**

[Save and continue](#) [Save and exit](#)

Figure 26 – The Attester's Contact Information Section, Completed

2 Enter the Attester's contact information ✓ Completed
[Edit](#)

11 – Step 3 - Enter Responsible Entity's Details

To complete the Enter Responsible Entity's section, follow the steps in Option A if you are only attesting for one Responsible Entity, and follow the steps in Option B if you are attesting for more than one Responsible Entity.

Option A: Use the Webform to attest for **one** Responsible Entity.

- Select "No" Radio button (Figure 27).

Figure 27 – Enter the Responsible Entity’s Details, “No” Radio Button Option Selected

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

Enter the required information. There is also space for additional information, if needed:

- Name of Responsible Entity (Figure 28)
- Responsible Entity Type
(Figure 28 – **Note:** for a complete list of the available options that are in the drop-down menu, see Figure 29.)
Note: Select the “Blue Question Mark” next to Responsible Entity Type for more information on each Responsible Entity type (Figure 30). Select “Close” to close the help tray window.
- Name of Responsible Entity point-of-contact (Figure 28)
- Employer identification number (Figure 28)
- Plan Number (Figure 28)
Note: This field is only displayed if “ERISA group health plan (GHP)” is selected from the “Responsible Entity type” drop-down.
- Mailing address for the Responsible Entity (Figure 28)
- E-mail address for the Responsible Entity point-of-contact (Figure 31)
- Phone number for the Responsible Entity point-of-contact (Figure 31)
- Are you attesting for all provider agreements?
 - Select “Yes” if attesting for all (Figure 32)
 - Select “No” if attesting for just some of them (Figure 33)**Note:** “Describe your other provider agreement type(s)” will only display if “Other” is selected.
- Enter or Select Start date for Attestation Period (Figure 33)
Note: Select the “Previous attestation date” (Figure 35) button to enter the GCPCA submission date (plus one day if the Responsible Entity has previously attested) and then select “Use selected date” (Figure 36). If you need to edit the start date, you can do so by selecting the “Edit my start date” button (Figure 34).
- Enter the End date of the period covered by the Attestation (Figure 33)
- Additional Information (Figure 33)
 - Such additional information should include, but is not limited to, any prohibited gag clauses that a service provider has refused to remove; the name of the TPA or service provider with which the plan or issuer has the agreement containing the prohibited gag clause; conduct by the service provider that shows the service

provider interprets the agreement to contain a prohibited gag clause; information on the plan's or issuer's requests that the prohibited gag clause be removed from such agreement; and any other steps the plan or issuer has taken to come into compliance with the provision.

- Refer to [FAQs Part 69, Q9](#) for comprehensive guidance on this option.

Note: *This is not a required field; it is optional.*

- Select "Save and continue" to save your work and move on to Step 4 or Select "Save and exit" to save your progress and return to the attestation later. This can be accomplished from the Submissions Table on the GPCCA Dashboard.

Note: *If "Save and continue" is selected and the Submitter is the same as the Attester, you will see a green check mark showing that Step 3 has been completed, as well as an "Edit" button (Figure 37) which allows you to go back and make any necessary edits.*

Note: *If the Attester is different than the Submitter, once the Submitter has selected "Save and continue," the "Let's confirm the Attester's email address" pop-up will display (Figure 38). The Submitter will need to confirm that the Attester's email address is correct. Once the Submitter has verified the email address is correct, the Submitter selects "Send email." The system will send the Attester an access code, the GPCCA system link, and a Submission ID for reference.*

Figure 28 – Enter the Responsible Entity’s Details for a Single Entity, Part 1

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**

* **Responsible Entity type**

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

* **Employer Identification Number**

* **ERISA Plan Number**
This only applies if you are an ERISA plan.

* **Mailing address for the Responsible Entity**

Figure 29 – Type of Responsible Entity Drop-down Options

* **Type of Responsible Entity** ?

Please select an option

- Please select an option
- Church plan
- ERISA group health plan (GHP)
- (Non-Federal) governmental group health plan
- Health insurance issuer/insurer

Figure 30 – Responsible Entity Type Help Tray

Responsible Entity Type Help Close

The term "**Church plan**" refers to a plan established and at all times maintained for its employees by a church or by a convention or association of churches which is exempt from tax under section 501(a) of the Internal Revenue Code, provided that such plan meets the requirements of section 501(b) and (if applicable) section 501(c).

The term "**ERISA Group Health Plan**" refers to an employee welfare benefit plan established or maintained by a private-sector employer or by a private-sector employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise.

The term "**Non-Federal governmental plan**" refers to a governmental plan that is not a Federal governmental plan. Some examples of non-Federal governmental plans are plans that are sponsored by states, counties, school districts, and municipalities. See <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/nonfedgovplans>.

The term "**health insurance issuer/insurer**" means an insurance company, insurance service, or insurance organization (including a health maintenance organization) which is licensed to engage in the business of insurance in a state and which is subject to state law which regulates insurance. This term does not include a group health plan.

Figure 31 – Enter the Responsible Entity’s Details, Single Entity, Part 2

Note: “Describe your other provider agreement type(s)” input field will only be displayed if “other” is selected.

*** 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?**
Examples include Medical, Pharmacy benefit manager, Behavioral health network and/or Other.
 Yes
 No
*** Select the specific type of provider agreement(s) that apply. If you are attesting for a specific provider agreement other than, or in addition to, medical, pharmacy benefit, or behavioral health, choose "other," and enter the specific provider agreement type into the text box.**
Select at least one option below.
 Medical network
 Pharmacy benefit manager network
 Behavioral health network
 Other
*** Describe your other provider agreement type(s)**

Figure 32 – Attesting for All Provider Agreements

*** Are you attesting for all provider agreements?**

Yes

No

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.

Figure 33 – Attestation Period and Other Relevant Information, Not Completed

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

Select a month

*** End date**

For example: January 19 2022

Month Day Year

Select a month

Additional Information

Provide any other information that is relevant to this attestation.

1000 characters remaining

Figure 34 – Attestation Period and Other Relevant Information, Completed

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: 09 - September | Day: 17 | Year: 2023 | [Edit my start date](#)

*** End date**
For example: January 19 2022

Month: 09 - September | Day: 16 | Year: 2024

Additional Information
Provide any other information that is relevant to this attestation.
985 characters remaining

This is a test.

[Save and continue](#) | [Save and exit](#)

Figure 35 – Last Year’s Completed Submissions, with “Use selected date” Option Disabled

Last year's completed submissions [Close](#)

Select the completed attestation submitted date that you want to use as your attestation start date. The start date will be one day after the submitted date.

Showing 1 to 1 of 1 Submissions

	Submission ID	Entity Name	Entity FEIN	Submitted date
<input type="radio"/>	5718	John Doe LLC Group Health Plan	22222222	09/16/2023

[Use selected date](#) | [Cancel](#)

Figure 36 – Last Year’s Completed Submissions, with “Use selected date” Option Enabled

Last year's completed submissions [Close](#)

Select the completed attestation submitted date that you want to use as your attestation start date. The start date will be one day after the submitted date.

Showing 1 to 1 of 1 Submissions

	Submission ID	Entity Name	Entity FEIN	Submitted date
<input checked="" type="radio"/>	5718	John Doe LLC Group Health Plan	222222222	09/16/2023

Use selected date
Cancel

Figure 37 – The Responsible Entity’s Details Section, Completed

3 Enter Responsible Entity’s details
✓ Completed [Edit](#)

Figure 38 – Confirm Attester’s E-mail Address Section When the Attester and Submitter Are Not the Same Person

Let's confirm the Attester's e-mail address. [Close](#)

Verify that the Attester's e-mail is correct, if not please enter the correct e-mail address. Once verified, an access code will be generated from submissions@cms.hhs.gov and e-mail to your chosen Attester.

*** Attester's e-mail address**

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

Send E-mail
Cancel

Option B: Upload the Responsible Entity Excel Template in the GCPCA Webform to attest for **multiple** Responsible Entities. See User Manual Sections 14 and 15, and Table 2 (Section 17) for instructions on how to complete the Responsible Entity Excel Template.

Steps to upload completed Responsible Entity Excel Template (**Note:** *This will be uploaded as a tab-delimited text file*):

- Select “Yes” Radio button (Figure 39).

Figure 39 – Enter Responsible Entity’s Details “Yes” Radio button

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 Details

Complete and upload the **Responsible Entity Excel Template** for entities on whose behalf you are submitting the attestation. For detailed instructions, please select the "View detailed instructions" link and also refer to the GPCCA User Manual.

[View detailed instructions](#)

*** Upload entity list**

The entity list must be in text tab-delimited format.

Drag files here or [choose from folder](#)

Additional Information

Provide any other information that is relevant to this attestation.

1000 characters remaining

Save and continue **Save and exit**

Upload the completed Responsible Entity Excel Template as a tab-delimited text file. Enter additional information, if needed:

- If you are providing information for multiple Responsible Entities, you will need to complete and then upload the Responsible Entity Excel Template

Note: *The following sources are available for guidance on completing and uploading the Excel Template:*

1. *In this document, go to sections [15 and 16](#)*
 2. *In the Webform, select the “View detailed instructions” hyperlink (also shown below as Figure 41)*
 3. *In the GCPCA Form Instructions, the link for the instruction PDF file can be found in the “Get Started” section on the GCPCA Dashboard (Figure 8).*
- **Additional Information (Figure 39)**
 - *Such additional information should include, but is not limited to, any prohibited gag clauses that a service provider has refused to remove; the name of the TPA or service provider with which the plan or issuer has the agreement containing the prohibited gag clause; conduct by the service provider that shows the service provider interprets the agreement to contain a prohibited gag clause; information on the plan’s or issuer’s requests that the prohibited gag clause be removed from such agreement; and any other steps the plan or issuer has taken to come into compliance with the provision.*
 - *Refer to [FAQs Part 69, Q9](#) for comprehensive guidance on this option.*
 - *Select “Save and continue” to save your work and move on to Step 4 or Select “Save and exit” to save the record and return to the attestation later. This can be accomplished from the Submissions Table on the GCPCA Dashboard.*

Note: *If “Save and continue” is selected and the Submitter is the same as the Attester, you will see a green check mark showing that Step 3 has been completed, as well as an “Edit” button (Figure 37) which will allow you to go back and make any necessary edits.*

If the Attester is different than the Submitter, after the Submitter has selected “Save and continue,” instead of moving on to Step 4, the following pop-up will be displayed: “Let’s confirm the Attester’s email address” (Figure 42). The Submitter will need to confirm that the Attester’s email address is correct. Once the Submitter has verified that the email address is correct, the Submitter will select “Send email.” The system will send the Attester an access code, the GCPCA system link, and a Submission ID for reference.

The system will validate the Excel Template upon upload. The Submitter will have to correct any errors before proceeding (Figure 75). See Section 15 for more details on correcting errors.

Figure 40 – Multiple Responsible Entity Attestation Workflow

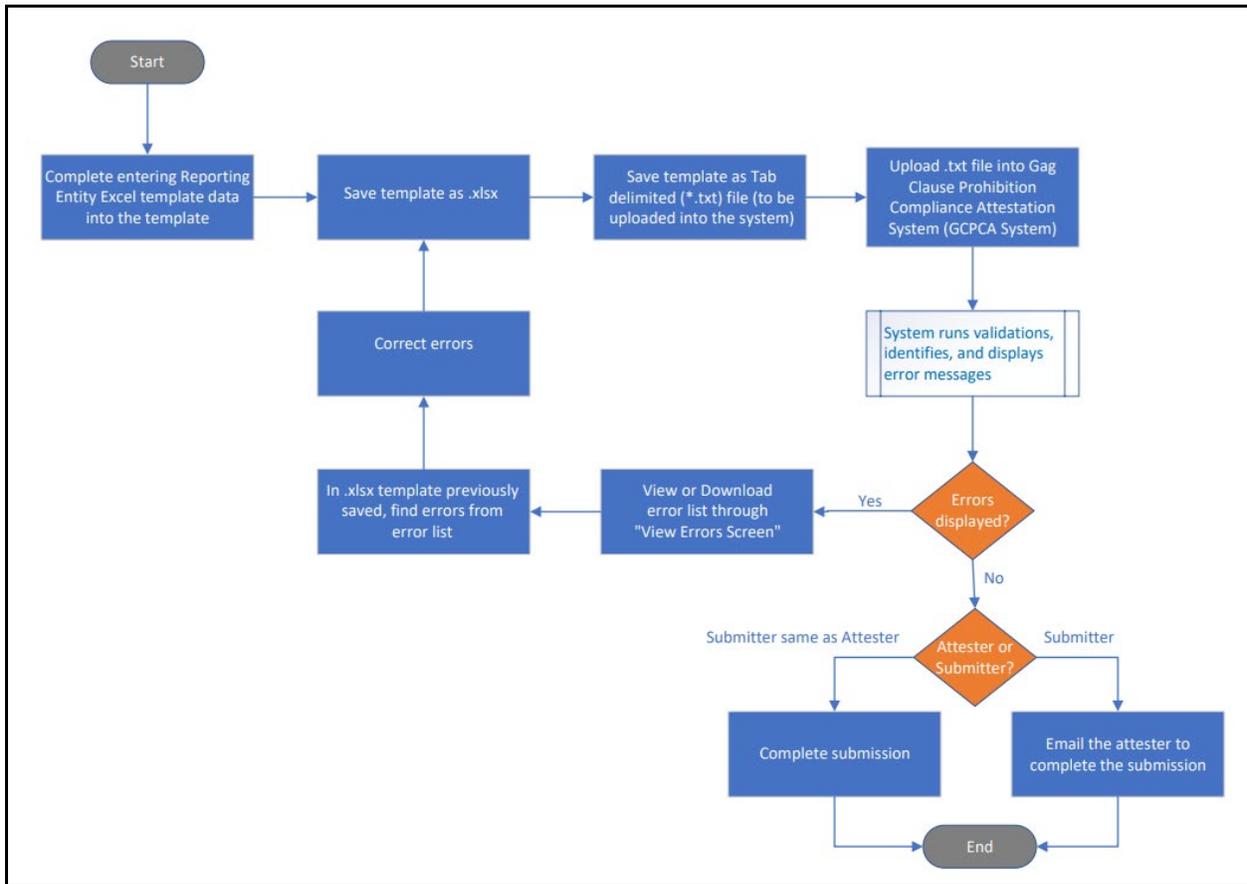
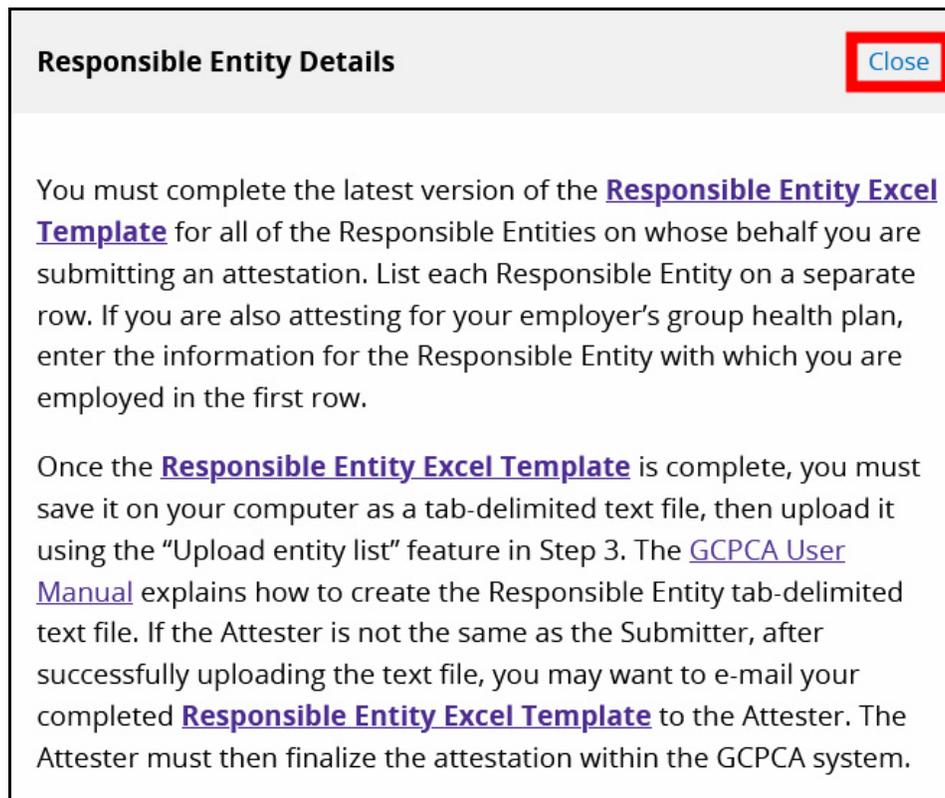


Figure 41 – Responsible Entity Details Help Information



12 – Step 4 - Review your submission and attest

The Attester and Submitter must both review the submission. If edits are needed, the Submitter must make them.

- The Attester selects the “Submission ID” hyperlink from the Submissions Table (Figure 7).
 - The Attester should review the information for accuracy.
 - The Attester advises the Submitter if changes are needed as the Attester cannot make any edits to the GPCCA submission.
- The Submitter will then review the submission again and make any needed edits by selecting the “Edit” button for the applicable step (Figure 42, Figure 43, and Figure 44).
- The Attester will select “Save and continue” to save the work and move on to Step 5 or Select “Save and exit” to save their progress and return to the attestation later. This is accomplished from the Submissions Table on the GPCCA Dashboard.

Note: If “Save and continue” is selected, the user will see a green check mark showing that Step 4 has been completed, as well as an “Edit” button (Figure 45) which will allow the user to go back and make any necessary edits.

Figure 42 – Review Your Submission and Attest - Contact Information

4 **Review your submission and attest**
 Edit

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		
Attestation year 2024	Submitter's first and last name Jane Doe	Submitter's position title CEO
Submitter's e-mail address Jane@Doe.com	Submitter's phone number (123) 456-7890	Submitter's employer name Jane Doe LLC
Entity ERISA group health plan (GHP) or sponsor of ERISA plan, including a plan sponsored or established by a union		
Attester's contact information		
Attester's first and last name John Doe	Attester's position title CFO	Attester's e-mail address John@Doe.com
Attester's phone number (123) 456-7890	Attesting entity (Attester's employer) Jane Doe LLC	

Figure 43 – Review Your Submission and Attest, Single Responsible Entity

Responsible Entity's attestation detail
 Edit

Responsible Entity's name John Doe LLC Group Health Plan	Responsible Entity's type ERISA group health plan (GHP)	Responsible Entity's point of contact John Doe
Responsible Entity's EIN 222222222	ERISA Plan Number 501	Responsible Entity's mailing address 123 ABC St Somewhere, DC 12345
Responsible Entity's e-mail address John@doe.com	Responsible Entity's phone number (123) 456-7890	Provider agreement type(s) Imaging Benefits
Attestation Period 01-15-2024 to 01-14-2025		
Additional Information This is a test.		

Save and continue

Save and exit

Figure 44 – Review Your Submission and Attest, Multiple Responsible Entities

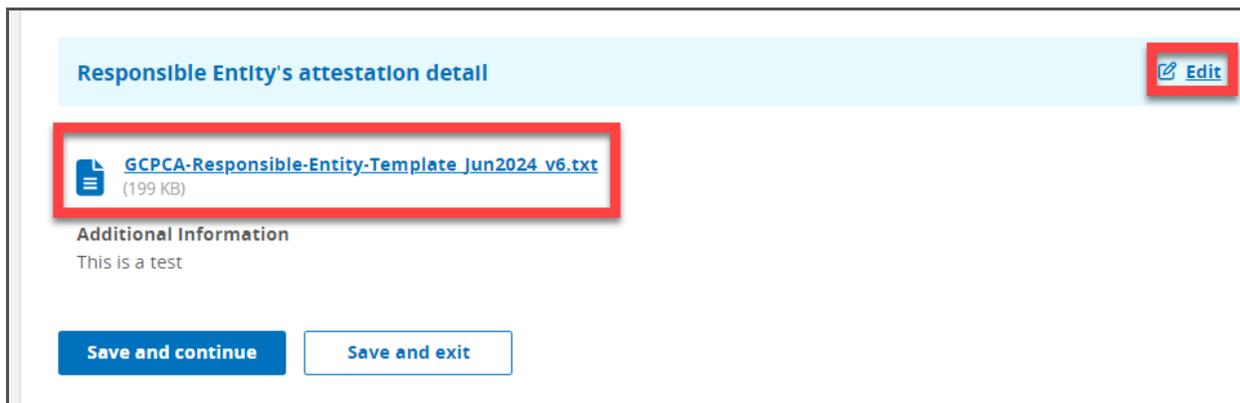


Figure 45 – The Review Your Submission and Attest Section, Completed



13 – Step 5 Verify the Responsible Entity Type(s) for Which You Are Attesting

As the Attester, you must select, at a minimum, that you are attesting either on behalf of a group health plan or an insurance issuer:

- Thoroughly read the selections for group health plans and health insurance issuers (Table 1).
- Select one or both checkboxes next to “I’m attesting on behalf of group health plans and/or health insurance issuers” (Figure 46).
- Check the box next to “I attest that all information in this submission is accurate.”
- Enter your name as listed in Step 2 in the “Please enter your full name to sign this attestation” input field (Figure 47).
- Select “Submit” (Figure 48).
- Select “Return to dashboard” to return to your Dashboard if no receipt is needed. If receipt is needed select “Print submission receipt” on the Submission Successful pop-up window (Figure 49).
- Select “Save” to print, or save the receipt as a PDF (Figure 50)

Note: *This is your only chance to print and/or save the Submission receipt. If you need the receipt, print, or save it at this step. If the submission is edited and resubmitted, it can be re-saved at that time.*

Figure 46 – Step 5, Select the Responsible Entity Type(s) on Whose Behalf You Are Attesting and Read the Attestation

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

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 and except as provided herein, the group health plan(s) or health insurance issuer(s) offering group health insurance coverage on whose behalf I am signing has not, for the dates specified and as provided in the foregoing information, 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/or 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 and except as provided herein, the health insurance issuer(s) offering individual health insurance coverage on whose behalf I am signing has not, for the dates specified and as provided in the foregoing information, 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).

I'm attesting on behalf of health insurance issuers offering individual health insurance coverage.

Figure 47 – Step 5, Confirm that the Submitted Information is Accurate

Attest to the Responsible Entity's compliance with the Gag Clause Prohibition Compliance requirement

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.

*** To sign this attestation, enter your full name below.**

Signed submission date
04/04/2024 01:52 PM

[Start over](#)

Figure 48 – Step 5, Attester, Enter Your Full Name and Submit

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

Health insurance issuers offering individual health insurance coverage

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).

I'm attesting on behalf of health insurance issuers offering individual health insurance coverage.

Attest to the Responsible Entity's compliance with the Gag Clause Prohibition Compliance requirement

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.

*** To sign this attestation, enter your full name below.**

Jane Doe

Signed submission date
04/04/2024 01:53 PM

[Start over](#)

Figure 49 – Step 5, Submission Successful Pop-up Window

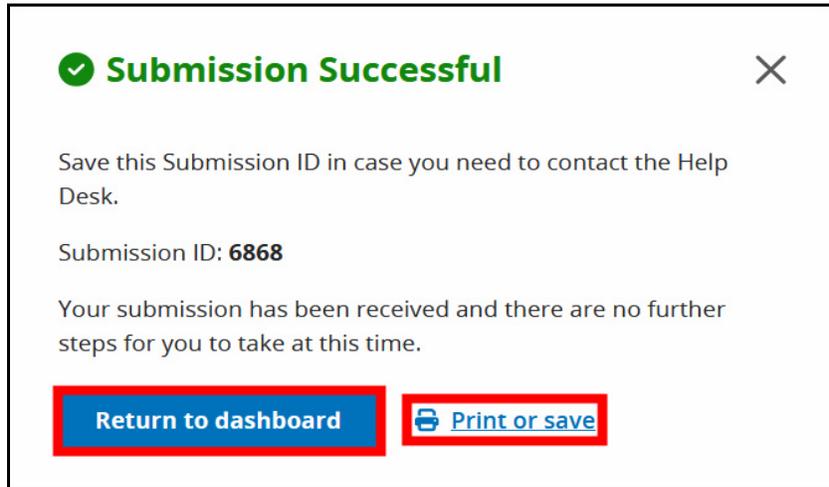


Figure 50 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 1

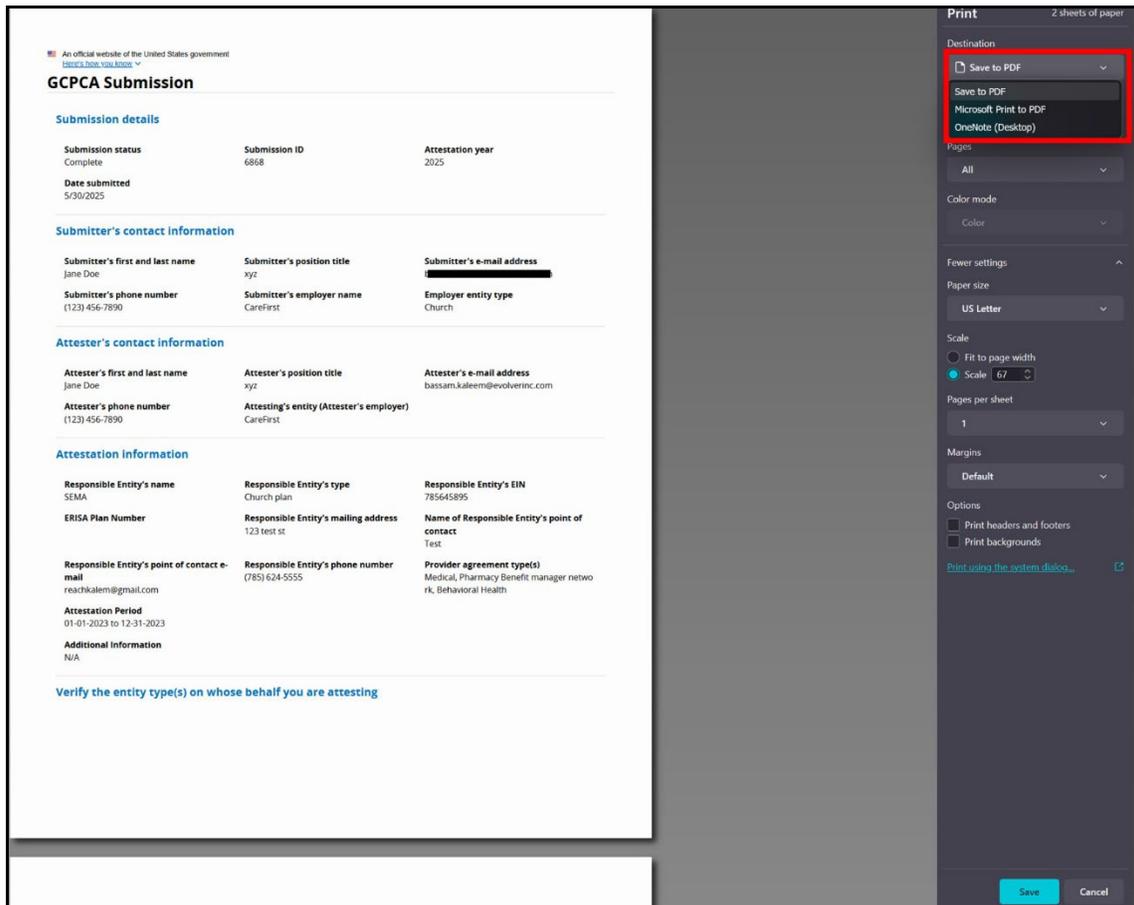


Figure 51 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 2

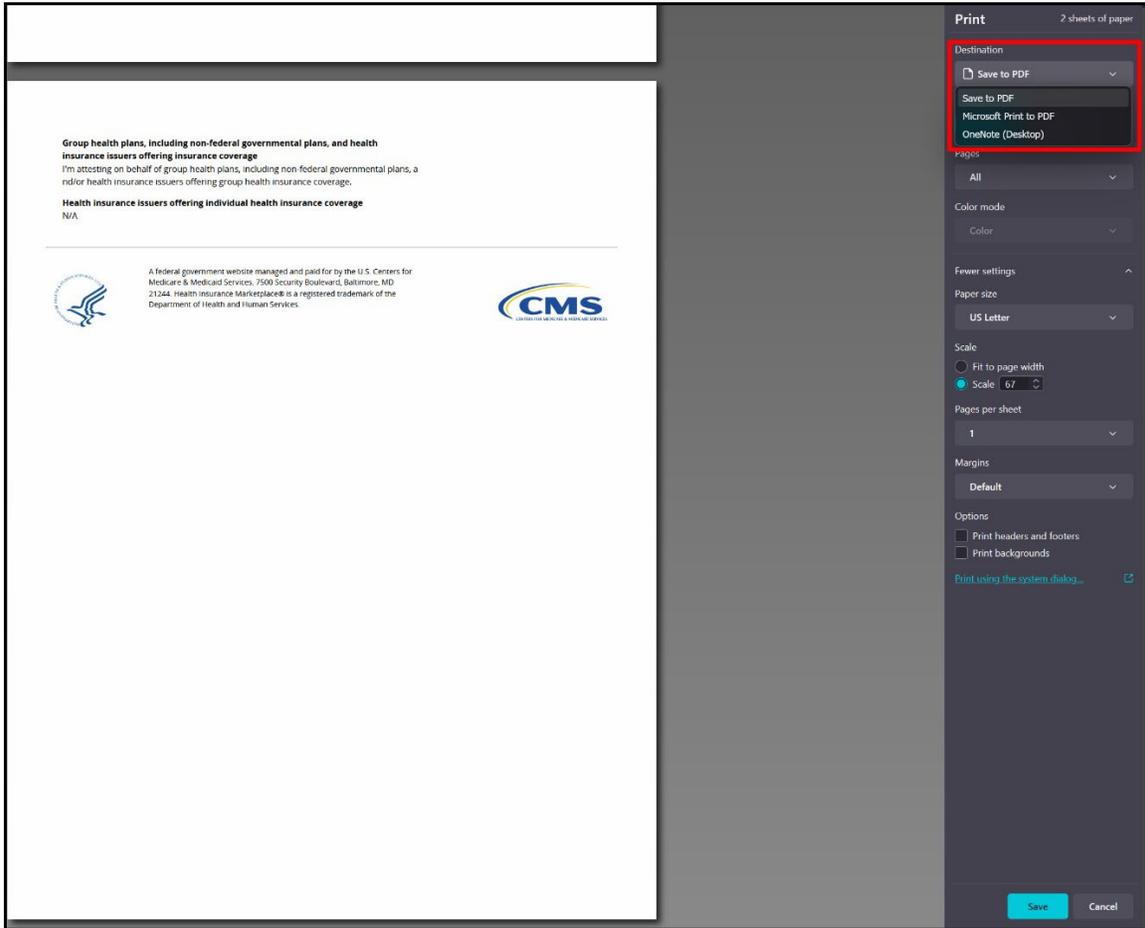


Figure 52 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 1

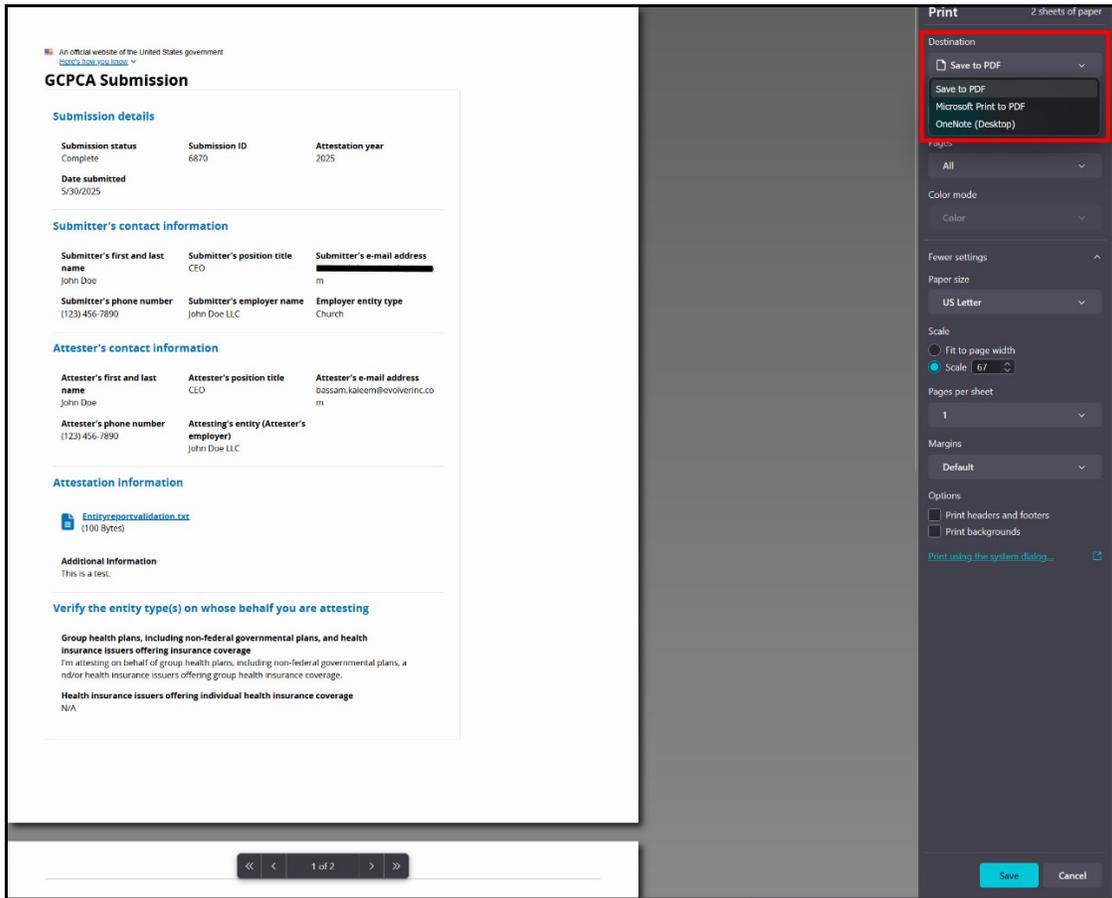
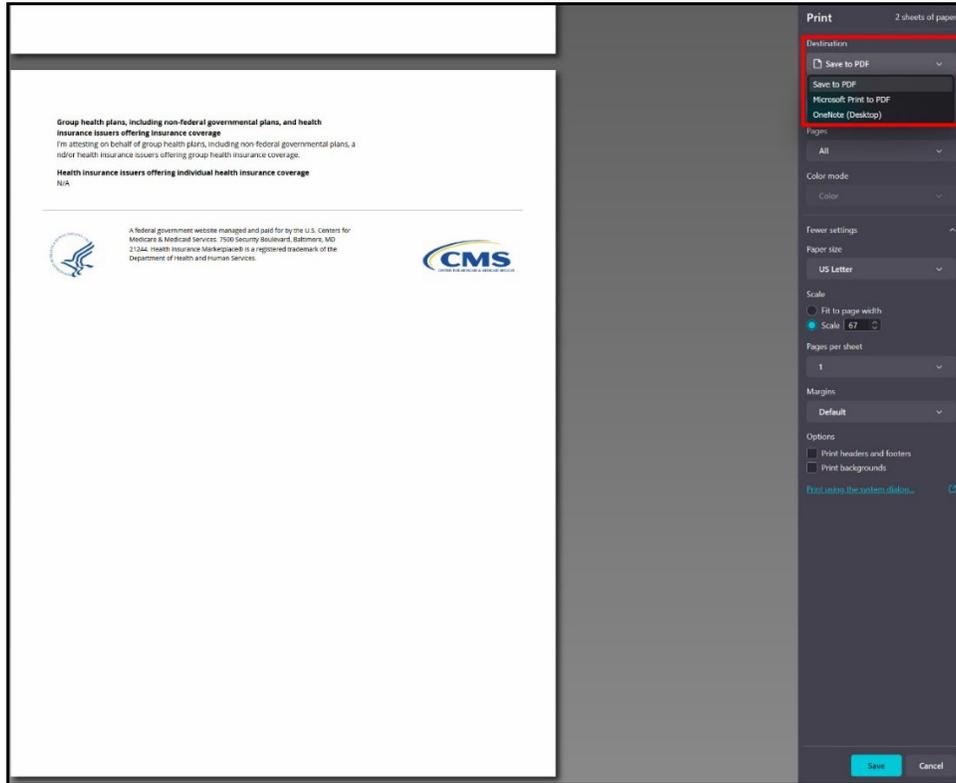
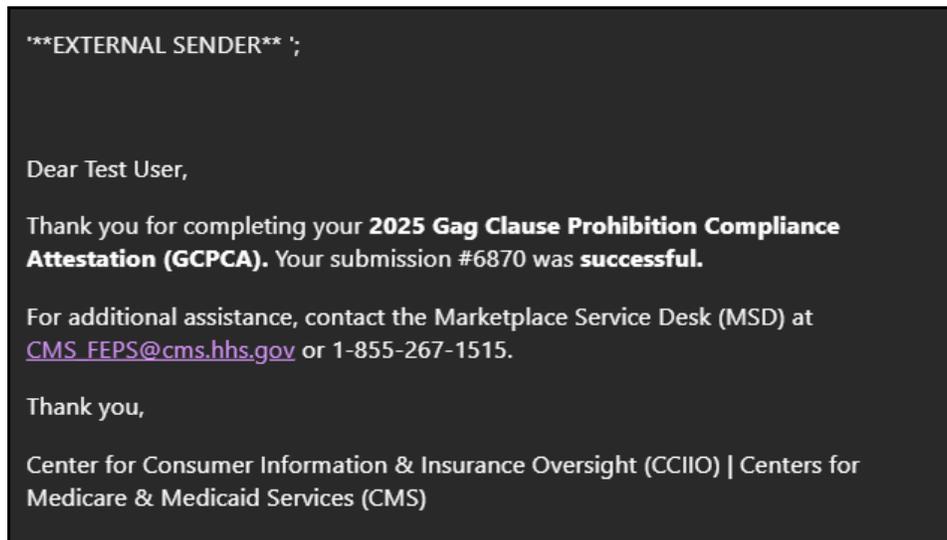


Figure 53 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 2



When you have completed a submission and it has been successfully submitted, a confirmation via email will be sent (Figure 54).

Figure 54 – Submission Completion Email



14 – View and/or Edit a Completed Submission

Users can view and/or edit a completed submission by selecting the “Submission ID” for the Submission they want to view and/or edit from the “Submissions” table on the GPCCA Dashboard:

- Select the “Submission ID” Hyperlink (Figure 55)
- Review each section (Figure 56 and Figure 46)
 - Single Responsible Entity (Figure 58)
 - Multiple Responsible Entities (Figure 59)
- Select the “Print” button to print or save the submission record (Figure 56)

Note: If “Print” is selected a pop-up will open allowing user to print a full submission record (Figure 49)
- Select the “Edit” button if any edits are needed (Figure 56)

Note: If edits are needed, select the “Continue” option that is in the warning message. This will move the completed submission back to “In Progress” (Figure 61).
- Select the “Delete” button to delete the submission (Figure 56)

Note: If “Delete” is selected, a warning message will appear asking the user to confirm the deletion (Figure 62). Users must type “DELETE” to enable the delete submission button (Figure 63).

Figure 55 – Select “Submission ID” Hyperlink

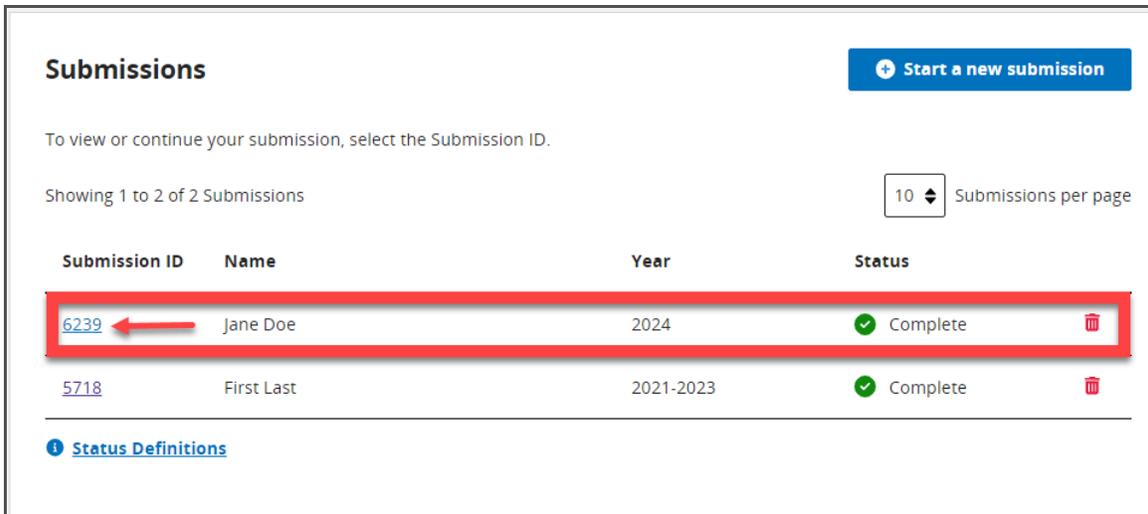


Figure 56 – View Completed GPCCA Submission, Part 1

GPCCA Submission #6239

Below is the status and summary for your submission.

[Return to GPCCA Dashboard](#)

Print
 Delete
 Edit

✔ Complete

The submission was completed and has been submitted.

Submission details

Submission status Complete	Submission ID 6239	Attestation year 2024
Date submitted 4/5/2024		

Figure 57 – View Completed GPCCA Submission, Part 2

Submission details

Submission status Complete	Submission ID 6239	Attestation year 2024
Date submitted 4/5/2024		

Submitter's contact information

Submitter's first and last name Jane Doe	Submitter's position title CEO	Submitter's e-mail address [REDACTED]
Submitter's phone number (123) 456-7890	Submitter's employer name Jane Doe LLC	Employer entity type GHP

Attester's contact information

Attester's first and last name John Doe	Attester's position title CFO	Attester's e-mail address John@Doe.com
Attester's phone number (123) 456-7890	Attesting entity (Attester's employer) Jane Doe LLC	

Figure 58 – View Completed GPCCA Submission, Single Responsible Entity

Attestation Information		
Responsible Entity's name John Doe LLC	Responsible Entity's type ERISA group health plan (GHP)	Responsible Entity's EIN 222222222
ERISA Plan Number 123	Responsible Entity's mailing address 123 ABC St Somewhere, VA 12345	Name of Responsible Entity's point of contact John Doe
Responsible Entity's point of contact e-mail John@Doe.com	Responsible Entity's phone number (123) 456-7890	Provider agreement type(s) Imaging Benefits
Attestation Period 09-17-2023 to 09-16-2024		
Other information Test		

Figure 59 – View Completed GPCCA Submission, Multiple Responsible Entities

Attestation Information	
 GPCCA-Responsible-Entity-Template_Jun2024_v6.txt (100 Bytes)	
Additional Information This is a test	

Figure 60 – Print Completed GPCCA Submission

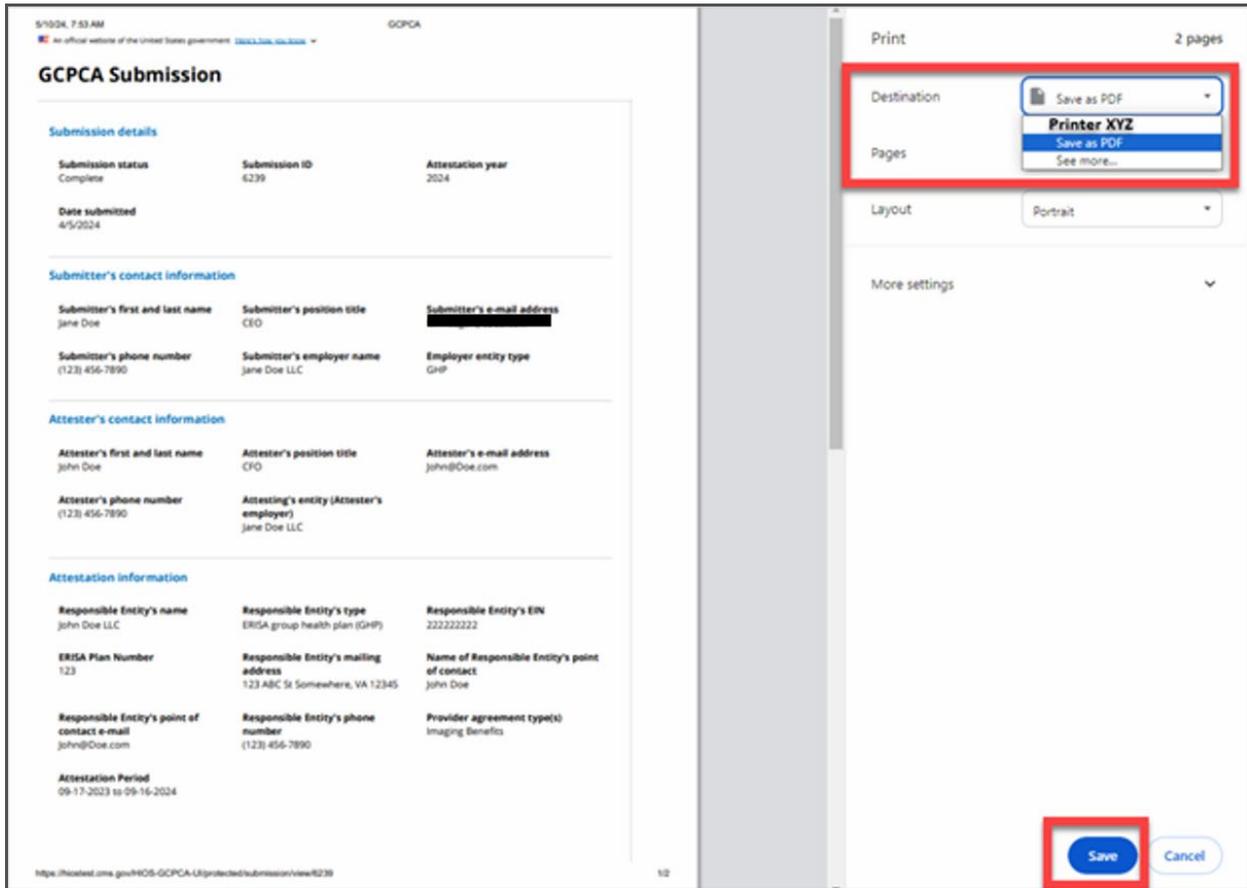


Figure 61 – Warning Message: Status of Completed GPCCA Submission Will Be Changed From Complete Back to In Progress

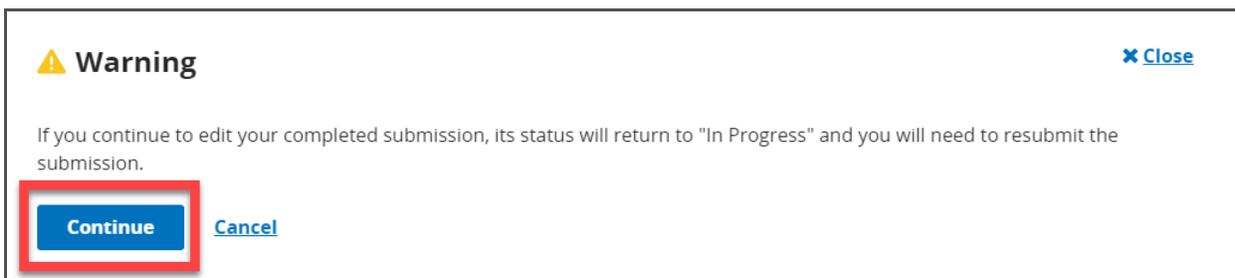


Figure 62 – Warning Message: Confirm Deletion for Completed GPCCA Submission



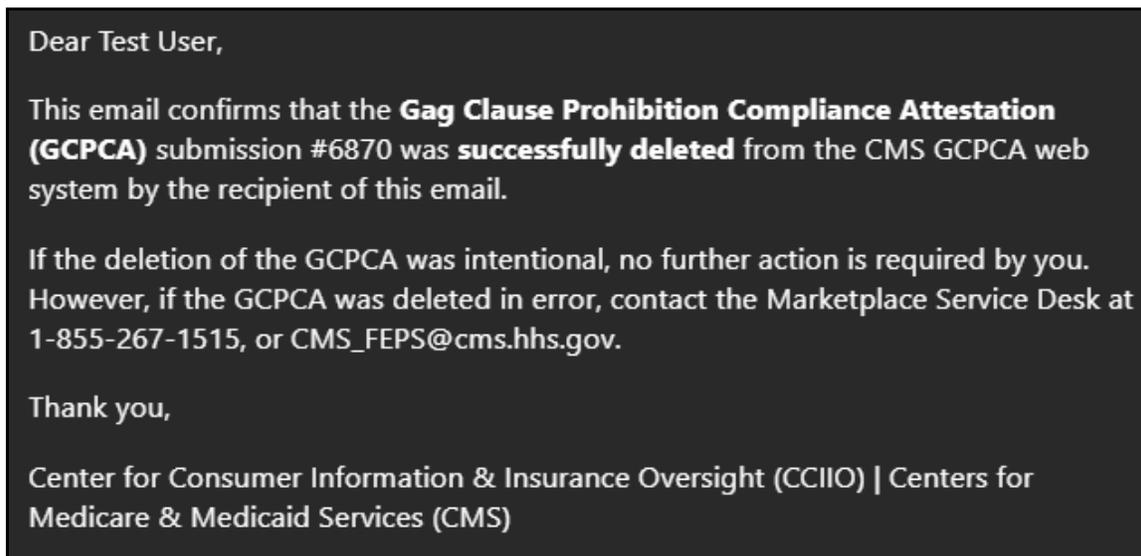
Figure 63 – Warning Message: Type "DELETE"



Figure 64 – GPCCA Submission Deletion Confirmation Message



Figure 65 – Email Confirmation of Submission Deletion



15 – How to Complete the Responsible Entity Excel Template at Step 3

If you are submitting a GPCCA for more than one Responsible Entity, you will need to complete the Responsible Entity Excel Template:

- Download the current version of the Excel Template from the GPCCA Dashboard (Figure 8)
- Enter the requested information in the required fields on the Template (Figure 66, Figure 67, and Figure 68).

Note: See Table 2 for more details on the information that should be entered in each field.

If you are attesting on behalf of a Responsible Entity that you work for, as well as other Responsible Entities, include the information for each Responsible Entity.

Only one Responsible Entity per row is permitted.

Sections 2.3 and 2.3.1 in the GPCCA Form Instructions provide specific guidance on completing and uploading the Responsible Entity tab-delimited text file.

Figure 66 – Responsible Entity Excel Template (columns A-F)

A	B	C	D	E	F
Required field*		Church plan, ERISA group health plan (GHP), (Non-Federal) governmental group health plan, or Health insurance issuer/insurer	Only applies to ERISA group health plans and sponsors of ERISA group health plans	Date range covered by the attestation for each Responsible Entity	
Name of Responsible Entity*	Employer Identification Number (EIN)*	Responsible Entity Type*	Plan Number	Start Date (mm-dd-yyyy)*	End Date (mm-dd-yyyy)*

Figure 67 – Responsible Entity Excel Template (columns G-J)

G	H	I	J
Responsible Entity Information			
Mailing Address for the Responsible Entity*	Name of Responsible Entity's Point-of-Contact*	E-mail Address for Responsible Entity's Point-of-Contact*	Phone Number for Responsible Entity's Point-of-Contact*

Figure 68 – Responsible Entity Excel Template (columns K-P)

K	L	M	N	O	P
If attesting for all of the plan's or issuer's provider agreements, place a Y in the cell below	If attesting for a specific type(s) of provider agreement only , place a Y below in the applicable cells of the column(s) that apply; otherwise leave the column blank			If attesting for a specific type(s) of provider agreement(s) other than or in addition to those in columns L - N, list them in the cell below, separated by a semi-colon.	*Either Column K must be marked with a Y or one of the following: at least one of columns L-N must be marked with a Y and/or column O must identify one or more provider agreement types.
Attestation is for All Provider Agreements	Medical network	Pharmacy benefit manager network	Behavioral health network	Other Type(s) of Provider Agreement(s)	

- Once the information is entered in the Excel Template, you will need to first save the file in Excel format on your computer (.xlsx) (Figure 69 and Figure 70):
 - Select “File”
 - Select “Save As”
 - Give the file a unique name.

Note: File names may only contain one period and that is the one before the file type (e.g., GPCCA_2024_CompanyA.xlsx).

- Confirm the file type says “Excel Workbook (*.xlsx)”
- Select “Save”

Note: If you do not want to save the file in your computer's default location, instead of selecting “Save,” select “Browse,” browse to the folder you want to save the file in, and then select “Save.”

Note: This is the file you will e-mail to the Attester, if you are not the Attester. It is also the file that you will need to update in the event you receive any validation errors when you try and upload it. The saved Excel Template can also be used as the starting point for future attestations.

Figure 69 – Save as Excel Workbook (*.xlsx), Part 1

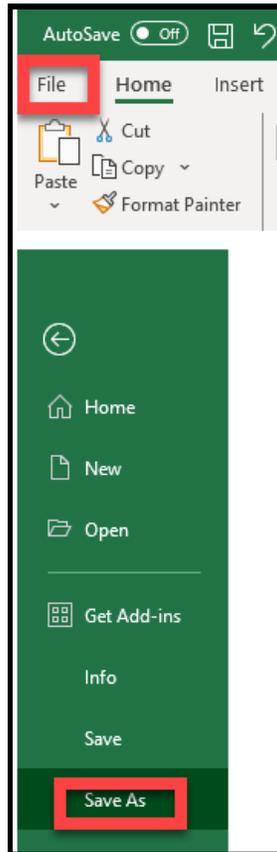
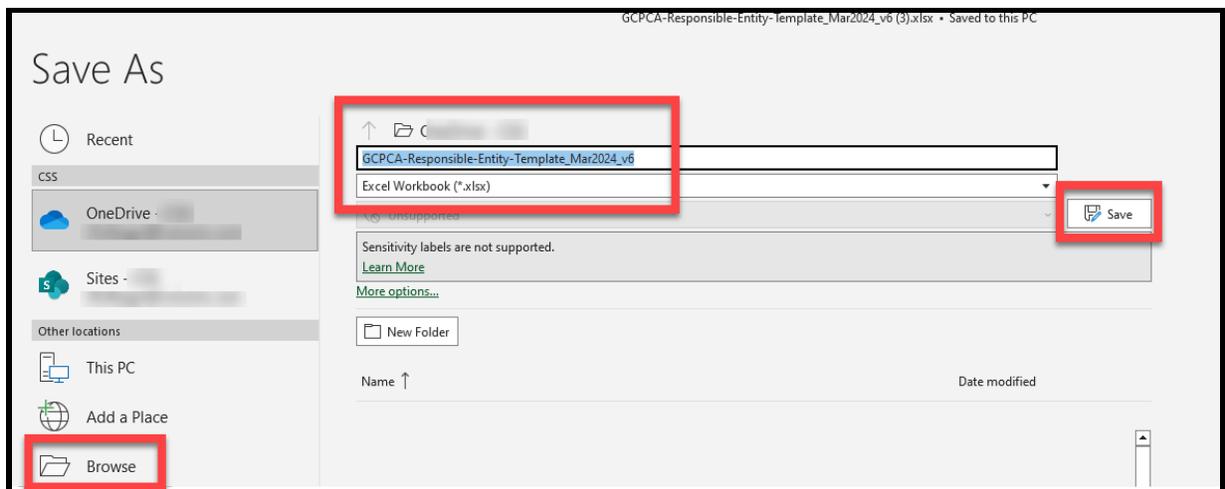


Figure 70 – Save as Excel Workbook (*.xlsx), Part 2



- After saving the file in the Excel format (.xlsx), you need to save it as a tab-delimited (.txt) file on your computer (Figure 71, Figure 72, and Figure 73):
 - Select “File”

- Select “Save a Copy”
- Give the file a unique name.

Note: We recommend naming the .txt file the same name as the .xlsx file so that you know which files belong together.

File names may only contain one period and that is the one before the file type (i.e., GCPCA_2024_CompanyA.txt).

- Select “Text (tab-delimited) (*.txt)” from the file type drop-down menu)
- Select “Save.”

Note: If you do not want to save the file in the default location on your computer, instead of selecting “Save” select “Browse,” browse to the folder you want to save the file in, and then Select “Save.”

This is the file you will upload in Step 3 on the GCPCA Webform.

- Login to the GCPA Webform and upload the Text (tab-delimited) (*.txt) file in Step 3
- After **successfully uploading** the text file with no validation errors, if you **are not** the Attester, email the completed Responsible Entity Excel Template to the Attester for their review.

Figure 71 – Save as Text (tab-delimited) (*.txt), Part 1

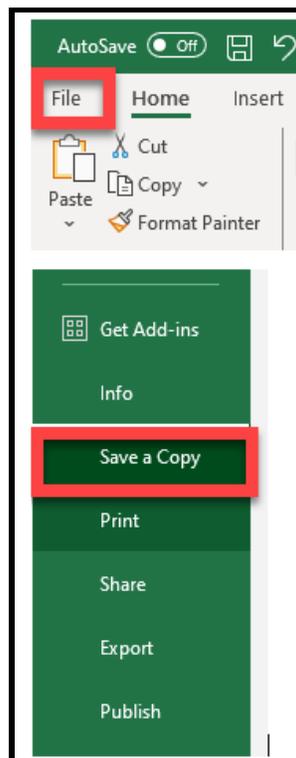


Figure 72 – Save as Text (tab-delimited) (*.txt), Part 2

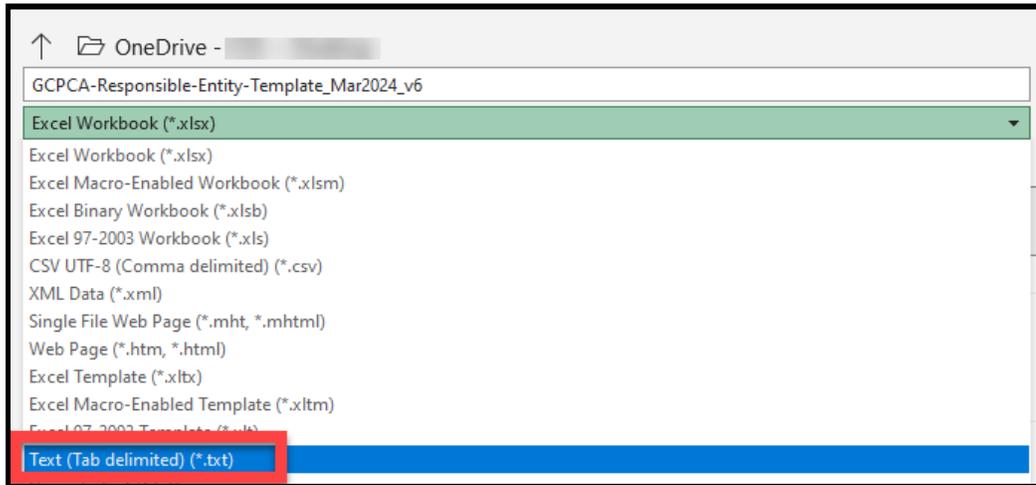
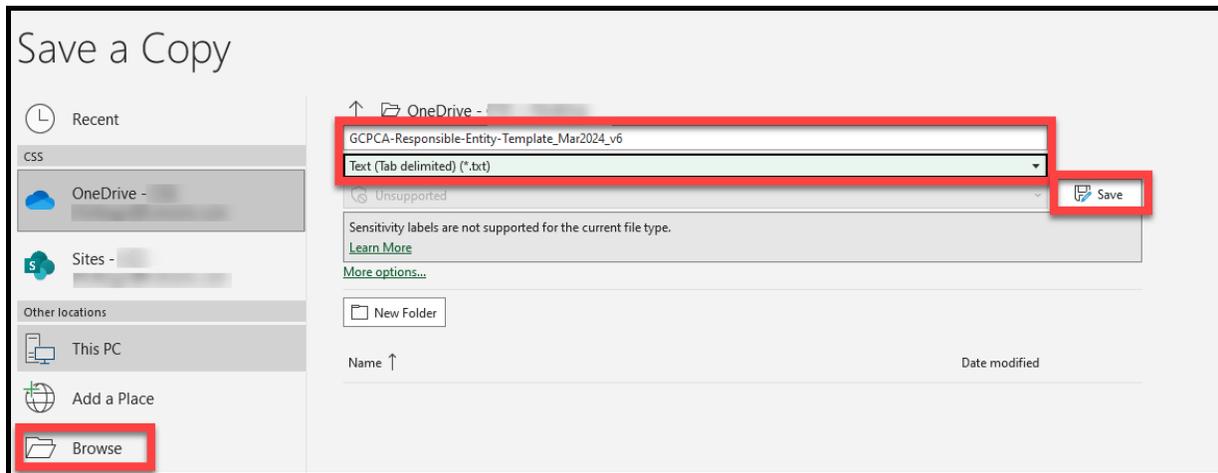


Figure 73 – Save as Text (tab-delimited) (*.txt), Part 3



16 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validations

The tab-delimited text file will be uploaded during Step 3 (Figure 39). The system will validate the tab-delimited text (*.txt) file during this process. If no System Validation errors are found, the user will see a green check mark next to the file name, along with the option to delete the file (Figure 74). Also, if no System Validation errors are found, the user can select “Save and continue” to save their work and move on to Step 4 or Select “Save and exit” to save the information previously entered as well as the Excel Template, and return to the attestation later (from the GPCCA Dashboard).

Figure 74 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation with No Errors Found

The screenshot shows a webform titled "3 Enter Responsible Entity's details". It includes a section for selecting "Yes" or "No" based on whether the user is submitting on behalf of multiple groups. Below this is the "Responsible Entity Details" section, which contains instructions to upload a "Responsible Entity Excel Template" and a link to "View detailed instructions". A section titled "* Upload entity list" states that the file must be in tab-delimited format. At the bottom, a file upload table shows a file named "GPCCA-Responsibl... .txt" (198 KB, uploaded 05/10/2024 08:22 AM) with a green checkmark icon and a "Delete" button. Red boxes highlight the file name and the delete button.

If the system detects any errors in your Responsible Entity Excel Template, you will need to first correct these errors before being allowed to complete the submission:

- Upload the Responsible Entity Text (tab-delimited) (*.txt) file.
- Errors found (Figure 75)
 - Note:** *The error list will tell the user the column in which the error occurs, what the error is, and in which cell the error occurs.*
- Select "View" to see the errors (Figure 75)
- Select the "Print or save errors" button to open the print window (Figure 76)
- Select "Save" to print or to save the Error list as a PDF (Figure 77)
- Select "Cancel" or "Close" the Error list on the Webform (Figure 76)
- Use the Error list that was printed or saved to make the necessary corrections to the Responsible Entity Excel Template that you previously saved and that was used to create the tab-delimited text (*.txt) file.
- Repeat the steps in [Section 15](#) for saving the Excel Template as an Excel Workbook (*.xlsx) and Text (tab-delimited) (*.txt) file.
- Upload the new, corrected, tab-delimited text (*.txt) file.
- Repeat this entire process, as necessary, until all System Validation errors are resolved.

Figure 75 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation with Errors View, Button

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 Details

Complete and upload the **Responsible Entity Excel Template** for entities on whose behalf you are submitting the attestation. For detailed instructions, please select the "View detailed instructions" link and also refer to the GPCCA User Manual.
[View detailed instructions](#)

*** Upload entity list**
 The entity list must be in text tab-delimited format.


 Drag files here or [choose from folder](#)


GPCCA-Responsibl... .txt

3 errors found. Review the errors, fix them, and upload a new file above. You cannot submit this data with these errors.

× Clear
View

Figure 76 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation Errors Print Errors, Button

! Errors found in EntityreportvalidationMDH1Errors2.txt

×

There were 1 errors found in your uploaded file "EntityreportvalidationMDH1Errors2.txt".

Use the table below to find and resolve the errors, then re-upload your file.

10 error per page

Field name	Error description & resolution	Cell location in Excel
Group Health EIN	"Employer identification number" must be a 9 digit, numeric value, with no special characters. Remove any non-numeric characters.	3-B

 Print or save errors

Cancel

Figure 77 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation Print Errors

5/19/24, 8:43 AM Validation error data for GPCCA-Responsible-Entity-Template_Jun2024_v6.txt

3 errors found in GPCCA-Responsible-Entity-Template_Jun2024_v6.txt

There were 3 errors found in your uploaded file "GPCCA-Responsible-Entity-Template_Jun2024_v6.txt".

Use the table below to find and resolve the errors, then re-upload your file.

Field name	Error description & resolution	Cell location in Excel
Entity Mailing Address	Value must not be blank.	3-G
Group Health Plan Number	Group health plan number is needed for ERISA plans and sponsors of ERISA plans.	4-D
Group Health EIN	Employer identification number must be a 9 digit, numeric value, with no special characters. Please remove any non-numeric characters.	5-B

Print 1 page

Destination Save as PDF Printer XYZ Save as PDF See more...

Pages

Layout Portrait

More settings

Save Cancel

<https://hiostest.cms.gov/HIOS-GPCCA-UI/protected/submission/create/R239> 1/1

17 – Group Health Plan and Health Insurance Issuer Attestation Statements

Table 1 - Group Health Plan and Health Insurance Issuer Attestation Statements

Note: *These are the statements the Attester needs to read and attest to, based on whether they are attesting for a group health plan, a health insurance issuer, or both.*

Type of Entity	Statement
<p>Group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage</p>	<p>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 and except as provided herein, the group health plan(s) or health insurance issuer(s) offering group health insurance coverage on whose behalf I am signing has not, for the dates specified and as provided in the foregoing information, 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 —</p> <ol style="list-style-type: none"> 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 — <ol style="list-style-type: none"> 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.

Type of Entity	Statement
<p>Health insurance issuers offering individual health insurance coverage</p>	<p>I attest that, in accordance with section 2799A-9(a)(2) of the Public Health Service Act and except as provided herein, the health insurance issuer(s) offering individual health insurance coverage on whose behalf I am signing has not, for the dates specified and as provided in the foregoing information, 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 —</p> <ol style="list-style-type: none"> 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)

18 – Responsible Entity Excel Template Fields and Instructions

Table 2 - Responsible Entity Excel Template data validations

Note: All fields marked with an asterisk (*) are required fields.

Column Heading	Instructions
Name of the Responsible Entity*	Enter the name of the Responsible Entity (i.e., the health insurance issuer or employer-sponsored group health plan), as applicable. Only one name should be included per row.
Employer Identification Number (EIN)*	Enter the Responsible Entity's 9-digit EIN. Include leading zeros if the EIN is fewer than 9 digits. Do not use dashes. Ex: 001234567. Most Responsible Entities, including plans of state and local government agencies and non-profit organizations, have EINs. If you do not know the Responsible Entity's EIN, you may be able to obtain this information from the Responsible Entity's payroll or accounting department. If the Responsible Entity is a group health plan and the group health plan does not have its own EIN, enter the EIN for the plan sponsor.
Plan Number	For ERISA plans only, include the three-digit Plan Number that is included on the plan's Form 5500. If the plan is not required to file a Form 5500 or the number is unknown, enter three zeros (000).
Responsible Entity Type*	Select from the drop-down menu or enter one of the following Responsible Entity types: ERISA plan, Church plan, (Non-Federal) governmental group health plan, Issuer/Insurer. If your plan is not a Church plan, governmental plan, or Issuer that sells insurance, it is an ERISA plan.
Date Range for each Responsible Entity*	If your attestation does not cover the entire period since the Responsible Entity's most recent attestation (or, in the case of a Responsible Entity that has not previously attested, the entire period since the later of December 27, 2020, or the date of the plan's establishment), you may enter the start and end dates for the period to which the attestation applies. The start and end dates can be in different years, as long as the end date is in the current attestation year.

Column Heading	Instructions
Mailing Address for the Responsible Entity*	Enter the complete mailing address where the Responsible Entity can receive correspondence related to the GCPCA.
Point-of-Contact Name for Responsible Entity*	Enter the first and last name of an individual who works for the Responsible Entity and can serve as a point-of-contact to respond to questions from the Departments regarding the GCPCA and the Responsible Entity’s compliance with the prohibition on gag clauses.
E-mail Address for Responsible Entity’s Point-of-Contact*	Enter the e-mail address of the Responsible Entity’s point-of-contact.
Phone Number for Responsible Entity’s Point-of-Contact*	Enter the 10-digit phone number, excluding spaces, dashes, or other punctuation, of the Responsible Entity’s point-of-contact. Ex: 2025551989.
Attestation is for All Provider Agreements	If you are attesting to compliance with the gag clause prohibition for all types of provider agreements (rather than only for specific types of provider agreements), place an Y in Column K for “Yes.”
Attestation is only for some types of Provider Agreements: Medical, Pharmacy Benefits, Behavioral Health, Other	If you are attesting only for a specific type(s) of provider or service agreement, mark a Y (for “Yes”) in the applicable column(s) (L-N) of the Responsible Entity Excel Template. If you are attesting for a specific type(s) of provider or service agreement other than medical, pharmacy benefit, or behavioral health, enter the provider agreement type(s) in column O, “Other.” If you are attesting for more than one provider agreement type in column O, separate each type with a semicolon. Do not use commas. If all four of these columns (L-O) are left blank, column K - “Attestation is for All Provider Agreements” - must be marked with an Y.

Column Heading	Instructions
Attestation is for All Provider Agreements	If you are attesting to compliance with the gag clause prohibition for all types of provider agreements (rather than only for specific types of provider agreements), place an Y in Column K for “Yes.”
Attestation is only for some types of Provider Agreements: Medical, Pharmacy Benefits, Behavioral Health, Other	If you are attesting only for a specific type(s) of provider or service agreement, mark a Y (for “Yes”) in the applicable column(s) (L-N) of the Responsible Entity Excel Template. If you are attesting for a specific type(s) of provider or service agreement other than medical, pharmacy benefit, or behavioral health, enter the provider agreement type(s) in column O, “Other.” If you are attesting for more than one provider agreement type in column O, separate each type with a semicolon. Do not use commas. If all four of these columns (L-O) are left blank, column K - “Attestation is for All Provider Agreements” - must be marked with an Y.

19 – Acronyms

The following are the acronyms used in this User Manual, either in the text or in the screenshots.

Table 3 - Acronyms

Acronym	Definition
ADA	Americans with Disabilities Act of 1990
BHM	Behavioral health manager
CAA	Consolidated Appropriations Act, 2021
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
the Departments	DOL, HHS, and the Treasury
DOL	Department of Labor
EIN	Employer Identification Number
ERISA	Employee Retirement Income Security Act of 1974
GPCCA	Gag Clause Prohibition Compliance Attestation
GHP	Group Health Plan
GINA	Genetic Information Nondiscrimination Act of 2008
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	Health and Human Services
PBM	Pharmacy Benefit Manager
PHS	Public Health Services
TPA	Third Party Administrator