

**Gag Clause Prohibition Compliance Attestation
(GCPCA)
User Manual**



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

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GCPCA User Manual Change History

August 2026, Version 13

- This version of the GCPCA User Manual includes updated screenshots to reflect the CMS user interface design, revised hint-text screenshots for Start date, End date, and Attestation period, and updated business rules for attestation start dates, end dates, minimum duration, and maximum duration.

June 2026, Version 12

- This version of the GCPCA User Manual includes the following updates:
 - Updated screenshots that reflect modifications to the webform;
 - A new e-mail notification for submitters whose GCPCA submissions remained in an “In Progress” status for greater than 195 days and were deleted by the system;
 - Revisions to certain e-mail notifications;
 - Updated screenshots to reflect the most recent submission year.

January 2026, Version 11

- This version of the GCPCA User Manual includes an explanation of a new system function where submissions that have been in an “In Progress” status for greater than 195 days will be deleted. Updates have also been made to improve readability.

June 2025, Version 10

- This version of the GCPCA User Manual includes updated screenshots and new text to reflect the design updates that have been made to the GCPCA Application. Notably, GCPCA system users will now receive an email notification when their GCPCA submission has been completed or deleted.

March 2025, Version 9

- This version of GCPCA User Manual includes a new section “8 – Pre-Populate Submission Details”. Additionally, technical corrections have been made to show the most recent submission year in screenshots.

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1 - Introduction

This Gag Clause Prohibition Compliance Attestation (GPCCA) User Manual explains how to use the GPCCA Application. 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 submit annually 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 GPCCA Application to do so.

For more detailed information regarding the GPCCA requirements, see the [GPCCA Annual Submission Instructions](#).

2 - Accessing the Gag Clause Prohibition Compliance Attestation Application

- Access the GPCCA Homepage at: [Gag Clause Prohibition Compliance Attestation Submission \(https://hios.cms.gov/HIOS-GPCCA-UI\)](https://hios.cms.gov/HIOS-GPCCA-UI) (Figure 1).
- From the GPCCA Homepage, you can log in and access the Dashboard, where you can create, complete, view, and edit your submission.
- You can either log in by requesting an access code or with an existing access code that was previously emailed to you. Access codes are valid for 14 days, at which time they expire, and a new code must be obtained to continue using the GPCCA Application.

Figure 1 – Gag Clause Prohibition Compliance Attestation Landing Page

Gag Clause Prohibition Compliance Attestation

Home

Access the Gag Clause Prohibition Compliance Attestation Submission

* Enter e-mail address

* Enter the code that was sent via e-mail

Login to the system Don't have a code or forgot yours?

What is the Gag Clause Prohibition Compliance Attestation?

Group health plans and health insurance issuers offering group or individual health insurance coverage must annually submit a Gag Clause Prohibition Compliance Attestation (GPCCA) to the Department of Health and Human Services (HHS), which is collecting the attestations on behalf of the Departments of Labor, HHS, and the Treasury (the Departments). The GPCCA is an attestation of compliance with Internal Revenue Code (Code) section 9824, Employee Retirement Income Security Act (ERISA) section 724, and Public

3 - Get My Access Code

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

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

Figure 2 – Access the Gag Clause Prohibition Compliance Attestation Submission

Access the Gag Clause Prohibition Compliance Attestation Submission

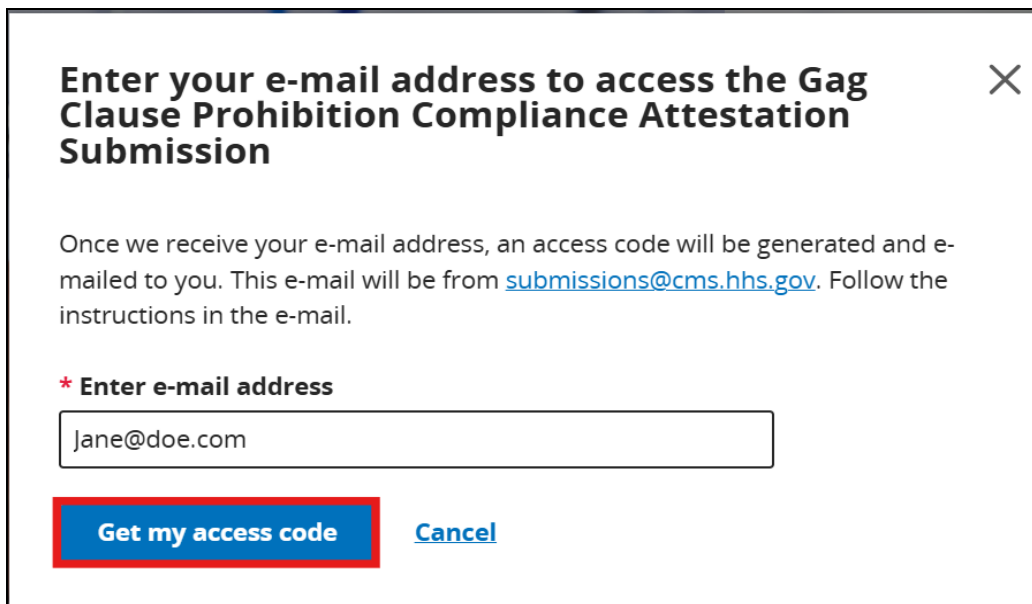
* Enter e-mail address

* Enter the code that was sent via e-mail

Login to the system Don't have a code or forgot yours?

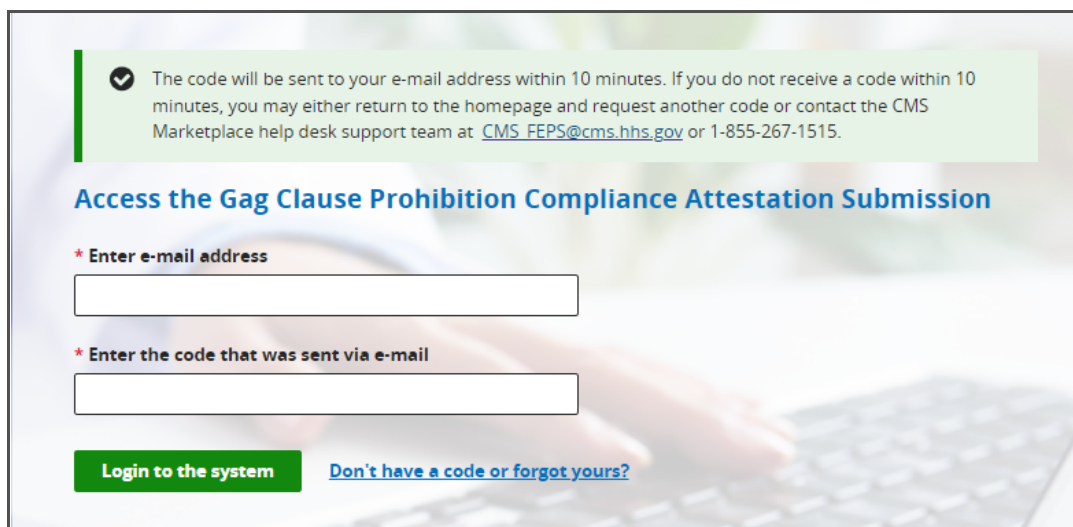
- Enter your e-mail address into the “Enter e-mail address” field (Figure 3).
Note: Enter a valid e-mail address using the following format:
e-mail@domain.extension.
- Select the “Get my access code” button (Figure 3).

Figure 3 – Get My Access Code

A modal dialog box with a title bar. The title is "Enter your e-mail address to access the Gag Clause Prohibition Compliance Attestation Submission" with a close button (X) in the top right. The body text explains that an access code will be emailed from submissions@cms.hhs.gov. Below this is a label "* Enter e-mail address" followed by a text input field containing "jane@doe.com". At the bottom are two buttons: "Get my access code" (highlighted with a red border) and "Cancel" (a blue link).

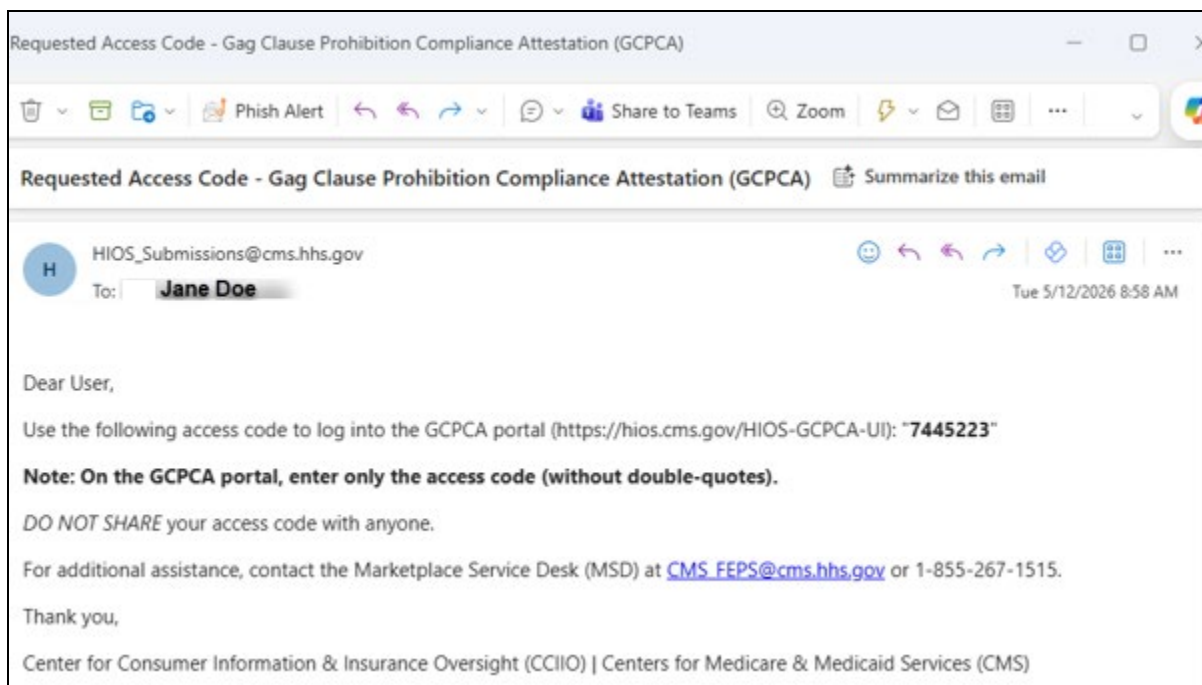
- After successfully completing an access code request, a message displays on the GCPCA landing page letting you know that the code should be received within 10 minutes (Figure 4).

Figure 4 – Successful Access Code Request Message

A message box with a green header bar containing a checkmark icon and text: "The code will be sent to your e-mail address within 10 minutes. If you do not receive a code within 10 minutes, you may either return to the homepage and request another code or contact the CMS Marketplace help desk support team at CMS_FEPS@cms.hhs.gov or 1-855-267-1515." Below the header is the title "Access the Gag Clause Prohibition Compliance Attestation Submission" in blue. The form contains two labels: "* Enter e-mail address" and "* Enter the code that was sent via e-mail", each followed by an empty text input field. At the bottom are two buttons: "Login to the system" (green) and "Don't have a code or forgot yours?" (blue link).

- Access codes are delivered to your e-mail address within 10 minutes (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 at cms_feps@cms.hhs.gov.
- 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 - Log into the “Gag Clause Prohibition Compliance Attestation Submission” Application

- 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

The screenshot shows a login page with the title "Access the Gag Clause Prohibition Compliance Attestation Submission". It contains two input fields and a login button:

* Enter e-mail address

* Enter the code that was sent via e-mail

[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) lists each “Submission.” You can view, edit, or delete any “In Progress” or “Complete” submission.

Helpful materials are listed in the “Get Started” section of your Dashboard (Figure 7), including the Instructions for Submitting the GCPCA (GCPCA Webform Instructions), this User Manual, and the GCPCA Responsible Entity Excel Template. These materials help users understand the attestation requirements, submission procedures, and GCPCA Webform.

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 computer system.*

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

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

Figure 7 – GPCPA Dashboard

GPCPA Dashboard

Welcome to the Gag Clause Prohibition Compliance Attestation (GPCPA) dashboard! Your GPCPA can be made here. The GPCPA 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 GPCPA Annual Submission Instructions before starting your submission.

[Instructions for submitting the GPCPA](#)

[PDF - 408 KB]

[User Manual for submitting the GPCPA](#)

[PDF - 2.90 MB]

[Frequently Asked Questions \(FAQs\) about GPCPA](#)

[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.

[GPCPA Responsible Entity Template](#)

[XLSX - 108 KB]

6 - Get Started with Your GCPCA Submission

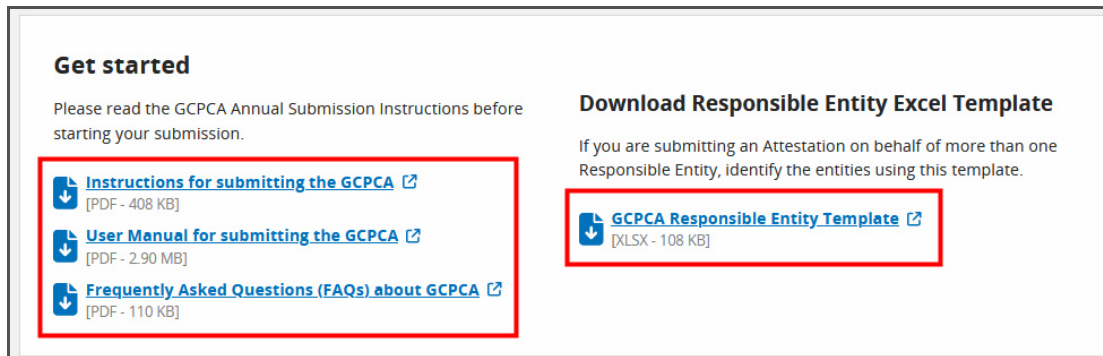
Once you are logged into the GCPCA Application, you can begin the process of submitting an attestation. Start by going to the “Get started” section, located directly below the “Submissions” section (Figure 8) on the Dashboard, to download all of the GCPCA documents.

Download, open, and read the GCPCA 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 use it to list each Responsible Entity. 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 when the submitter is attesting for multiple Responsible Entities are in Section 16 and Section 17 of this Manual.*

Figure 8 – Get Started Section



7 - Start a New Gag Clause Prohibition Compliance Attestation

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

- “Start a new 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

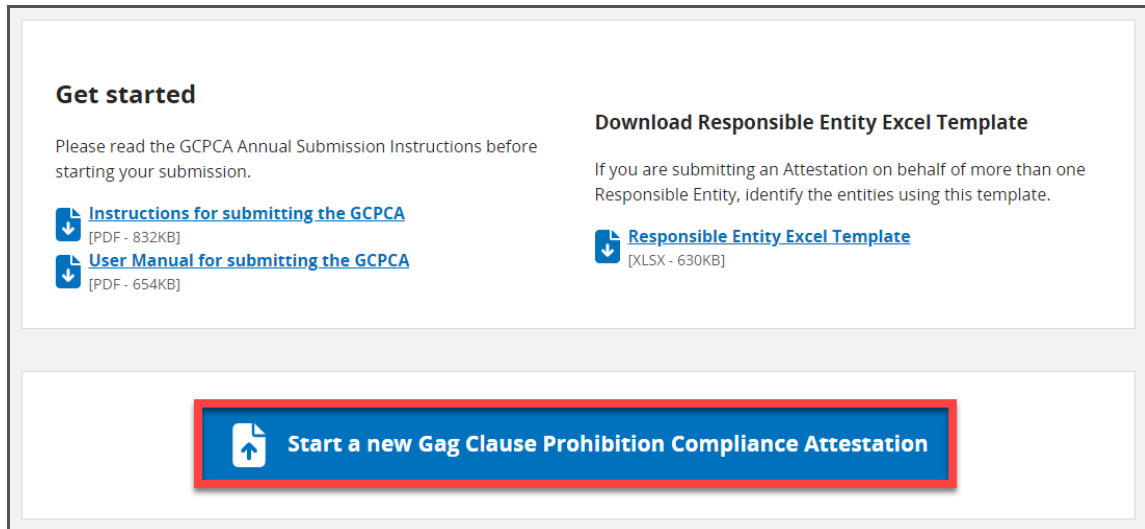
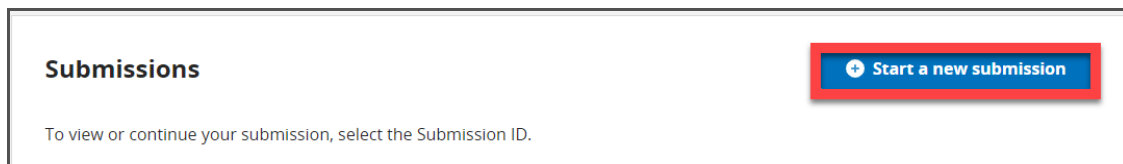
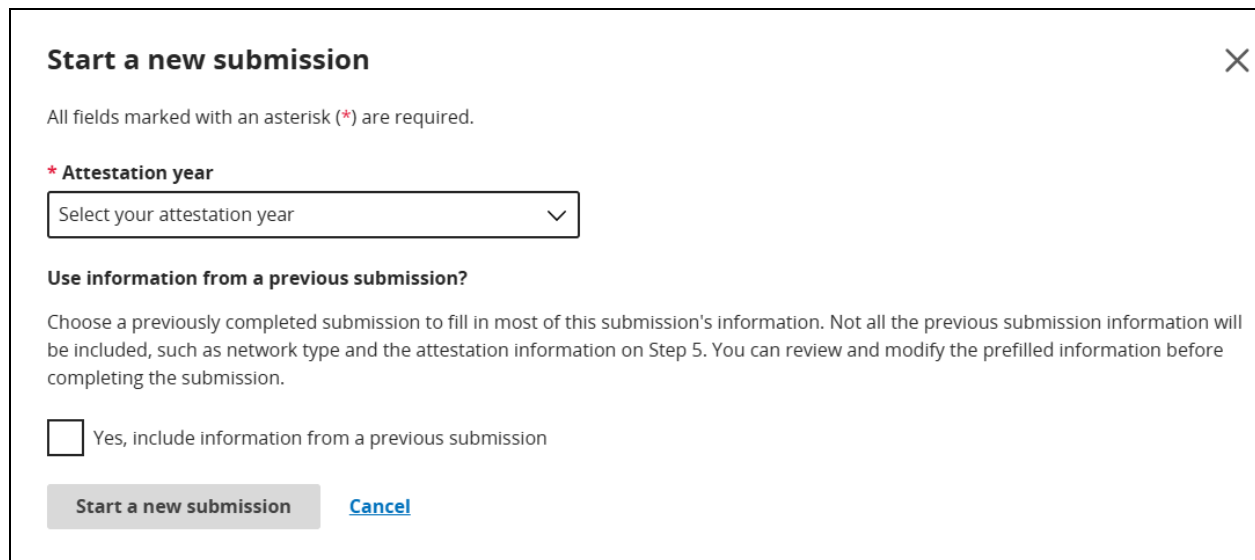


Figure 10 – Start a New Submission Button



8 - Pre-Populate Submission Details

After selecting “Start a new Gag Clause Prohibition Compliance Attestation” (Figure 9) or “Start a new submission” (Figure 10). Select the attestation year from the drop-down menu before deciding whether to pre-populate the new submission with information from a prior submission. If you have not previously completed a submission, the system redirects you to Step 1, “Enter the Submitter’s Contact Information” (Figure 18).

Figure 11 – Start a New Submission Modal

Start a new submission ✕

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

*** Attestation year**

Select your 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

Start a new submission [Cancel](#)

You can choose a previously completed submission to fill in most of the new submission's information. To do this, follow the steps on the next page, after Figure 13.

If you do not want to pre-populate the new submission with information from a previously completed submission, select the “Attestation Year” and then 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 with no recent submission selected (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 20** under the “Enter the submitters contact information” section.

Figure 12 – Select Attestation Year

Start a new submission [Close]

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

*** Attestation year**

Select your attestation year [v]

Select your attestation year

- 2021-2023
- 2024
- 2025
- 2026

☐ Yes, include information from a previous submission

Start a new submission [Cancel](#)

Figure 13 – Select “Start a new submission” Button

Start a new submission [Close]

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

*** Attestation year**

2026 [v]

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

Start a new submission [Cancel](#)

To create a new attestation using the information in a previously completed submission to pre-populate the new submission, select the attestation year from the drop-down menu and choose the attestation year for the new submission (Figure 12).

- Select the checkbox “Yes, include information from a previous submission” (Figure 14).
- A table will appear displaying the three 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).
- This will create a new submission, starting at Step 1. Step 1 will be pre-populated with the information from Step 1 of the prior submission (Figure 18). Select “Save and Continue” to proceed to Step 2.
- Step 2 will also be pre-populated with the information from Step 2 of the prior 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 from Step 3 of the prior submission.
 - If you selected a previous submission which was submitted on behalf of only **one** group health plan or issuer (single Responsible Entity), then the information **will be** pre-populated (Figure 28).
 - If you selected a previous submission which was submitted on behalf of **more than one** group health plan or issuer (multiple Responsible Entities), then the information **will not** be pre-populated, and you will have to complete and upload a new “Responsible Entity Excel Template” for the Responsible Entities on whose behalf you are attesting (Figure 39).
 - **Note:** *Not all of the previous submission’s information will be pre-populated for Step 3 (this applies to single or multiple responsible entities)*
 - *You will have to update the following information:*
 - *Are you attesting for all provider agreements.*
 - *If you are not attesting for all provider agreements, select the type of provider agreements for which you are attesting.*
 - *The attestation period.*
- You can review and modify the pre-populated information in Step 4 before completing the submission.
- You must select the 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**

2026

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

[Start a new submission](#) [Cancel](#)

Figure 15 – Previous Submission Table

Start a new submission

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

*** Attestation year**

2026

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 4 of 4 Submissions

	Submission ID	Attestation year	Date submitted
☐	8198	2025	05/27/2026
☐	8186	2026	05/14/2026
☐	8180	2026	05/15/2026
☐	8166	2026	05/14/2026

[Start a new submission](#) [Cancel](#)

Figure 16 – Select the Radio Button

Start a new submission

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

*** Attestation year**

2026

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 4 of 4 Submissions

	Submission ID	Attestation year	Date submitted
☐	8198	2025	05/27/2026
☐	8186	2026	05/14/2026
☐	8180	2026	05/15/2026
☐	8166	2026	05/14/2026

Start a new submission

[Cancel](#)

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

Start a new submission

×

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

*** Attestation year**

2026

▼

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 4 of 4 Submissions

	Submission ID	Attestation year	Date submitted
☒	8198	2025	05/27/2026
☐	8186	2026	05/14/2026
☐	8180	2026	05/15/2026
☐	8166	2026	05/14/2026

Start a new submission

Cancel

The GCPCA submission process is organized into five steps: enter the Submitter's contact information, enter the Attester's contact information, enter Responsible Entity details, review the submission, and verify the Responsible Entity type before submitting. The following sections explain each step in sequence.

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), enter the year for which you are attesting, the Submitter's information, and the Submitter's employer information (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 GCPCA 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**

2026

*** Submitter's first and last name**
A full name that starts with a letter and contains at least three letters or symbols, including any combination of letters, commas, apostrophes, dashes, and periods, using only single spaces between the characters.

Jane Doe

*** Submitter's position title**

CEO

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

Jane@doe.com

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

(123) 456-7866

*** Submitter's employer name**

Evolver

*** 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)

Save and continue
 Save and exit

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:

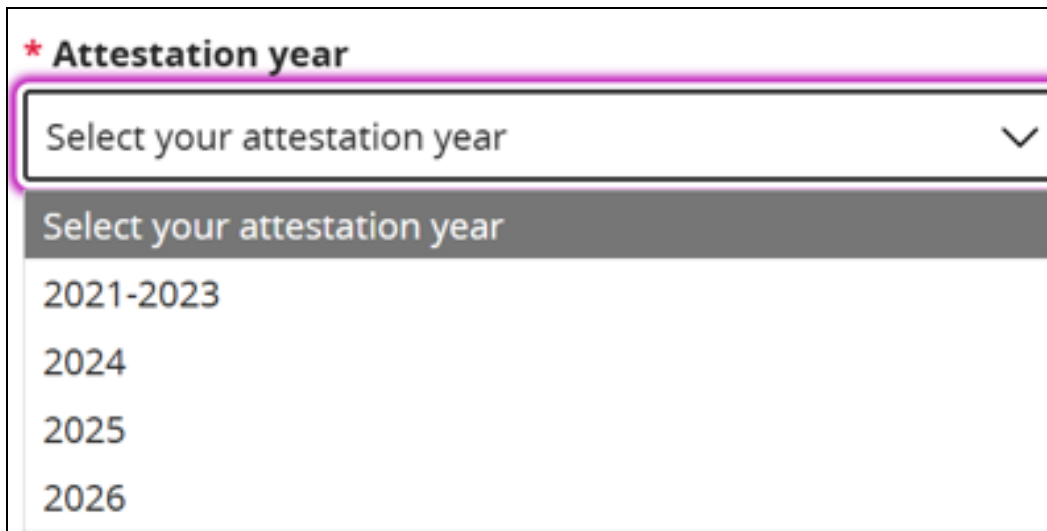
- Attestation year (see Figure 19 for the current drop-down options)
- Submitter's first and last name
- Submitter's position title
- Submitter's e-mail address

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's name
- The type of entity that employs the Submitter (see Figure 20 for the types of entities that are 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 type information" help tray (Figure 21). To close the "Entity type information" help tray, select the "Close" button.

Figure 19 – Attestation Year Selection Options



The image shows a web form element titled "Attestation year" with a red asterisk. Below the title is a dropdown menu. The dropdown is currently open, showing a list of options. The first option is "Select your attestation year" with a downward arrow icon. Below this is a dark grey header bar with the text "Select your attestation year". The list of options includes "2021-2023", "2024", "2025", and "2026".

Select your attestation year
2021-2023
2024
2025
2026

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.

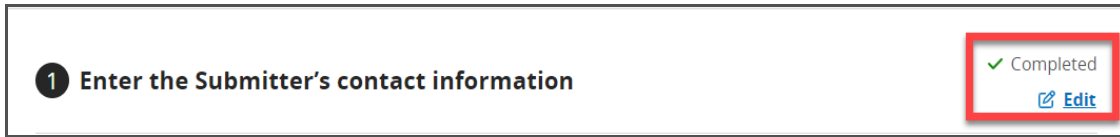
Example 4
If you work for a plan or issuer that is attesting on its own behalf, select either "Health Insurance Issuer" or the applicable type of group health plan.

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

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

Note: *If the “Save and continue” button is selected, you will see a green check mark showing that Step 1 has been completed, as well as an “Edit” button (Figure 22), which allows you to go back and make any necessary edits. All required fields must be filled out before you can proceed. You will get a system notice if any of the required fields are missing or if any field was filled out with an invalid entry.*

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



The screenshot shows a rectangular box representing a form section. On the left side of the box, there is a black circle containing the number '1', followed by the text 'Enter the Submitter's contact information'. On the right side of the box, there is a red rectangular border. Inside this border, at the top, is a green checkmark followed by the word 'Completed'. Below that, there is a blue pencil icon followed by the word 'Edit'.

10 - Step 2 - Enter the Attester's contact information

To enter the Attester's contact information (Figure 23), either 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 Attester 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 or Responsible Entities.*

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**
A full name that starts with a letter and contains at least three letters or symbols, including any combination of letters, commas, apostrophes, dashes, and periods, using only single spaces between the characters.

*** 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**

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 the "Save and continue" button to save your work and move on to Step 3 or Select the "Save and exit" button to save your progress and return to the attestation later. This is accomplished from the Submissions Table on the GCPA Dashboard.

Note: If the "Save and continue" button 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**
A full name that starts with a letter and contains at least three letters or symbols, including any combination of letters, commas, apostrophes, dashes, and periods, using only single spaces between the characters.

Jane Doe

*** Attester's position title**

CEO

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

Jane@doe.com

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

(123) 421-6788

*** Attesting entity (Attester's employer)**

Evolver

Save and continue **Save and exit**

Option B: If the Submitter is not the same person as the Attester, do not select the “Submitter is the same as the Attester” checkbox. Instead, enter the following Attester 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 the “Save and continue” button to save your work and move on to Step 3 or Select the “Save and exit” button to save your progress and return to the attestation later. This is accomplished from the Submissions Table on the GCPA Dashboard.

Note: If the “Save and continue” button 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. All required fields must be filled out before you can proceed. You will get a system notice if any of the required fields are missing or if any field has been filled out with an invalid entry.

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**
A full name that starts with a letter and contains at least three letters or symbols, including any combination of letters, commas, apostrophes, dashes, and periods, using only single spaces between the characters.

*** 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

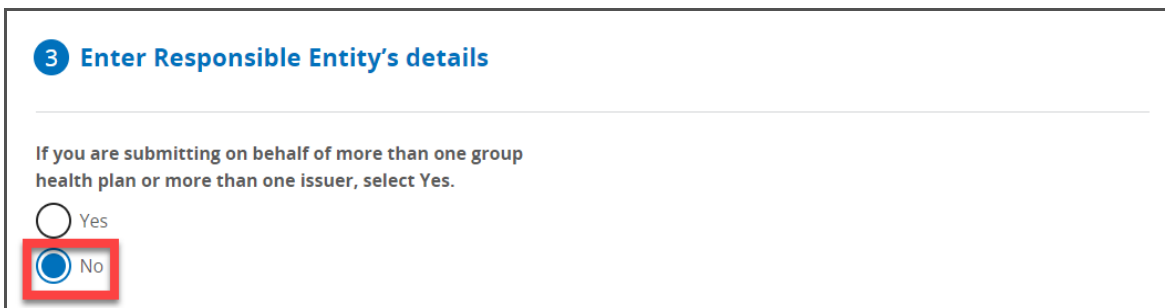
11 - Step 3 - Enter Responsible Entity's Details

To complete the Responsible Entity's Details section, follow Option A if you are attesting for one Responsible Entity. Follow Option B if you are attesting for more than one Responsible Entity.

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

- Select the “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 the start date for the Attestation (Figure 33)
Note: If you want the start date to be the day after the date of the most recent submission, select the “Previous attestation end date” (Figure 35) button. The day following the end date of your most recent submission will auto-populate as the start date of your new submission. Next, select “Use selected date” (Figure 36). You can edit the start date by selecting the “Edit my start date” button (Figure 34).
- Enter the end date of the period covered by the Attestation (Figure 33)
Note:
 - The Attestation end date must be at least twenty-nine days after the start date.

- Either the attestation start date or end date must be within the selected attestation year.
 - The Attestation periods may not exceed 18 months. Create a separate GPCCA for the remaining time period.
- 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.
 - See [FAQs Part 69, Q9](#) for more detailed guidance on this option.
Note: *This is not a required field; it is optional.*
- Select the "Save and continue" button to save your work and move on to Step 4 or select the "Save and exit" button to save your progress and return to the attestation later. This can be accomplished from the Submissions Table on the GPCCA Dashboard.
Note: *If the "Save and continue" button 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 the "Save and continue" button, 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**

A full name that starts with a letter and contains at least three letters or symbols, including any combination of letters, commas, apostrophes, dashes, and periods, using only single spaces between the characters.

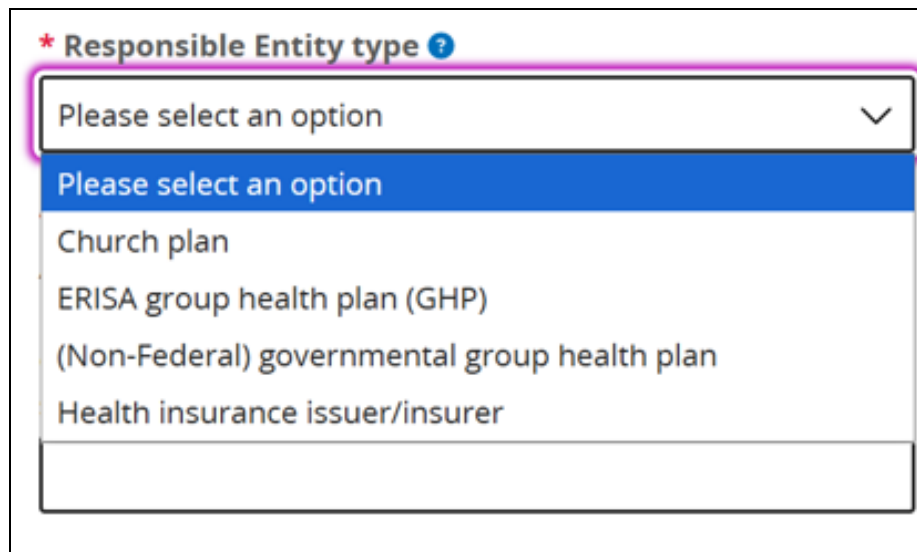
*** Employer Identification Number**

*** 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



* Responsible Entity type ?

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

*** Provider agreement(s)**

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 network type**

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.
The attestation period must include the selected attestation year and cannot exceed 18 months. If you previously attested and would like to use the end date of the previous submission as the start date of the current submission, select "Previous attestation end date".

*** Start date**

Month
Day
Year

Select a month ▼

📅 Previous attestation end date

*** End date**
Must be today's date or at least 29 days after the "Start date".

Month
Day
Year

Select a month ▼

📅 [Current date](#)

Additional information
Provide any other information that is relevant to this attestation.
1000 characters remaining

Save and continue

Save and exit

Figure 34 – Attestation Period and Other Relevant Information, Completed

Attestation period
Enter the start and end dates that your attestation covers.
The attestation period must include the selected attestation year and cannot exceed 18 months. If you previously attested and would like to use the end date of the previous submission as the start date of the current submission, select "Previous attestation end date".

*** Start date**

MonthDayYear

01 - January

10
2026

Previous attestation end date

*** End date**
Must be today's date or at least 29 days after the "Start date".

MonthDayYear

08 - August

09
2026

Current date

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

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 3 of 3 Submissions

	Submission ID	Entity Name	Entity FEIN	Submitted date
☐	8180	Jane Doe LLC Group Health Plan	222222222	05/14/2026
☐	8176	Pat Meta	222222222	05/14/2026
☐	8166	Pat Meta	222222222	05/14/2026

Use selected date

[Cancel](#)

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

Last year's completed submissions

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 3 of 3 Submissions

	Submission ID	Entity Name	Entity FEIN	Submitted date
☒	8180	Jane Doe LLC Group Health Plan	222222222	05/14/2026
☐	8176	Pat Meta	222222222	05/14/2026
☐	8166	Pat Meta	222222222	05/14/2026

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

Confirm Attester's e-mail address

Please Confirm jane@doe.com is the correct e-mail address for the Attester. If correct, select "Send e-mail". If the e-mail address is incorrect, return to [Step2](#) and make the necessary correction before proceeding.

*** Attester's e-mail address**
E-mail address must be identical to the e-mail address entered for the "Attester's e-mail address" field in prior steps.

jane@doe.com

Notify the Attester that they will be receiving an e-mail from submissions@cms.hhs.gov that will contain their access code and instructions on how to access and complete the submission. Advise the Attester to 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, 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 Application to attest for **multiple** Responsible Entities. See User Manual Sections 15 and 16, and Table 2 (Section 17) for instructions on how to complete the Responsible Entity Excel Template.

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

- Select “Yes” Radio button (Figure 39).
- Responsible Entity Details: Select “View detailed instructions” hyperlink (Figure 39) to view the Responsible Entity Details Help Information page (Figure 41)

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 resources are available for guidance on completing and uploading the Responsible Entity Excel Template:
 - GPCCA User Manual, Section 16 and Section 17.
 - [GPCCA Annual Submission Instructions](#), sections 2.2 and 2.3.
- 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 Responsible Entity or 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 Consolidated Appropriations Act, 2021 Implementation [FAQs Part 69, Q9](#) for comprehensive guidance on this field.

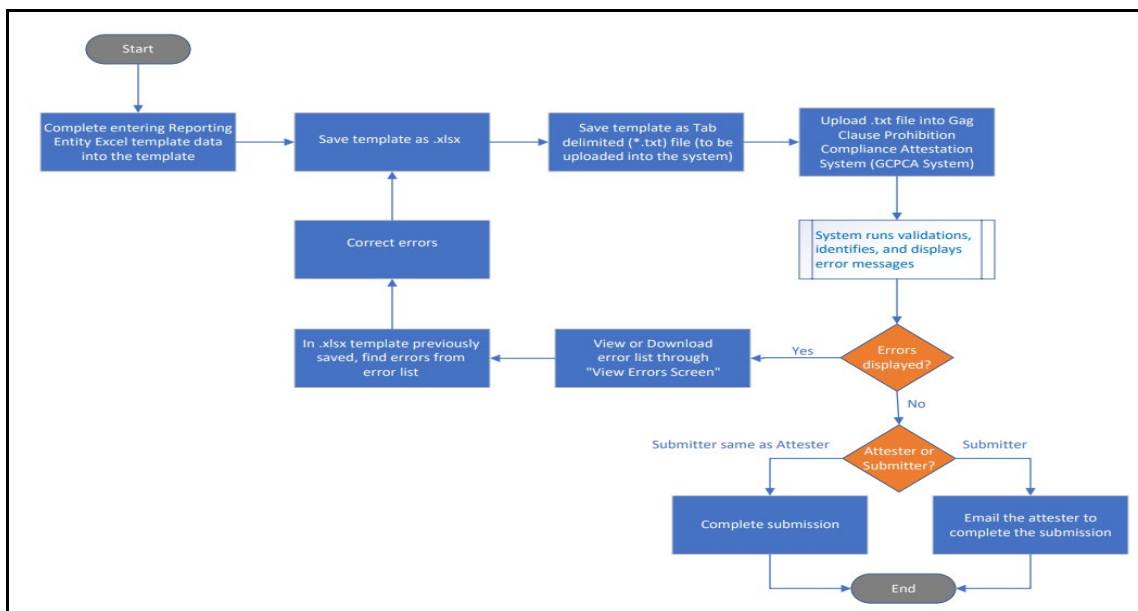
Note: *This is not a required field and is optional.*

- 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. You can return to an attestation 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 38). 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**

Responsible Entity Details

Close

You must complete the latest version of the [Responsible Entity Excel Template](#) [XLSX - 108 KB] for all of the Responsible Entities on whose behalf you are submitting an attestation. List each Responsible Entity on a separate row. If you are also attesting for your employer's group health plan, enter the information for the Responsible Entity with which you are employed in the first row.

Once the "Responsible Entity Excel Template" is complete, you must save it on your computer as a tab-delimited text file, then upload it using the "Upload entity list" feature in Step 3. The [GPCCA User Manual](#) [PDF - 5.4 MB] explains how to create the Responsible Entity tab-delimited text file. If the Attester is not the same as the Submitter, after successfully uploading the text file, you may want to e-mail your completed "Responsible Entity Excel Template" to the Attester. The Attester must then finalize the attestation within the GPCCA system.

12 - Step 4 - Review your submission and attest

Both the Attester and Submitter must review the submission. If edits are needed, the Submitter has to 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 should advise the Submitter if any changes are needed to the Webform 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, you will see a green check mark showing that Step 4 has been completed, as well as an “Edit” button (Figure 45), which will allow you to go back and make any necessary edits.

Figure 42 – Review Your Submission and Attest - Contact Information

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	Submitter's first and last name	Submitter's position title
2026	Jane Doe	CEO
Submitter's e-mail address	Submitter's phone number	Submitter's employer name
Jane@doe.com	(123) 421-6788	Evolver
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	Attester's position title	Attester's e-mail address
Jane Doe	CEO	Jane@doe.com
Attester's phone number	Attesting entity (Attester's employer)	
(123) 421-6788	Evolver	

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

Responsible Entity's attestation detail

Edit

Responsible Entity's name Jane Doe LLC Group Health Plan	Responsible Entity's type ERISA group health plan (GHP)	Responsible Entity's point of contact Jane Doe
Responsible Entity's EIN 222222222	ERISA Plan Number 501	Responsible Entity's mailing address 7424 Igby Pl, DC 12345
Responsible Entity's e-mail address Jane@doe.com	Responsible Entity's phone number (234) 567-8910	Provider agreement type(s) Imaging Benefits

Attestation period
01/15/2025 to 05/14/2026

Additional information
This is a test

Save and continue

Save and exit

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

Responsible Entity's attestation detail

Edit

[GPCCA-Responsible-Entity-Template_Jun2024_v6.txt](#)
(199 KB)

Additional Information
This is a test

Save and continue

Save and exit

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

4 Review your submission and attest

✓ Completed

Edit

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

As the Attester, you must indicate whether you are attesting on behalf of a group health plan or an insurance issuer, or both:

- 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 a receipt is needed, select “Print submission receipt” on the Submission Successful pop-up window (Figure 49).
- Select “Print or save” to print it or save the receipt as a PDF (Figure 50).

Note: *This is your only opportunity to print or save the submission receipt before returning to the Dashboard. If you need the receipt, print or save it at this step. If the submission is edited and resubmitted later, the receipt can be saved again 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 46 – 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.

*** Attester's signature**
To sign this attestation, the signature below must be identical to the name entered in Step 2.

Signed submission date
05/12/2026 10:23 AM

[Start over](#)

Figure 47 – 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

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.

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.

*** Attester's signature**

To sign this attestation, the signature below must be identical to the name entered in Step 2.

Jane Doe

Signed submission date
05/14/2026 04:08 PM

Submit

[Start over](#)

Figure 48 – Step 5, Submission Successful Pop-up Window

☒ **Submission Successful**
×

Save this Submission ID in case you need to contact the Help Desk.

Submission ID: **8180**

Your submission has been received and there are no further steps for you to take at this time.

Return to dashboard

[Print or save](#)

Figure 49 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 1

5/27/26, 9:50 AM

GPCCA

GPCCA Submission ID #8180 for 2026

Submission details

Submission status	Submission ID	Attestation year
Complete	8180	2026
Date submitted	5/15/2026	

Submitter's contact information

Submitter's first and last name	Submitter's position title	Submitter's e-mail address
Jane Doe	CEO	Jane@doe.com
Submitter's phone number	Submitter's employer name	Employer entity type
(123) 421-6788	Evolver	GHP

Attester's contact information

Attester's first and last name	Attester's position title	Attester's e-mail address
Jane Doe	CEO	Jane@doe.com
Attester's phone number	Attesting's entity (Attester's employer)	
(123) 421-6788	Evolver	

Attestation information

Responsible Entity's name	Responsible Entity's type	Responsible Entity's EIN
Jane Doe LLC Group Health Plan	ERISA group health plan (GHP)	22222222
ERISA Plan Number	Responsible Entity's mailing address	Name of Responsible Entity's point of contact
501	7424 Igby Pl, DC 12345	Jane Doe
Responsible Entity's point of contact e-mail	Responsible Entity's phone number	Provider agreement type(s)
Jane@doe.com	(234) 567-8910	Imaging Benefits
Attestation period	Additional information	
01/15/2025 to 05/14/2026	This is a test	

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

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

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

Print

2 pages

Destination

Save as PDF

Microsoft Print to PDF

Save as PDF

See more...

Pages

Layout

Portrait

More settings

Save

Cancel

1/2

Figure 50 – Step 5, Submission Successful, with Print or Save Options Single Responsible Entity, Part 2

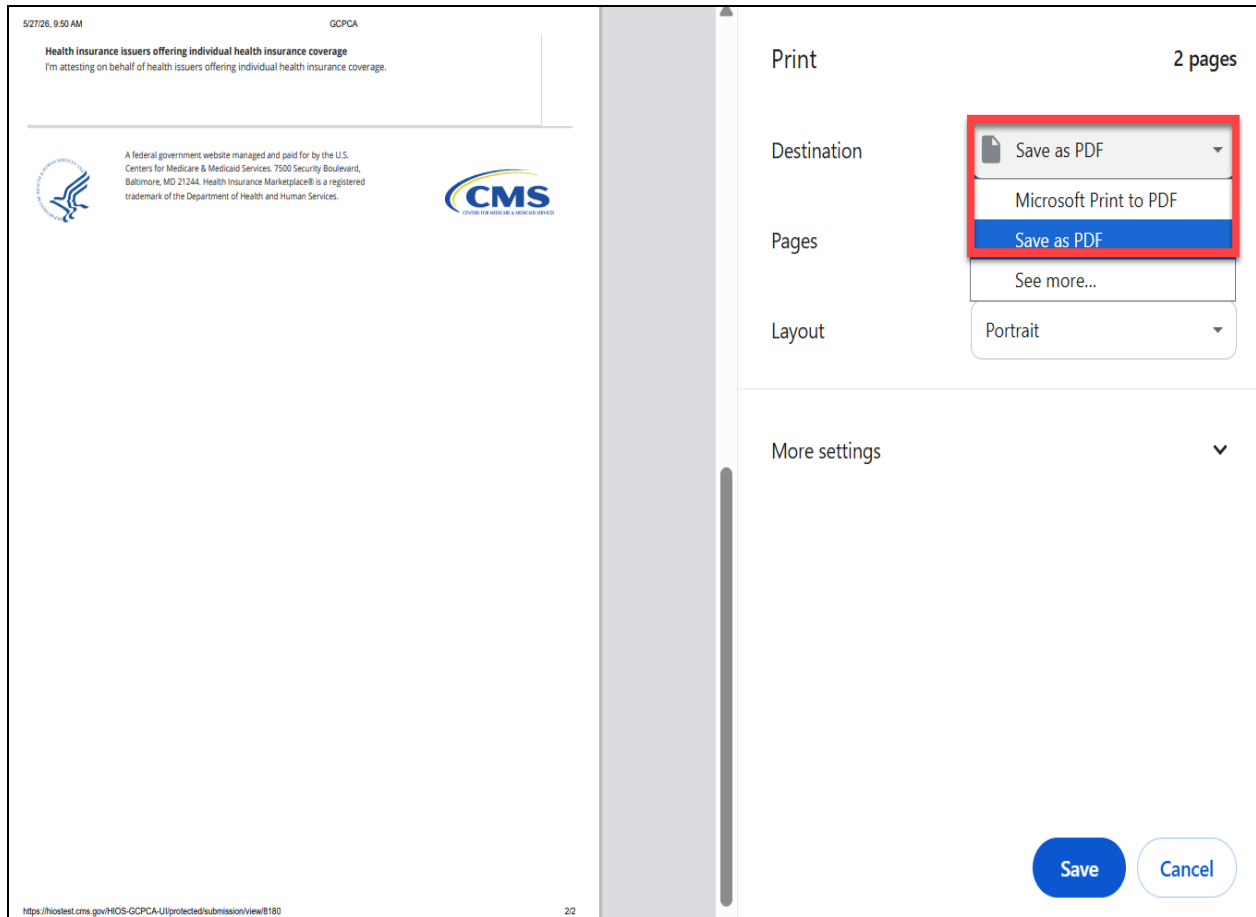


Figure 51 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 1

5/27/26, 9:53 AM

GPCCA

GPCCA Submission ID #8186 for 2026

Submission details

Submission status	Submission ID	Attestation year
Complete	8186	2026

Date submitted
5/14/2026

Submitter's contact information

Submitter's first and last name	Submitter's position title	Submitter's e-mail address
Jane Doe	CEO	Jane@doe.com

Submitter's phone number	Submitter's employer name	Employer entity type
(123) 421-6788	Evolver	GHP

Attester's contact information

Attester's first and last name	Attester's position title	Attester's e-mail address
Jane Doe	CEO	Jane@doe.com

Attester's phone number	Attester's entity (Attester's employer)
(123) 421-6788	Evolver

Attestation information

Validfile.xlsx (203 KB)

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

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

Print

2 pages

Destination

Save as PDF

Microsoft Print to PDF

Save as PDF

See more...

Pages

Portrait

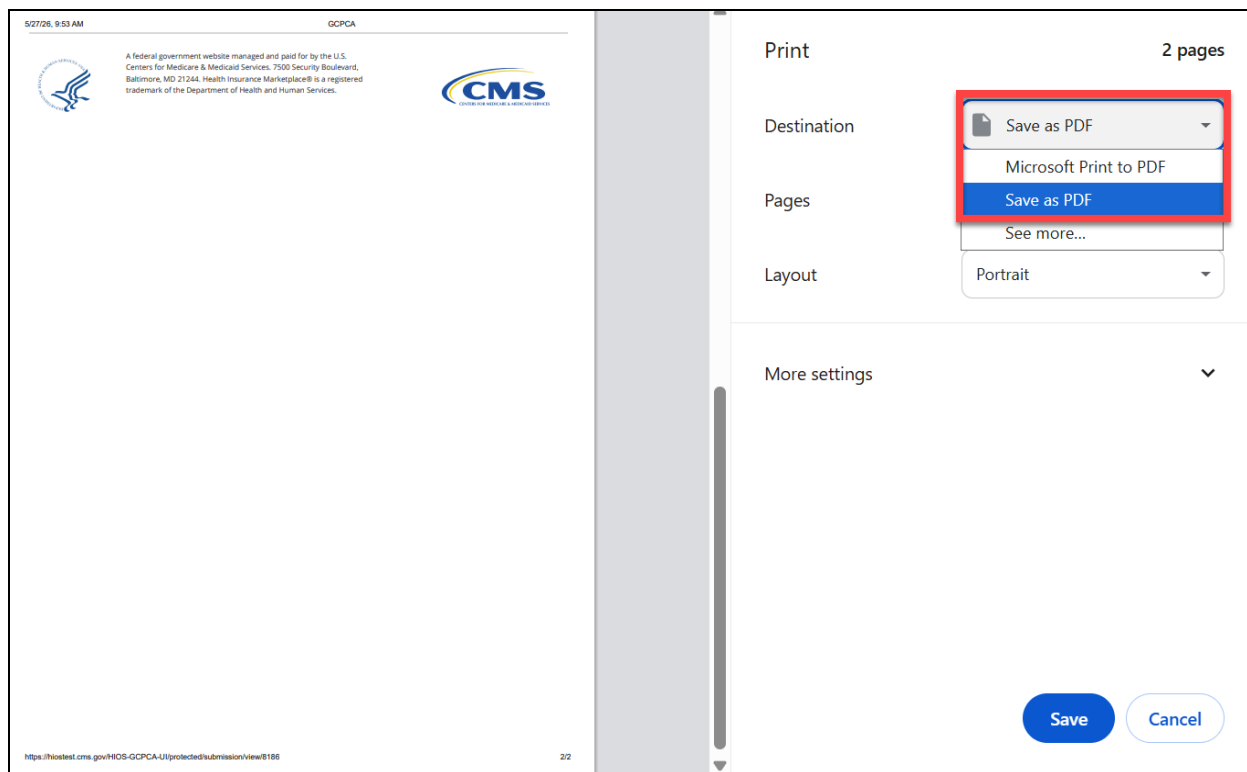
Layout

More settings

Save

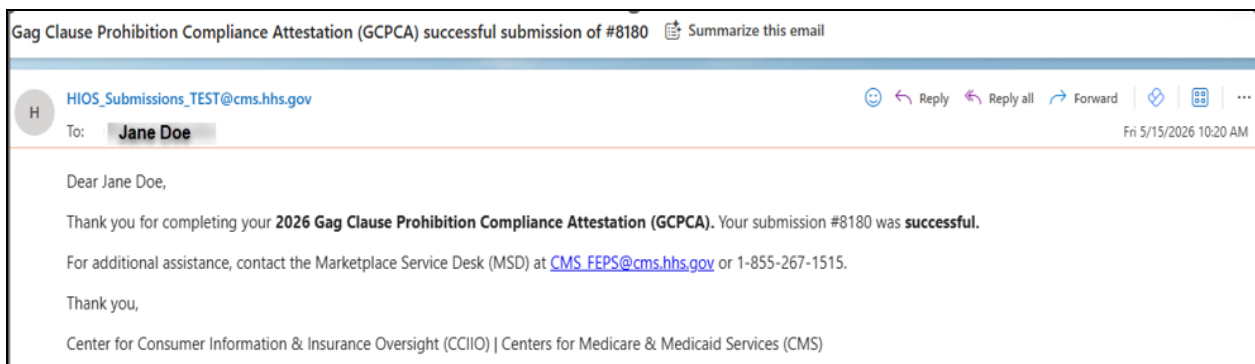
Cancel

Figure 52 – Step 5, Submission Successful, with Print or Save Options Multiple Responsible Entities, Part 2



When you have completed a submission successfully, a confirmation email will be sent to you (Figure 54).

Figure 53 – Submission Completion Email



14 - To View, Edit, or Delete a Completed Submission

You can view or edit a completed submission by selecting the "Submission ID #" for the submission you want to view and/or edit from the "Submissions" table on the GPCCA Dashboard:

- Select the "Submission ID #" Hyperlink (6239 or 5718 in Figure 55)
- Review each section (Figure 56 and Figure 57)
 - 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 window will open allowing you to print the full submission record (Figure 60).
- 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 appears asking you to confirm the deletion (Figure 62). You must type “DELETE” in the box to enable the delete submission button (Figure 63).

Figure 54 – Select “Submission ID #” Hyperlink

Gag Clause Prohibition Compliance Attestation

Logout

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.

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

Submissions

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

Showing 1 to 5 of 5 Submissions

10 Submissions per page

Submission ID	Name	Year	Status
8192	Jane Doe	2026	Complete
8186	Jane Doe	2026	Complete
8180	Jane Doe	2026	Complete
8176	Pat Meta	2026	Complete
8166	Pat Meta	2026	Complete

[Status definitions](#)

Start a new submission

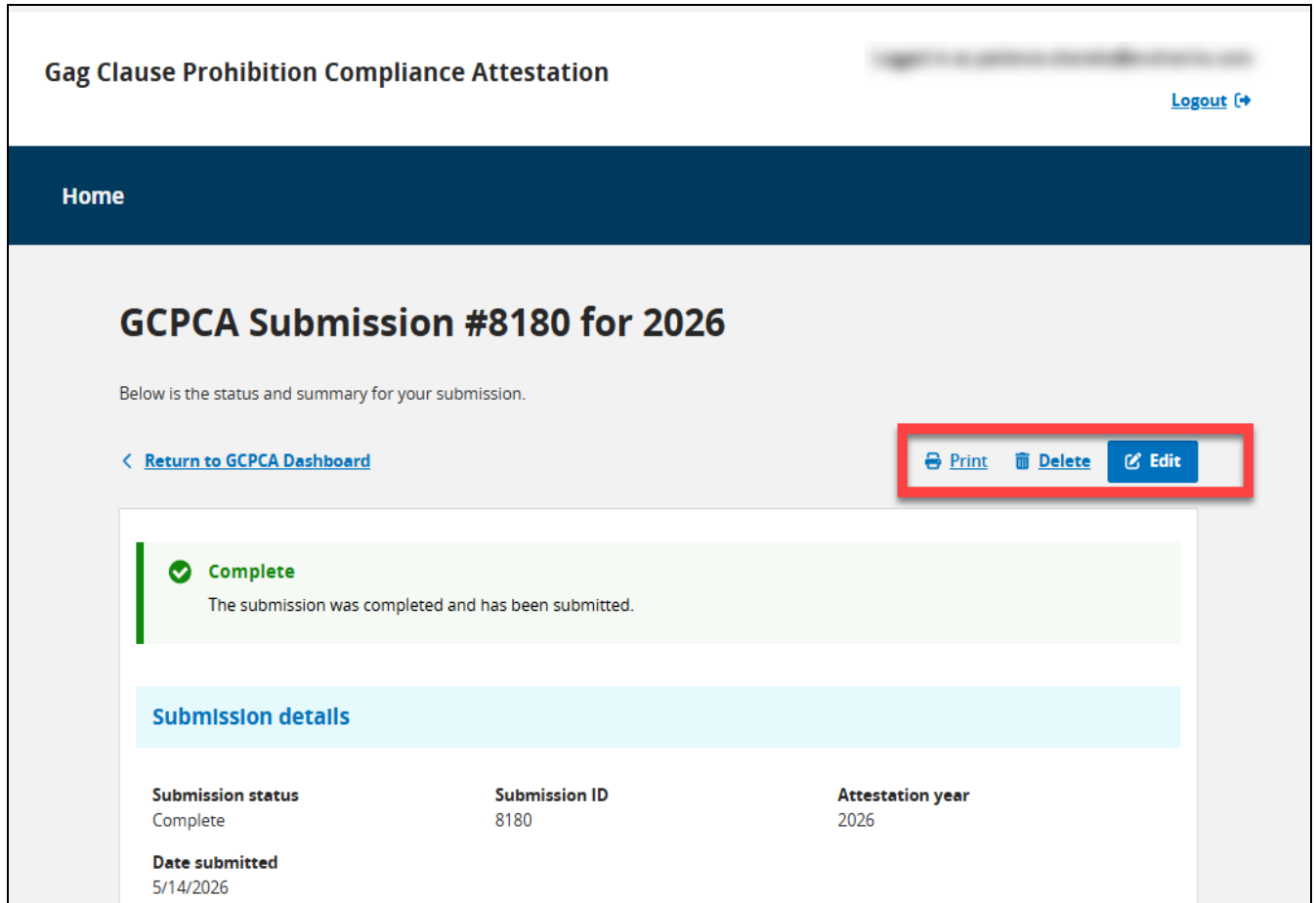


Figure 56 – View GCPCA Submission, Part 2

 **Complete**
 The submission was completed and has been submitted.

Submission details

Submission status Complete	Submission ID 8180	Attestation year 2026
Date submitted 5/14/2026		

Submitter's contact Information

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) 421-6788	Submitter's employer name Evolver	Employer entity type GHP

Attester's contact Information

Attester's first and last name Jane Doe	Attester's position title CEO	Attester's e-mail address Jane@doe.com
Attester's phone number (123) 421-6788	Attesting entity (Attester's employer) Evolver	

Figure 57 – View GPCCA Submission, Single Responsible Entity

Attester's contact information		
Attester's first and last name Jane Doe	Attester's position title CEO	Attester's e-mail address Jane@doe.com
Attester's phone number (123) 421-6788	Attesting entity (Attester's employer) Evolver	
Attestation Information		
Responsible Entity's name Jane Doe LLC Group Health Plan	Responsible Entity's type ERISA group health plan (GHP)	Responsible Entity's EIN 222222222
ERISA Plan Number 501	Responsible Entity's mailing address 7424 Igby Pl, DC 12345	Name of Responsible Entity's point of contact Jane Doe
Responsible Entity's point of contact e-mail Jane@doe.com	Responsible Entity's phone number (234) 567-8910	Provider agreement type(s) Imaging Benefits
Attestation period 01/15/2025 to 05/14/2026		
Additional information This is a test		

Figure 58 – View GPCCA Submission, Multiple Responsible Entities

Attestation Information	
 GPCCA-Responsible-Entity-Template Jun2024 v6.txt (100 Bytes)	
Additional Information This is a test	

Figure 59 – Print or Save Completed GPCCA Submission

The screenshot shows the GPCCA Submission ID #8180 for 2026. The page is divided into two main sections: submission details and a print/save menu.

Submission details:

- Submission details:** Submission status: Complete, Submission ID: 8180, Attestation year: 2026, Date submitted: 5/15/2026.
- Submitter's contact information:** 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) 421-6788, Submitter's employer name: Evolver, Employer entity type: GHP.
- Attester's contact information:** Attester's first and last name: Jane Doe, Attester's position title: CEO, Attester's e-mail address: Jane@doe.com, Attester's phone number: (123) 421-6788, Attesting's entity (Attester's employer): Evolver.
- Attestation information:** Responsible Entity's name: Jane Doe LLC Group Health Plan, Responsible Entity's type: ERISA group health plan (GHP), Responsible Entity's EIN: 222222222, ERISA Plan Number: 501, Responsible Entity's mailing address: 7424 Igby Pl, DC 12345, Name of Responsible Entity's point of contact: Jane Doe, Responsible Entity's point of contact e-mail: jane@doe.com, Responsible Entity's phone number: (234) 567-8910, Provider agreement type(s): Imaging Benefits, Attestation period: 01/15/2025 to 05/14/2026, Additional information: This is a test.
- Verify the entity type(s) on whose behalf you are attesting:** Group health plans, including non-federal governmental plans, and health insurance issuers offering insurance coverage. I'm attesting on behalf of group health plans, including non-federal governmental plans, and/or health insurance issuers offering group health insurance coverage.

Print/Save Menu:

- Print:** 2 pages.
- Destination:** Save as PDF (highlighted), Microsoft Print to PDF, Save as PDF, See more...
- Pages:**
- Layout:** Portrait.
- More settings:**
- Buttons:** Save (highlighted), Cancel.

Figure 60 – Warning Message: Status of Completed GPCCA Submission Will Be Changed From Complete Back to In Progress

The warning message dialog box contains the following text:

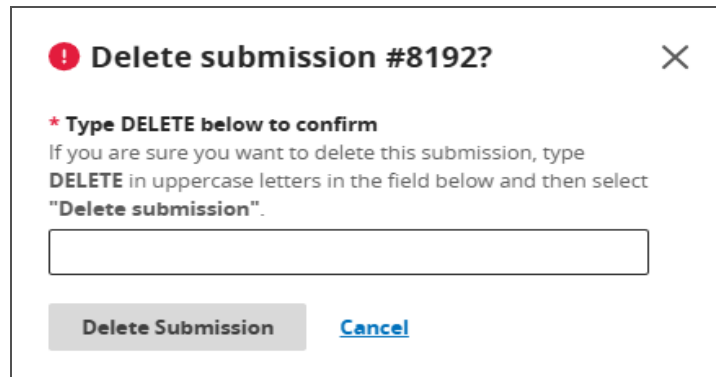
Warning

If you continue to edit your completed submission, its status will return to "In Progress" and you will need to resubmit the submission.

Buttons: Continue (highlighted), Cancel.

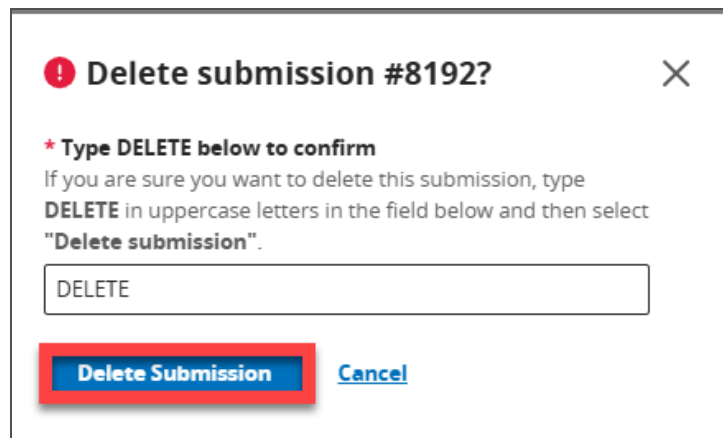
Close: Close (with an 'X' icon).

Figure 61 – Warning Message: Confirm Deletion for Completed GPCCA Submission



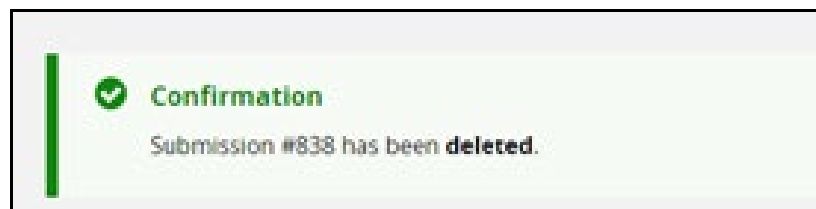
A warning dialog box titled "Delete submission #8192?". It contains a red exclamation mark icon and a close button (X). The text inside reads: "* Type DELETE below to confirm" and "If you are sure you want to delete this submission, type DELETE in uppercase letters in the field below and then select 'Delete submission'". Below the text is an empty text input field. At the bottom are two buttons: "Delete Submission" (grey) and "Cancel" (blue link).

Figure 62 – Warning Message: Type "DELETE"



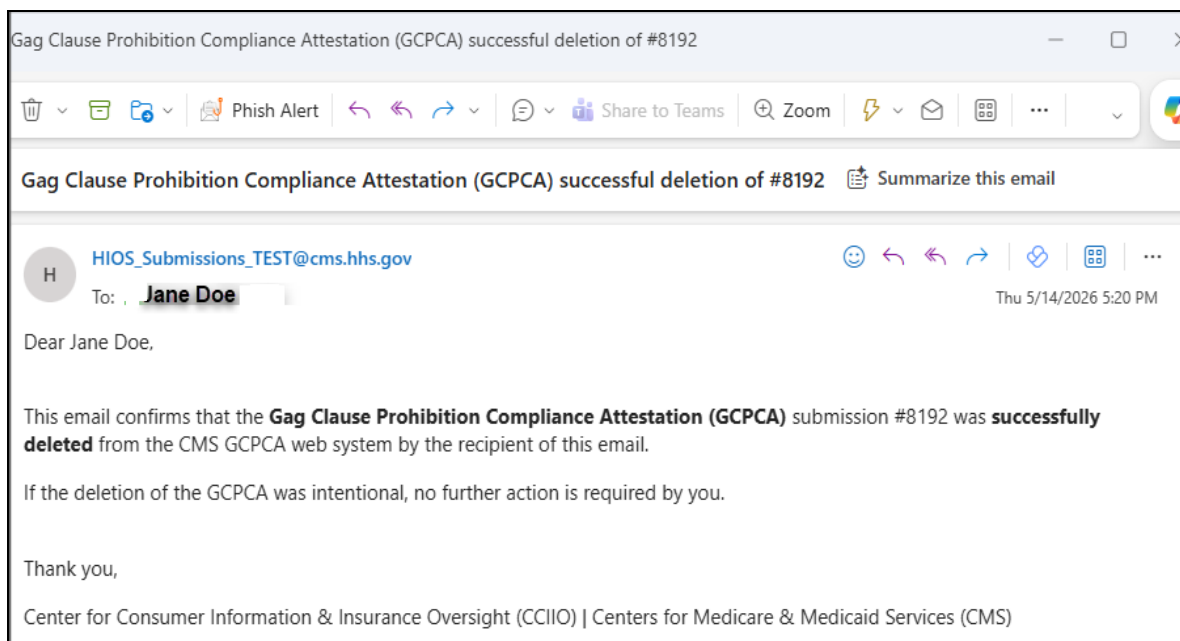
The same warning dialog box as in Figure 61, but the text input field now contains the word "DELETE". The "Delete Submission" button is highlighted with a red rectangular border.

Figure 63 – GPCCA Submission Deletion Confirmation Message



A confirmation message box with a green checkmark icon and the word "Confirmation" in green. Below it, the text reads: "Submission #838 has been deleted." The box has a light green background and a vertical green bar on the left side.

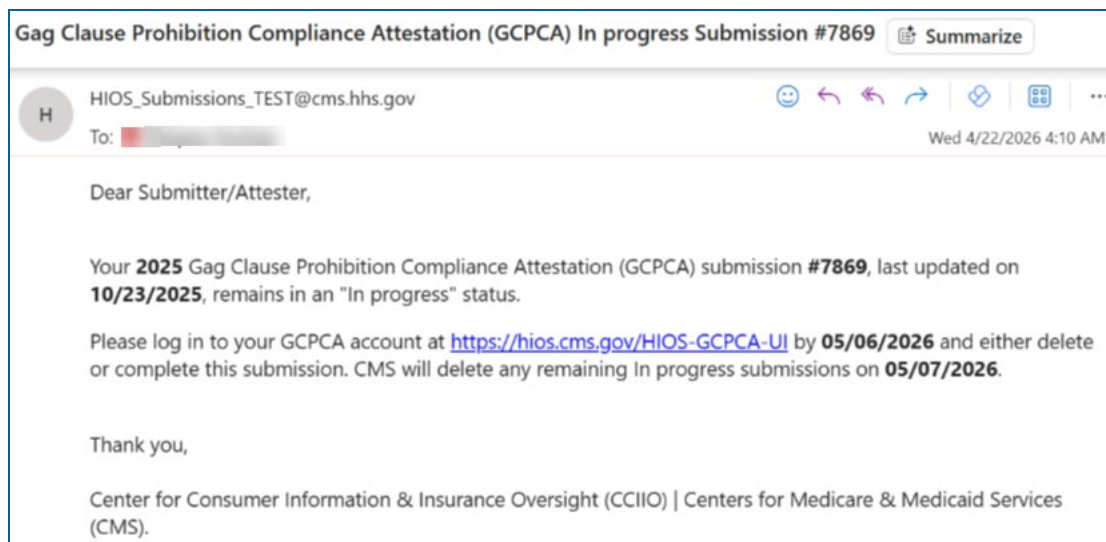
Figure 64 - Email Confirmation of Submission Deletion



15 - Deletion of Submissions In-Progress for more than 180 Days

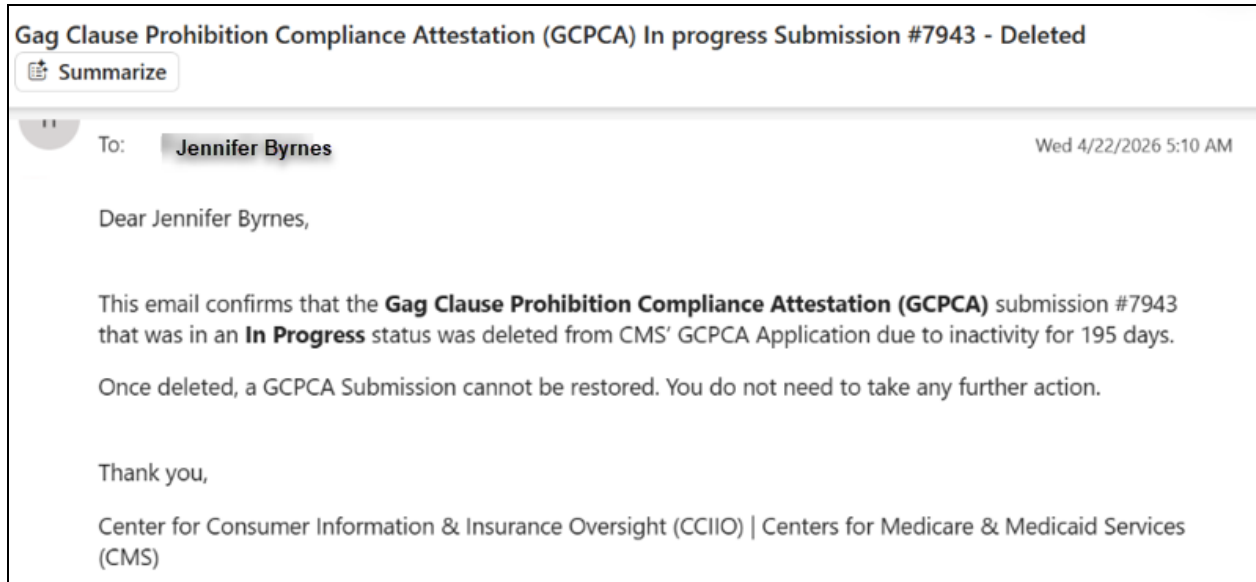
If you have a submission that has been in an "In Progress" status for over 180 days, the system will notify you via email that your submission will be deleted in 15 days, as shown in Figure 66.

Figure 65 - Email Notice of Pending Deletion for In Progress GCPCA Submission



If you do not take action to complete and submit the in-progress submission within those 15 days, the system will automatically delete the submission.

Figure 66 - Email Confirmation of Auto Delete of an In Progress Submission



16 - How to Complete the Responsible Entity Excel Template at Step 3

If you are submitting a GCPCA for more than one Responsible Entity, you must complete the GCPCA Responsible Entity Excel Template.

- Download the current version of the [Responsible Entity Excel Template](#) from the GCPCA Dashboard (Figure 8)
- Enter the requested information in the required fields on the Responsible Entity Excel Template (Figure 68, Figure 69, and Figure 70).

Note: See Table 2 for more details on the information that should be entered in each field of the Responsible Entity Excel Template.

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.

Each Responsible Entity must be listed on a separate row of the Responsible Entity Excel Template and only one Responsible Entity per row is permitted.

Sections 2.3 and 2.3.1 in the [GCPCA Annual Submission Instructions](#) provide specific guidance on completing and uploading the Responsible Entity Excel Template as a tab-delimited text file.

Figure 67 – 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 68 – 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 69 – 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 Responsible Entity Excel Template, first save the file on your computer in Excel Workbook (*.xlsx) format (Figure 71 and Figure 72):

- 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," then browse to the folder you want to save the file in and 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 Responsible Entity Excel Template can also be used as the starting point for future attestations.

Figure 70 – Save as Excel Workbook (*.xlsx), Part 1

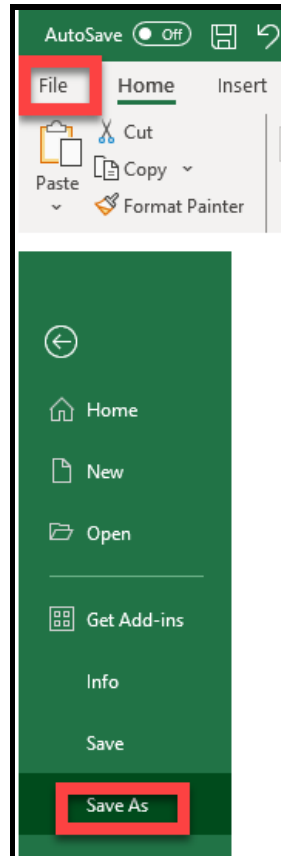
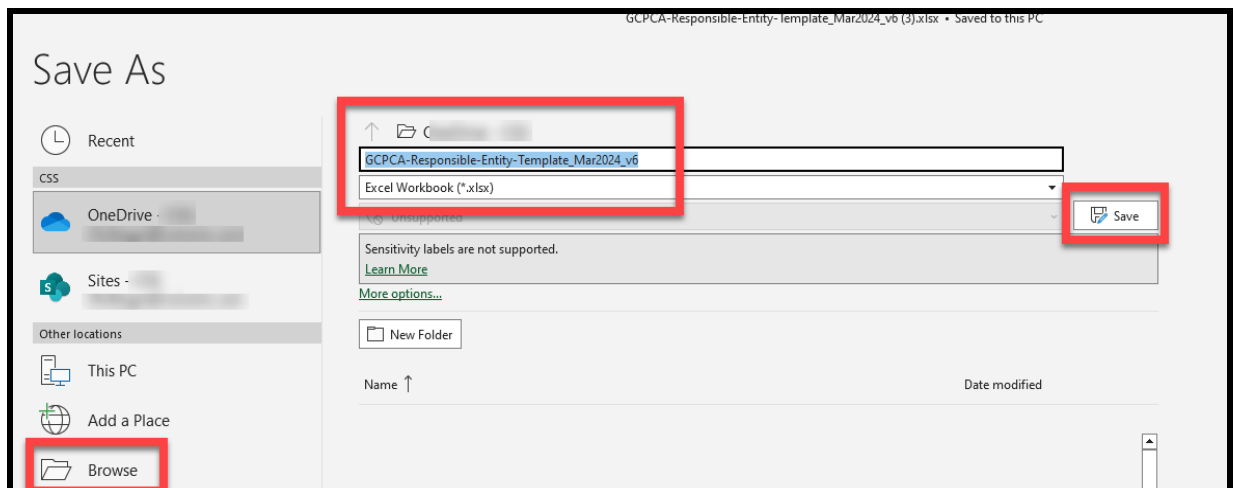


Figure 71 – Save as Excel Workbook (*.xlsx), Part 2



- After saving the file in Excel Workbook (*.xlsx) format, save a copy on your computer as a Text (tab-delimited) (*.txt) file (Figure 73, Figure 74, and Figure 75):
 - 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 (e.g., 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 of the GCPCA Webform.* If not already logged in, login to the GCPCA Application and upload the Text (tab-delimited) (*.txt) file in Step 3.
- After **successfully uploading** the text file with no validation errors, if the Submitter is not the Attester, email the completed Responsible Entity Excel Template to the Attester for their review.

Figure 72 – Save as Text (tab-delimited) (*.txt), Part 1

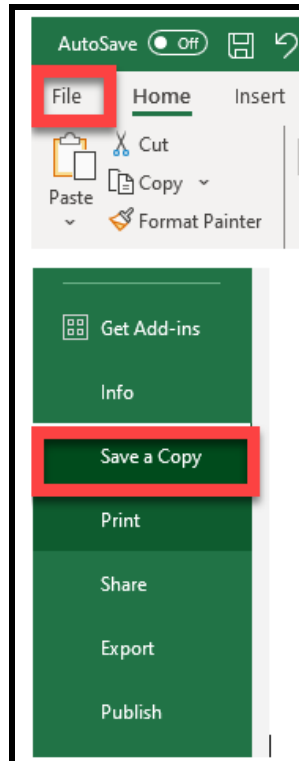


Figure 73 – Save as Text (tab-delimited) (*.txt), Part 2

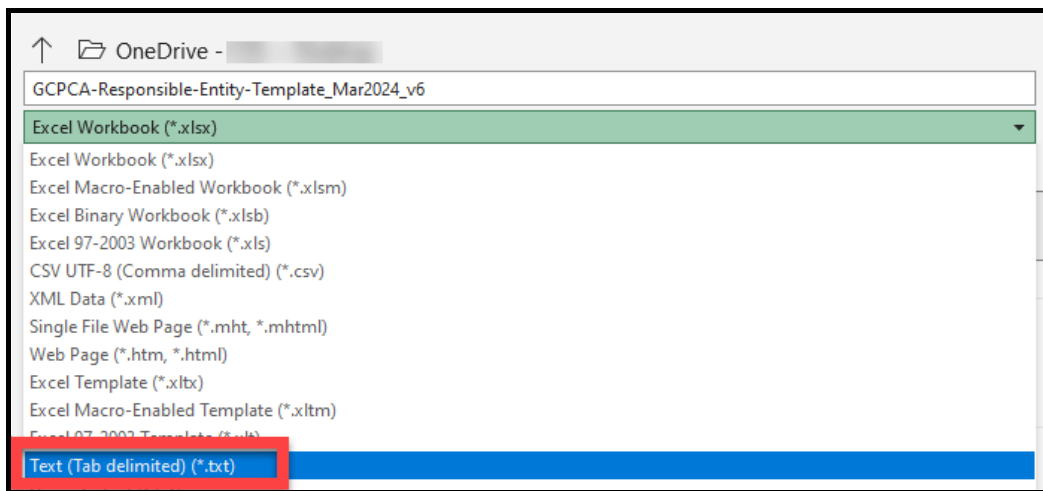
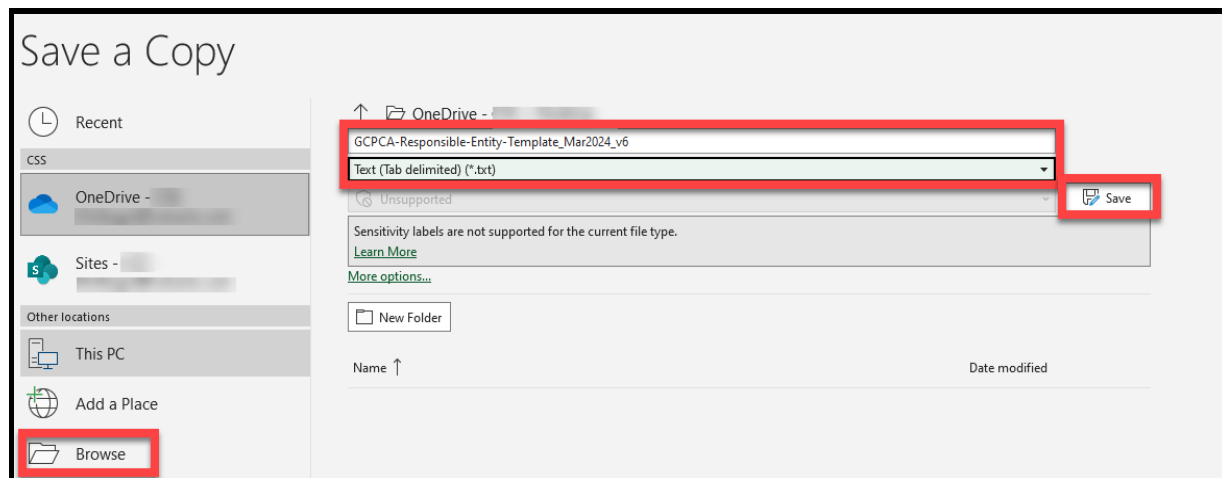


Figure 74 – Save as Text (tab-delimited) (*.txt), Part 3

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

The tab-delimited text file is uploaded at Step 3 (Figure 39). The system will validate the tab-delimited text (*.txt) file during this process. If no system validation errors are found, you will see a green check mark next to the file name, along with the option to delete the file (Figure 76). If no system validation errors are found, you can select “Save and continue” to save and move on to Step 4. Alternatively, you may select “Save and exit” to save the information previously entered as well as the Responsible Entity Excel Template and return to the attestation at a later time (from the GPCCA Dashboard).

Figure 75 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation with No Errors Found

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.

☒ GPCCA-Responsibl... .txt	198 KB	05/10/2024 08:22 AM	Delete
--	--------	---------------------	---------------------------------------

If the system detects any errors in your Responsible Entity Excel Template, you will need to correct these errors before you can complete the submission. You will need to do the following:

- Select “View” to see the errors (Figure 77).
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 the “Print or save errors” button to open the print window (Figure 78).
- Select “Save” to print or to save the Error list as a PDF (Figure 79).
- Select “Cancel” or “Close” the Error list on the Webform (Figure 78).
- Use the printed or saved error list to correct the Responsible Entity Excel Template that you previously saved and used to create the tab-delimited text (*.txt) file.
- Repeat the steps in Section 16 for saving the Responsible Entity Excel Template as an Excel Workbook (*.xlsx) and Text (tab-delimited) (*.txt) file.
- Upload the new, corrected, tab-delimited text (*.txt) file.
- Repeat the upload and error(s) review process, as necessary, until all system validation errors are resolved.

Figure 76 – 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 77 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation 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 78 – Responsible Entity Excel Template Text (tab-delimited) (*.txt) System Validation Print Errors

5/10/24, 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

18 - 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
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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.
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Type of Entity	Statement
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)

19 - 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. E.g., 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 year for which you are attesting. The attestation end date must be on or before the date of the current attestation and cannot be after the date of the attestation, as attesters cannot attest to future compliance.

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), enter a "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, enter 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, then a "Y" must be entered in column K - "Attestation is for All Provider Agreements."

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), enter a “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, enter 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, then a “Y” must be entered in column K - “Attestation is for All Provider Agreements”.

20 - Acronyms

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
CCIO	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
GCPCA	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
HIOS	Health Insurance Oversight System
PBM	Pharmacy Benefit Manager
PHS	Public Health Service
TPA	Third Party Administrator

21 - Glossary

The following table defines terms used in this User Manual, including terms that appear in the text or screenshots.

Table 4 - Glossary

Term	Definition
GCPCA Application	The GCPCA Application is the platform housed within the Health Insurance Oversight System (HIOS) that includes an overview of the GCPCA program. It includes the GCPCA homepage and supporting resources such as the GCPCA User Manual, Annual Submission Instructions, Webform, Responsible Entity Excel Template, and Frequently Asked Questions. The Application also contains each user's "account," or "dashboard," where users create and manage GCPCA submissions.
GCPCA Webform	The GCPCA Webform is an online form that submitters complete as part of the attestation process. It is housed within the GCPCA Application.