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1 - Introduction

This User Manual explains how to use the Gag Clause Prohibition Compliance Attestation (GCPCA) module within the Health Insurance Oversight System (HIOS). Group health plans and health insurance issuers are required to submit an annual attestation confirming that its provider network contracts do not prevent the disclosure to enrollees, plan sponsors, or referring providers of cost, quality of care data, or certain other information. Internal Revenue Code (Code) section 9824, Employee Retirement Security Act (ERISA) section 724, and Public Health Service (PHS) Act section 2799A-9, as added by section 201 of title II of division BB of the Consolidated Appropriations Act, 2021, prohibits group health plans and health insurance issuers from entering into an agreement with a 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 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; and

3. Sharing such information, consistent with applicable privacy regulations.

Group Health Plans (GHPs) and Health Insurance Issuers must annually submit to the Departments and attestation of compliance with these requirements on the GCA Annual Reporting Form.

2 - Access Gag Clause Prohibition Compliance Attestation

- Select the following link to access the Gag Clause Prohibition Compliance Attestation application.
- Users will be taken to the home page of the Gag Clause Prohibition Compliance Attestation.
- From this page the users will be able to either log in with an existing passcode or request a new passcode. Passcodes are valid for two weeks.

Figure 1 - Gag Clause Prohibition Compliance Attestation
3 - Get My Unique Code

- To get a Unique code, the user selects ‘Don’t have a code?’ which allows them to enter an email address to be associated with a unique code for authentication.

Figure 2 - Access to Gag Clause Prohibition Compliance Attestation Submission

- The user enters their email address into the ‘Enter email address’ and then Selects ‘Get my unique code.’

Figure 3 - Get My Unique Access Code

- After completing a successful unique code request, the message ‘Request was successful’ displays for the user.
The user receives an email with the unique code. This unique code will be valid for approximately 14 days and cannot be shared. Users should check their SPAM folders if they do not immediately see this email, but they should wait at least 10 minutes before requesting another code.
To login to the ‘Gag Clause Prohibition Compliance Attestation submission’ system the user enters the same email that was used to request their unique code, and the associated unique code they received via email.
4 - Get Started

- Once logged into the ‘Gag Clause Prohibition Compliance Attestation submission’ system, the user begins their process of submitting attestations using the ‘Get Started’ section located directly below the Submissions table (Figure 20 – Dashboard) on the Dashboard page.

Within the ‘Get Started’ section, the user must read the instructions using the following links: Get started [box located at top of page]

- GCPCA webform instructions (downloadable PDF link)
- GCPCA module user manual (downloadable PDF link)

Download Reporting Entity Excel Template

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

- Reporting Entity Excel template (downloadable Excel link)

*Note: Please save file in .txt format before uploading it.
• Select ‘Submit Gag Clause Prohibition Compliance Attestation’ which allows the user to enter Step 1 – Enter the Submitter Contact Information.

5 - Step 1 - Enter the Submitter Contact Information

• Selecting ‘Submit Gag Clause Prohibition Compliance Attestation’ allows the user to enter Submitter Contact Information.
In Step 1 of the process, the user enters the submitter contact information and selects the user entity type.
The user enters the name and contact information of the person submitting the form. This person may be contacted in the event of an audit and should be available to answer any questions. The following information is input for submission.

- Submitter name (Input)
- Submitter title (Input)
- Submitter email address (Input)
- Submitter phone number (Input)
- Submitter employer (Input)

What type of entity are you? (Subline)

Please select the entity type(s) that you represent. You can choose any that apply to your entity.

- GHP
- Issuer
- TPA
- PBM
- BHM
- Other 3rd party service provider (if selected, a text box will display)

Selecting the ‘Save and Continue’ button navigates the user to the ‘Enter Attester Contact Information’ section.

Selecting the ‘Save and Exit’ button saves everything the user has captured up until the current step, but will not allow the user to move on to the next step.
6 - Step 2 – Enter the Attester’s Contact Information

The following text will display on the page: **Create Attestation Submission**

All fields are required unless marked as optional.

Please select a link below to perform the task indicated.

[1: Enter the Submitter’s Contact Information **Heading**]

*There will be a green checkmark showing that it has been completed and an ‘Edit’ button for users to make changes.*

[2: Enter the Attester’s Contact Information **Heading**]

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 (Check box) – *If this box is checked, the Attester contact information will auto-populate.*
Enter the Attester’s name and contact information. This should be the person who will electronically sign the attestation and has the legal authority to attest for or on behalf of the Reporting Entity(ies).

- Attester first and last name (text Input)
- Attester position title (Input)
- Attester e-mail address (Input)
- Attester phone number (Input)
- Attesting Entity (Attester’s employer) (text Input)

The “Save and continue” button allows users to save and move on to Step 3.

7 - Step 3 – Enter Reporting Entity Details

- The user adds entity attestation details in Step 3.
Figure 11 - Step 3 – Enter Reporting Entity Details – One Plan

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

Are you submitting on behalf of more than one plan or one issuer?

- No (Button) - Selected
Yes (Button)

Please add the Reporting Entity details for the Reporting Entity on whose behalf you are submitting this attestation.

Note: Issuers attesting for fully-insured plans should report the information relevant to the group health plan.

- Name of the Reporting Entity (Input)
- Employer Identification Number (EIN) (9-digit Input)
- Reporting Entity Type (Drop down)
  - Church plan
  - ERISA plan
  - Non-Federal governmental plan
  - Health insurance issuer
- Plan Number (Input) – This field will not appear unless “ERISA plan” is selected as the “Reporting Entity Type” in the previous question.
- Mailing Address for the Reporting Entity (Input)
- Name of Reporting Entity Point-of-Contact (Input)
- E-mail Address for the Reporting Entity Point-of-Contact (Input)
- Phone Number for the Reporting Entity Point-of-Contact (Input)

Are you attesting for all provider agreements?

- Yes (Button)
- No (Button)

If No is selected, the following text will display: 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.

- Medical
- Pharmacy benefit manager
- Behavioral health
- Other (if selected, a text box will display)

Describe the type of provider agreement. (Input) – only displays if when ‘Other’ is selected

There will be a ‘Next’ button to take users to the next section. Progress Action Buttons

More than one Reporting Entity flow:

Are you submitting on behalf of more than one plan or one issuer (Reporting Entity)?
Reporting Entity Details (Heading)

Complete the Reporting Entity Excel Template for all Reporting Entities on whose behalf you are submitting this attestation. The GCPCA Webform instructions provide specific guidance on creating the Reporting Entity tab-delimited text file in sections 2.3 and 2.31. Only one Reporting Entity per row is permitted. Once the Reporting Entity Excel Template is complete, you must save it as a tab-delimited text file format and upload it here. After successfully uploading the text file, e-mail your completed Reporting Entity Excel Template to the Attester for their review.

Upload Reporting Entity Details (Button)

- If users upload their entity list in the correct .txt format, the file name will be highlighted in green with a checkmark displaying the date and timestamp of upload, as well as a Replace file [button].
There will be a ‘Next’ button to take users to the next section. Progress Action Buttons

After Selecting “Save and continue,” the submitter sees the ‘Let’s confirm the Attester’s email address’ pop-up asking them to confirm the attester’s email address to send them a unique code, a link to the GCPCA system, and instructions.
8 - Step 4 - Review submission and attest

- If the user needs to edit any of the previously entered information, they can use the edit buttons on the right side to return to the appropriate step and make changes.
- If the information is correct, the user selects “Save and continue”
9 - Step 5 - Verify the entity type(s) you are attesting on behalf of

**Figure 16 - Step 5 - Verify entity types**

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

You must, at a minimum, select that you are either attesting on behalf of a group health plan or insurance issuer. If you are attesting on behalf of both a group health plan, whether fully insured or self-funded, and an issuer of individual health insurance coverage, check both boxes.
• User can select the two boxes to indicate that you are attesting to, and understand the
text, to move forward with your attestation.

The following text displays:

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.

The Details will display below:

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

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

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

- The user selects ‘Save and continue’ button to move to the ‘Attest your submission’ section.

10 - Attest your submission

- The following text will be displayed in the Attest your submission section: I attest that I have authority to bind the plan(s) or Issues(s) entered/uploaded in the entity attestation details.

- Select ‘I attest that all information in this submission is accurate’ and enter full name then submit.
11 - Submission Successful

- Once the attestations have been submitted, the user will see ‘Submission successful’.
- It is highly recommended to download ‘Your submission receipt’
- ‘Return to dashboard’ takes the user to original screen.

12 - Attestation Submissions Table

You can view in progress submissions from the Dashboard. You will have the option to continue with in progress submissions, delete in progress submissions, and start a new submission.

The following text shall display on the page: 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.
Start a new submission (Button) - *will allow users to start a new submission*

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

*The table below will display the following and can be filtered by submission year and status:*

- Submission ID (Heading)
- Name (Heading)
- Year (Heading)
- Status (Heading)
- Delete Submission (Button)

  - *If user selects ‘Delete,’ a warning modal will appear with the following text:*
    - Are you sure you want to delete this item?
      - Yes (Button)
      - Cancel Deletion (Button)
      - Close Submission (Button)

*Figure 19 - GCPCA Dashboard*
13 - Acronyms

Acronyms used in this document are defined in Table 4-1.

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<td>Center for Consumer Information and Insurance Oversight</td>
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<td>Centers for Medicare &amp; Medicaid Services</td>
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