

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



Center for Consumer Information & Insurance Oversight  
(CCIIO)

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## 1 - Introduction

This User Manual explains how to use the Gag Clause Prohibition Compliance Attestation (GCPCA) module. 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), prohibits 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:

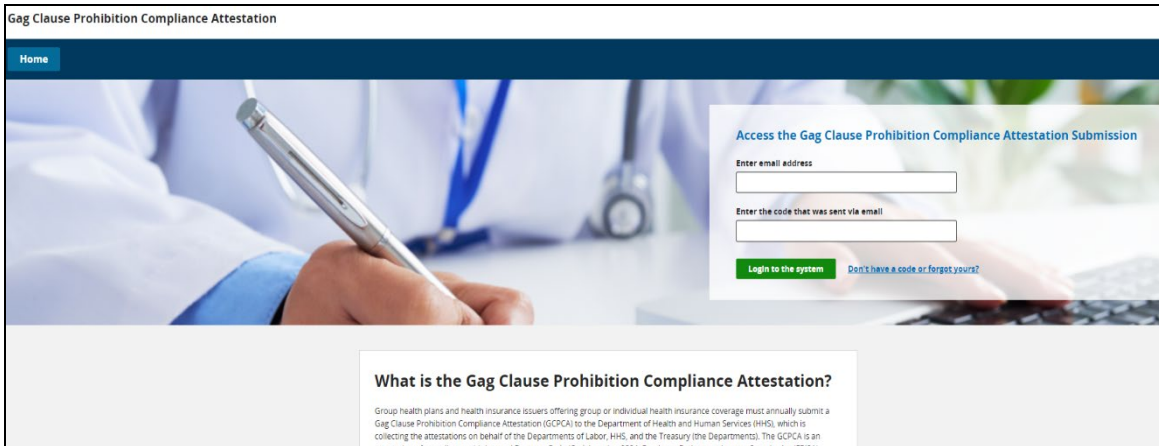
1. Providing provider-specific cost or quality of care information or data to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage.
2. Electronically accessing de-identified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

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

## 2 – Accessing the gag clause prohibition compliance attestation

- Select the following link to access the [Gag Clause Prohibition Compliance Attestation submission](#) Webform.
- Users will be taken to the homepage of the Gag Clause Prohibition Compliance Attestation submission Webform.
- From this page, users will be able to either log in with an existing unique access code that was previously emailed to them or request a new access code. Access codes are valid for 14 days, at which time they expire, and a new code must be obtained to use the GCPCA Webform.

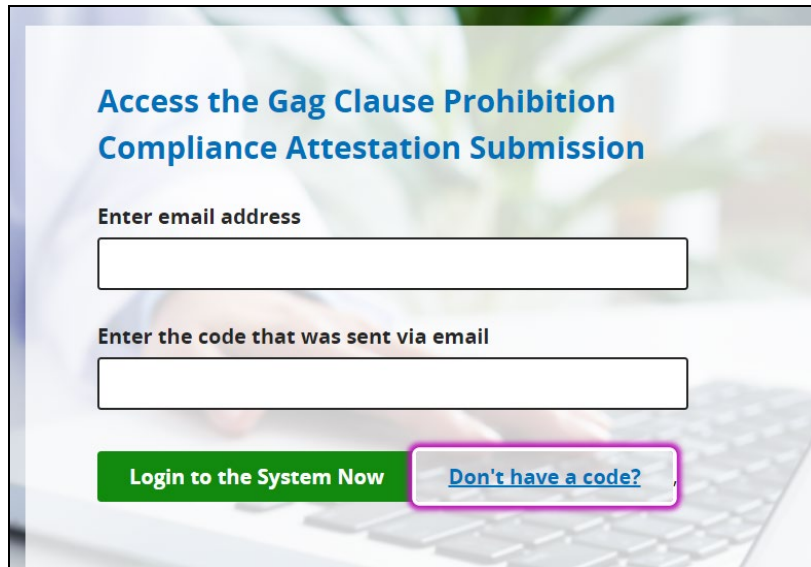
**Figure 1 - Gag clause prohibition compliance attestation**



### 3 - Get my unique access code

- To get a unique access code, select 'Don't have a code or forgot yours?'

**Figure 2 - Access to gag clause prohibition compliance attestation submission**



- Enter your email address into the 'Enter email address' field.  
\*Note: enter a valid email address, using the following format:  
email@domain.extension

Figure 3 - Get my unique access code

**Enter your e-mail address to access the Gag Clause Prohibition Compliance Attestation submission**

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

**Enter e-mail address**

**Get my unique code** [Cancel](#)

[Close](#)

- After completing a successful unique access code request, the message 'Request was successful' displays.

Figure 4 - Successful access code request message

✓ 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](mailto:CMS_FEPS@cms.hhs.gov) or 1-855-267-1515.

## Access the Gag Clause Prohibition Compliance Attestation Submission

Enter email address

Enter the code that was sent via email

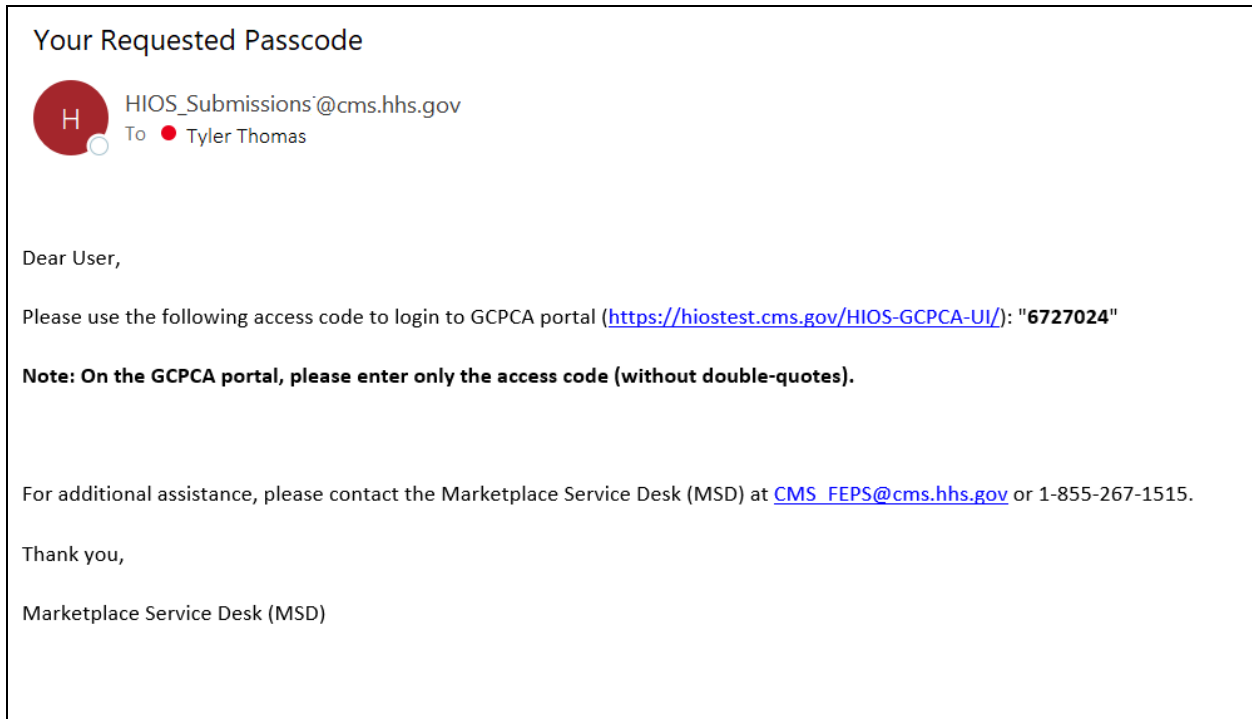
**Login to the system**

[Don't have a code or forgot yours?](#)

- Access codes are generally delivered in under 2 minutes. Check your spam folder if you do not receive an email with the unique access code within 10 minutes of requesting it. Wait at least 10 minutes before requesting another access code if the initial request failed. Once you receive an email with the unique access code, it is valid for 14 calendar days.
- Your access code cannot be used by a different submitter or attester.



**Figure 5 - Requested access code email**



- To login to the 'Gag Clause Prohibition Compliance Attestation Submission' system, enter the same email address that was used to request the unique access code, and the associated unique access code that you received via email.

Figure 6 - Unique access code and email address

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

**Enter email address**

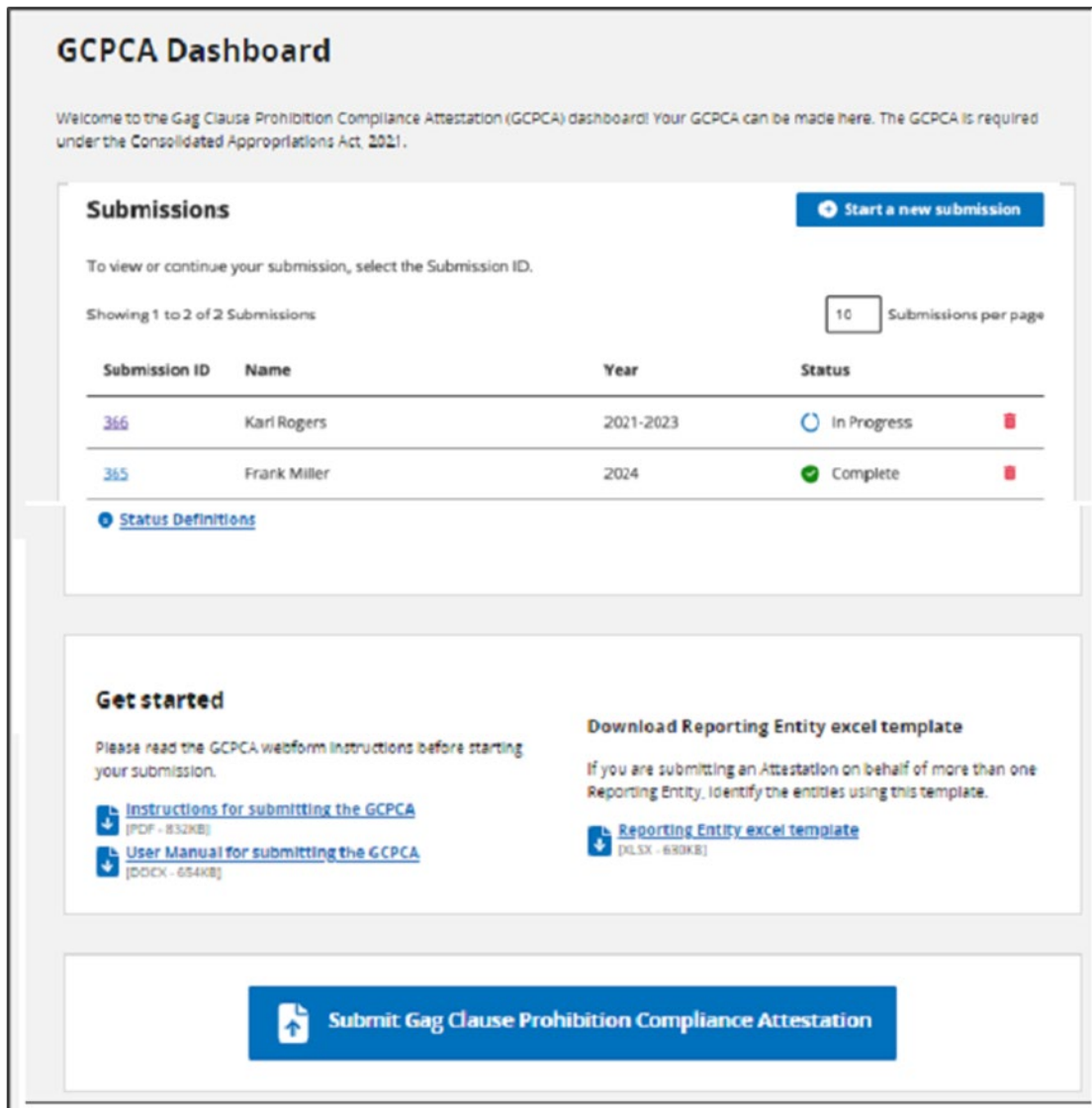
**Enter the code that was sent via email**

**Login to the system**

[Don't have a code or forgot yours?](#)

- Once logged in, you will be directed to the GCPA Dashboard (Figure 7).

Figure 7 - GPCCA Dashboard



The dashboard includes a ‘Submissions’ table to review all ‘in progress’ and ‘complete’ submissions.

- Helpful materials, such as the [GPCCA Webform Instructions](#), this User Manual, and the GPCCA Reporting Entity Excel template, that assist with understanding the attestation requirements and procedures, as well as the GPCCA Webform itself, are listed in the “Get Started” section of this Manual.
- Note: if this is your first time in the Webform, the ‘Submissions’ table will be blank.

#### 4 - Get started

- Once you are logged into the GPCCA submission Webform, you can begin the process of submitting an attestation. Go to the “Get started” section, located directly below the

“Submissions” section (see Figure 8) on the Dashboard, to download the related documents.

In the “Get started” section, 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 at the following links:

**Get started** [box located in the middle of the page]

- Instructions for submitting the GCPCA (downloadable **PDF** link)
- User Manual for submitting the GCPCA (downloadable **PDF** link)

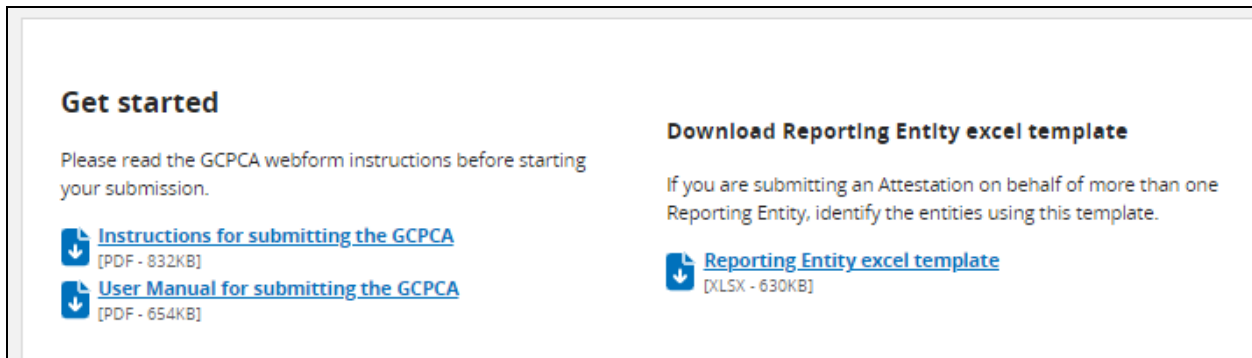
**Download the Reporting Entity Excel template.**

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

- Reporting Entity Excel template (downloadable **Excel** link)

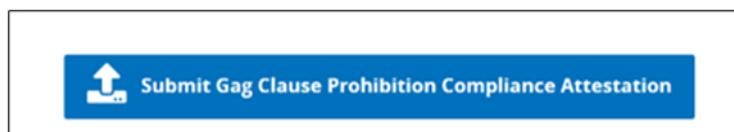
**\*Note: Additional instructions for using the Reporting Entity Excel template to submit multiple-entity attestations are in Section 7 of this Manual.**

**Figure 8 - Get started**



- Select “Submit Gag Clause Prohibition Compliance Attestation” from the bottom of the page (or select “Start a New Submission” in the “Submissions” section). This allows you to begin Step 1 – Enter the Submitter’s Contact Information.

**Figure 9 - Start your submission**



## 5 - Step 1 - Enter the Submitter's Contact Information

- Select “Submit Gag Clause Prohibition Compliance Attestation” to enter the Submitter's Contact Information. The individual who will make the attestation on behalf of the Reporting Entity is called the Attester. The Attester may have someone else, known as the Submitter, fill in the required information on the Webform before the Attester makes the attestation.

**Figure 10 - Enter submitter's contact Information**

**1 Enter the submitter's contact information**

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

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

Select your attestation year

\* Submitter first and last name

\* Submitter position title

\* Submitter e-mail address  
richard.houghton@sbd2.com

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

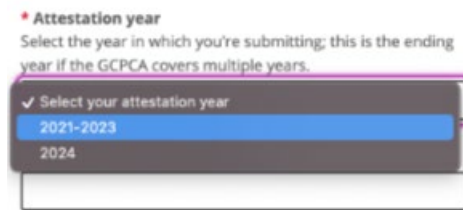
\* Submitter employer name

\* By what type of entity are you employed?  
Select all options that apply to your entity.  
[View examples](#)

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

**Save and continue** **Save and exit**

**Figure 11 Attestation year selections**



- In Step 1, enter the Attestation year, and the Submitter’s contact information and select the employer entity type of the Submitter.

Enter the name and contact information of the person submitting the form. This person may be contacted in the event the Departments have any questions regarding the submission. Input the required following information:

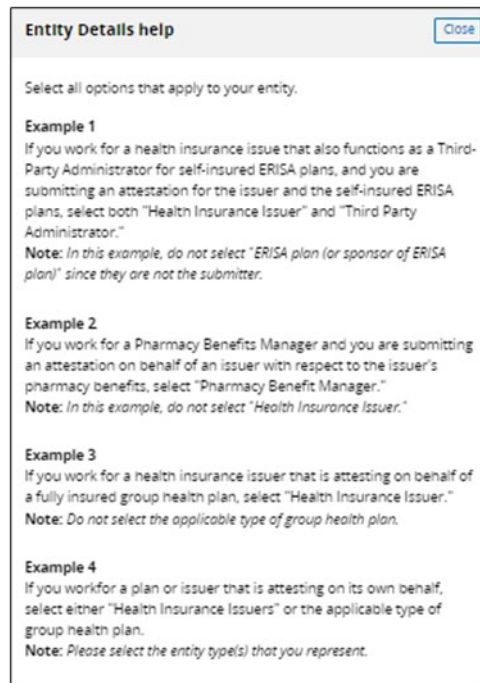
- Attestation year (Current options: 2021-2023 or 2024)
- Submitter’s first and last name
- Submitter’s position title
- Submitter’s e-mail address – the email address used to login will automatically pre-populate in this box.
- Submitter’s telephone number
- Submitter’s employer

You will then be asked “By what type of entity are you employed?”

Select all options that apply.

[View examples link](#)

**Figure 12 - View Entity Details help**



View examples - Entity Details help

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 plan (or sponsor of ERISA plan)" since it is not the employer of the submitter.

**Example 2**

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

**Note:** In this example, do not select "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.

Select Close button to close View examples – Entity Details Help

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

- GHP
- Issuer
- Third-party administrator
- Pharmacy benefit manager
- Behavioral health manager
- Other third-party service provider (if selected, a text box will display)

The **'Save and continue'** button allows you to save your work and move on to Step 2. **'Save and exit'** saves the record, and the attestation can be continued at a later time from the Submissions Table.

## 6 - Step 2 – Enter the attester's contact information

**Figure 13 - Enter attester's contact information**

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

Submitter is the same as the Attester

\* Attester first and last name

\* Attester position title

\* Attester e-mail address

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

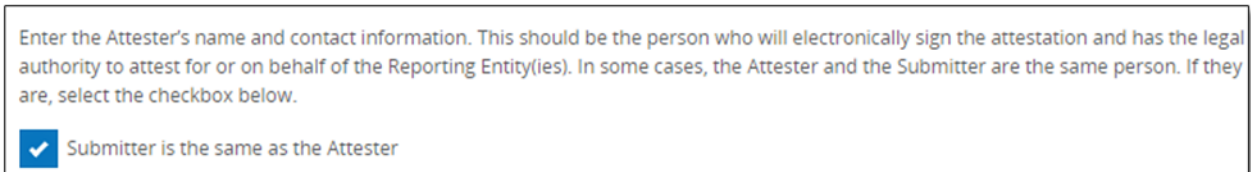
\* Attesting entity (attester's employer)



The following text will be displayed on the page: **Enter the Attester's name and contact information.** \*Asterisks indicate required fields.

[1: If the Submitter is the same person as the Attester, select the check box at the top of the page. This will automatically populate the Submitter's Name and Contact Information **Heading**]

**Figure 14 - Submitter is the same as the attester**

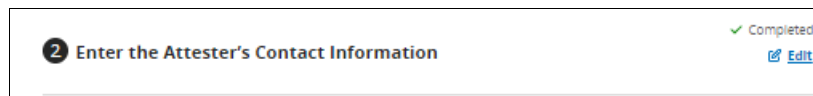


Enter the Attester's name and contact information. This should be the person who will electronically sign the attestation and has the legal authority to attest for or on behalf of the Reporting Entity(ies). In some cases, the Attester and the Submitter are the same person. If they are, select the checkbox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

Submitter is the same as the Attester

*There will be a green checkmark showing that it has been completed and an 'Edit' button to make any changes.*

**Figure 15 - Completed check mark**



2 Enter the Attester's Contact Information ✔ Completed  
[Edit](#)

[2: If the Submitter is *not* the same person as the Attester, enter the Attester's Contact Information **Heading**]

In some cases, the Attester and the Submitter are the same person. If they are, check the box below.

Submitter is the same as the Attester (Check box) – *If this box is checked, the Attester's contact information will automatically be filled in.*

Enter the Attester's name and contact information. This should be the person who will electronically sign the attestation and who has the legal authority to attest for, or on behalf of, the Reporting Entity(ies).

- Attester's first and last name
- Attester's position title
- Attester's e-mail address
- Attester's phone number
- Attesting entity (attester's employer)

The '**Save and continue**' button allows you to save your work and move on to Step 3. '**Save and exit**' saves the record, and the attestation can be continued later from the Submissions Table.

## 7 - Step 3 – Enter reporting entity’s details (if submitting for only one plan or issuer)

- Add the requested Reporting Entity’s details.

**Figure 16 - Enter reporting entity details - single submission**

**3 Enter reporting entity details**

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

Yes  
 No

**Entity/Organization Details**

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

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

\* Name of the reporting entity  
Thomas Group Health Plan

\* Reporting entity type  
ERISA Plan (or sponsor of ERISA Plan)

\* Name of reporting entity point-of-contact  
Ray Porter

\* Employer identification number  
00000000

\* Plan number  
This only applies if you are an ERISA plan.  
501

\* Mailing address for the reporting entity  
123 Main St, Dallas, TX 75248

\* E-mail address for the reporting entity point-of-contact  
ra@t.co

\* Phone number for the reporting entity point-of-contact  
Enter a phone number in the following format: "(xxx) xxx-xxxx".  
(214) 555-1212

\* Are you attesting for all provider agreements?  
Medical, PB, BHM, Other  
 Yes  
 No

\* Select the specific type of provider agreement(s) that apply. If you are attesting for a specific provider agreement other than or in addition to medical, pharmacy benefit, or behavioral health, choose "other," and enter the specific provider agreement type into the text box.

Medical  
 Pharmacy Benefit manager  
 Behavioral Health  
 Other

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

### Single Attestation Submission Process:

If you are submitting on behalf of one plan or one issuer, select “No.”

**Are you submitting for all provider agreements? Medical, PB, BHM, Other.**

- No (Button)
- Yes (Button)

Enter the Reporting Entity’s details for the Reporting Entity on whose behalf you are submitting the attestation.

Note: Issuers attesting for fully insured plans should report the plan’s information.

- Name of the reporting entity
- Reporting Entity type (drop down)
  - Church Plan
  - ERISA Plan (or sponsor of ERISA Plan)
  - Non-Federal Governmental Plan
  - Health insurance Issuer
- Name of reporting entity point-of-contact.
- Employer identification number (EIN) (9-digits).
- Plan number– *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.
- E-mail address for the reporting entity point-of-contact.
- Phone number for the reporting entity point-of-contact.

Are you attesting for all provider agreements?

Medical Coverage, Pharmacy Coverage, Behavioral Health Coverage, Other?

- Yes (Button)
- No (Button – Selected)

*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*)

Enter the type of provider agreement, such as Administrative Services Only (ASO) or Laboratory Services.

*There will be a ‘Next’ button to take you to the next section.*

### **Multiple Entity Submission Process**

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

- No (Button)
- Yes (Button) – If Yes is selected, you will see the screen shown in Figure 16
- View detail instructions link

### Report Entity Details

Complete the Reporting Entity Excel Template for all Reporting Entities on whose behalf you are submitting this document.

The GPCCA webform instructions and user manual provide specific guidance on creating the Reporting Entity tab-delimited text file.

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

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 at the bottom of Step 3.

After successfully uploading the text file, mail your completed Reporting Entity Excel Template to the Attester for their review.

**Figure 17 - Enter reporting entity details - multiple submissions.**

The screenshot shows a webform titled "3 Enter reporting entity details". It contains the following elements:

- A heading "3 Enter reporting entity details" with a blue circle containing the number 3.
- A question: "If you are submitting on behalf of more than one plan or one issuer, select Yes." followed by two radio buttons: "Yes" (selected) and "No".
- A section titled "Reporting entity details" with the instruction: "Upload your Reporting Entity Excel Template for whom you are submitting the attestation. After successfully uploading the text file, an e-mail will be sent to the Attester for their review." and a link "View detailed instructions".
- A section titled "\* Upload entity list" with the instruction: "The entity list must be in text tab delimited format." and a dashed box containing a file upload area with the text "Drag files here or choose from folder" and a small icon of a folder with an arrow.
- At the bottom, there are two buttons: "Save and continue" (highlighted in blue) and "Save and exit".

## Using the Reporting Entity Excel template when attesting for more than one Reporting Entity

**Figure 18 - Reporting entity excel template**

Required field*		Health Insurance Issuer, non-Federal Governmental Plan, ERISA Plan or Sponsor of ERISA Plan, or Church Plan	Only applies to ERISA plans and sponsors of ERISA plans	Column I or one or more of columns J-M must be marked with an X			If attesting for all types of provider agreements, place an X in the cell below	If attesting for a specific type(s) of provider agreement only, place an X below in the applicable cell(s) 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 J-L, list them in the cell	
Name of the Reporting Entity*	Employer Identification Number (EIN)*	Reporting Entity Type*	Plan Number	Mailing Address for the Reporting Entity*	Name of Reporting Entity Point-of-Contact*	E-mail Address for Reporting Entity Point-of-Contact*	Phone Number for Reporting Entity Point-of-Contact	Attestations for All Provider Agreements	Medical Pharmacy Behavior al Health	Other Type(s) of Provider Agreement(s)
		Make selection from the drop-down menu								

You can find and download the GPCCA Reporting Entity Excel template by scrolling to the bottom of the GPCCA Dashboard. After you download the Reporting Entity Excel template, enter the data for each of the reporting entities on whose behalf you are submitting into the Reporting Entity Excel template. See Figure 16.

If you are submitting an attestation for multiple Reporting Entities, use the ‘Upload Entity List’ field to upload a tab-delimited .txt file.

### Reporting Entity Details (Heading)

Complete the Reporting Entity Excel template for all Reporting Entities on whose behalf you are submitting the attestation. Sections 2.3 and 2.31 of the [GPCCA Annual Submission Webform Instructions](#) provide specific guidance on creating the Reporting Entity tab-delimited .txt file.

Only one Reporting Entity per row is permitted, and a separate row is required for each Reporting Entity on whose behalf you are attesting. Once the Reporting Entity Excel template is complete, save it as an Excel file, and then save it again as a tab-delimited text file format for uploading. Only tab-delimited text files can be accepted. If you are not the Attester, after successfully uploading the text file, e-mail the completed Reporting Entity Excel template to the Attester for their review.

**Table 1 - Reporting entity excel template data validations.**

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

<b>Column Heading</b>	<b>Instructions</b>
<b>Name of the Reporting Entity*</b>	Enter the name of the Reporting Entity (i.e., the health insurance issuer or employer-sponsored group health plan), as applicable. Only one name should be included per row.
<b>Employer Identification Number (EIN)*</b>	Enter the Reporting Entity's 9-digit Federal Tax EIN. Include leading zeros if the EIN is fewer than 9 digits. Do not use dashes. Ex: 001234567. All Reporting Entities, including state and local government agencies and non-profit organizations, have EINs. If you do not know the Reporting Entity's EIN, you may be able to obtain this information from the Reporting Entity's payroll or accounting department. If the Reporting Entity is a group health plan and the group health plan does not have its own EIN, enter the EIN for the plan sponsor.
<b>Plan Number</b>	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).
<b>Reporting Entity Type*</b>	Select from the drop-down menu or enter one of the following Reporting Entity types: Health Insurance Issuer, Non-Federal Governmental Plan, ERISA Plan (or sponsor of ERISA Plan), or Church Plan.
<b>Mailing Address for the Reporting Entity*</b>	Enter the complete mailing address where the Reporting Entity can receive correspondence related to the GCPCA.
<b>Name of Reporting Entity Point-of-Contact*</b>	Enter the first and last name of an individual who works for the Reporting Entity and can serve as a point-of-contact to respond to questions from the Departments regarding the GCPCA and the Reporting Entity's compliance with the prohibition on gag clauses.
<b>E-mail Address for Reporting Entity Point-of-Contact*</b>	Enter the e-mail address of the Reporting Entity's point-of-contact.
<b>Phone Number for Reporting Entity Point-of-Contact</b>	Enter the 10-digit phone number, excluding spaces, dashes, or other punctuation, of the Reporting Entity's point-of-contact. Ex: 2025551989.
<b>Attestation is for All Provider Agreements</b>	If you are attesting to compliance with the gag clause prohibition for all types of provider agreements (rather than only for specific types of provider agreements), place an X in the box. If you are attesting only for specific type(s) of provider agreements, then leave this column blank. If this column is left blank, you must indicate the specific type(s) of provider agreements for which you are attesting by marking an X in the applicable column(s) (I – L) or by entering the provider agreement type(s) in column M, "Other," of the Reporting Entity Excel Template.
<b>Attestation is for the following types of Provider Agreements: Medical, Pharmacy Benefits, Behavioral Health, Other</b>	If you are attesting only for a specific type(s) of provider agreement, mark an X in the applicable column(s) (J – L) of the Reporting Entity Excel Template. If you are attesting for a specific type(s) of provider agreement other than medical, pharmacy benefit, or behavioral health, enter the provider agreement type(s) in column M, "Other." If you are attesting for more than one provider agreement type in column M, separate each type with a semicolon. Do not use commas. If all four of these columns (J – M) are left blank, column I – "Attestation is for All Provider Agreements" – must be marked with an X.

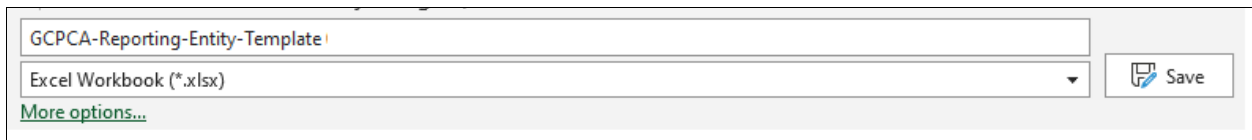
**To create a backup copy of the Reporting Entity Excel template after you have completed it, you must first save an .xlsx version of the file and then save a .txt version of the Excel Template.**

After you have entered the data for each Reporting Entity in the Reporting Entity Excel template, upload it as a .txt file, and the system will validate the data.

### **To Save your Excel Workbook (.xlsx)**

First, save your file as an Excel Workbook (\*.xlsx) so that you can reference it later if any validation errors occur and to have a copy. You may also want to use this file as a starting point for subsequent attestations.

**Figure 19 - Save as .xlsx**



Next, save a copy of your file as a text file (Tab-delimited) (\*.txt).

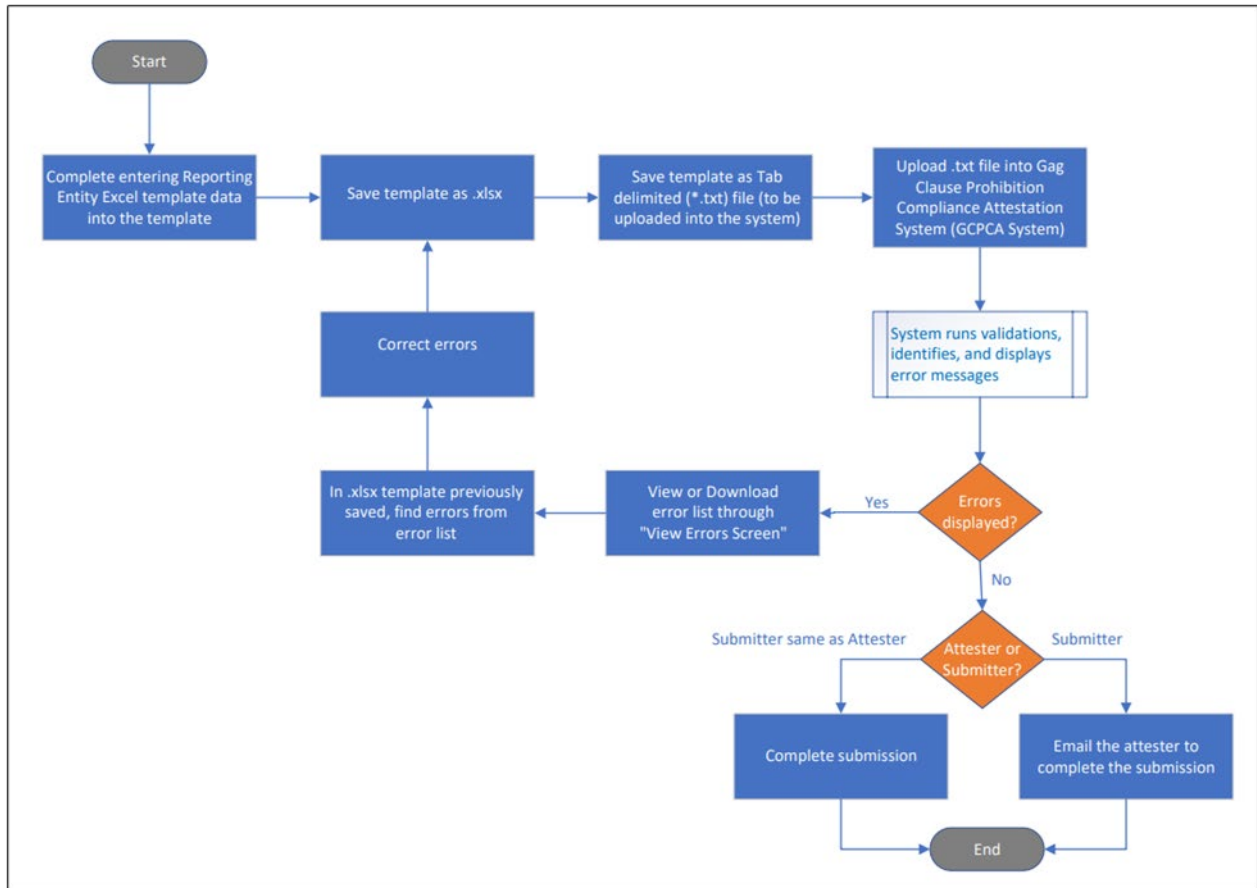
**Figure 20 - Save as tab-delimited .txt**



Valid file-naming conventions: File names must have exactly one period. Please remove any extra periods from your file name. The .txt file (Figure 15) is the file you will upload into the system for data validation. This file is now ready for upload when you proceed to Step 3.

If the system detects any errors in your Reporting Entity Excel template, you will need to first correct these errors in order to complete the submission as you cannot continue with your submission if you do not do so.

**Figure 21 - Multiple entity attestation flow**



Successful Upload Reporting Entity Details (Button)

- If you uploaded your Excel template in the correct .txt format, and there are no errors in the Excel template itself, the file name will be highlighted in green with a checkmark displaying the date and timestamp of the upload. You will also see a delete button in the event you need to remove your submission.
- Upload .txt file. **If the system identifies validation errors (See Figure 23 below)**



Figure 22 - reporting entity details – uploaded file

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

Yes  
 No

**Reporting entity details**

Upload your **Reporting Entity Excel Template** for whom you are submitting the attestation. After successfully uploading the text file, an e-mail will be sent to the Attester for their review.  
[View detailed instructions](#)

The entity list must be in text tab delimited format.

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

GCPCA ... Hdrs.txt	690 Bytes	12/01/2022 11:40:59 AM	Delete
--------------------	-----------	------------------------	--------

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

Figure 23 - Reporting entity details - errors detected

**3 Enter Reporting Entity Details**

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

Yes  
 No

**Reporting entity details**

Upload your **Reporting Entity Excel Template** for whom you are submitting the attestation. After successfully uploading the text file, an e-mail will be sent to the Attester for their review.  
[View detailed instructions](#)

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

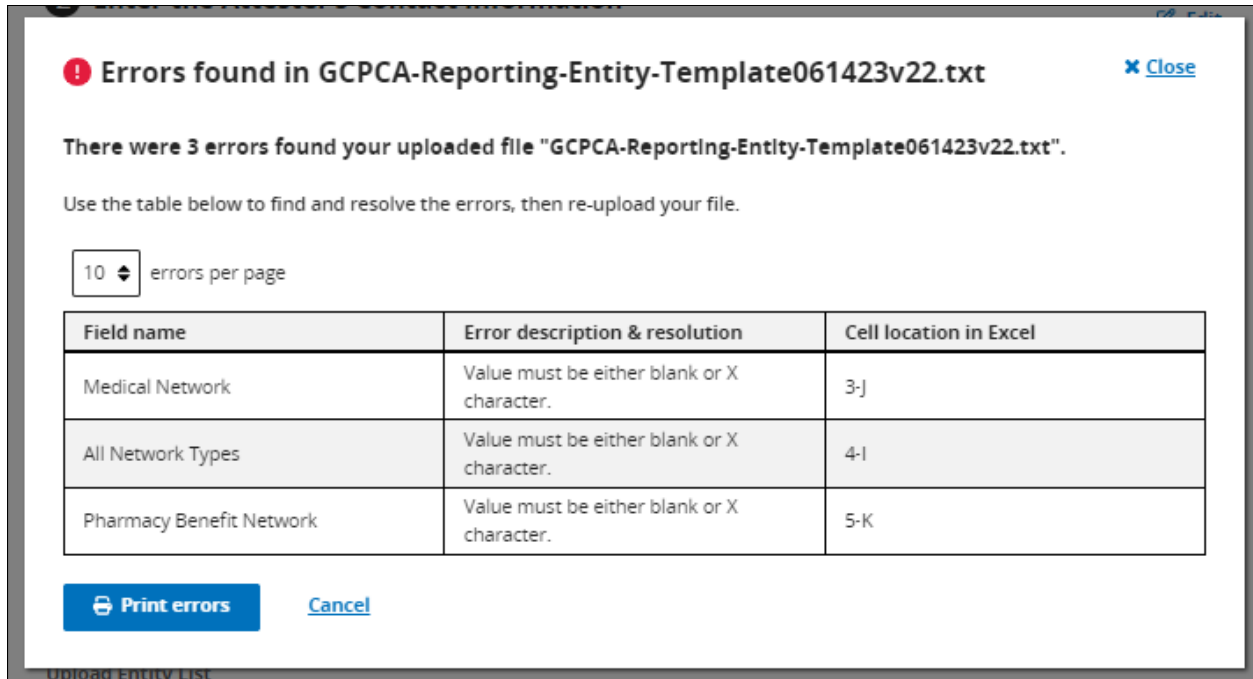
Drag files here or [choose from folder](#)

GCPCA-Reporting-E... .txt	3 errors found. Review the errors, fix them, and upload a new file above. You cannot submit this data with these errors.	View
---------------------------	--	------

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

If errors are detected, select "View" to review the errors.

Figure 24 - View errors



You will see a list of the field names that require correction. A screen with a description of the error, and prompts to help resolve it, as well as the cell location and the information entered in the Excel worksheet that was saved prior to uploading the file, will appear.

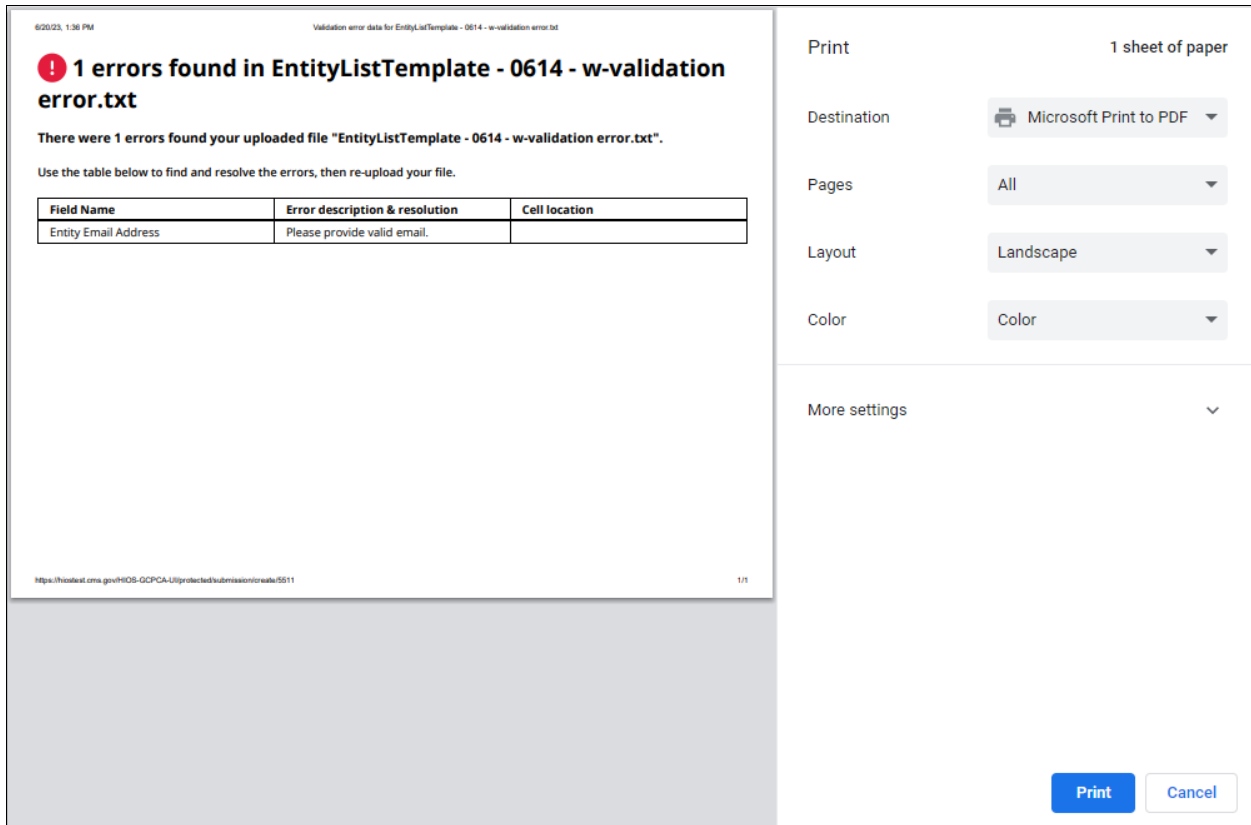
**To correct the system-detected errors:**

Refer to the "View Errors" pop up window or Select "Print errors."

**NOTE: Print errors will also allow you to save the information from "View Errors" as a PDF.**

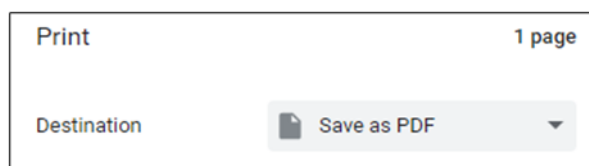
Print or Save your Print errors as a PDF.

**Figure 25 - Print or save errors**



In the Destination dropdown, you can print the errors by selecting a printer, or you can save them by selecting *"Save Print Errors as a PDF."*

**Figure 26 - Save errors as PDF**



Locate the Reporting Entity .xlsx document you created prior to uploading your .txt file and use it as a reference for making your corrections.

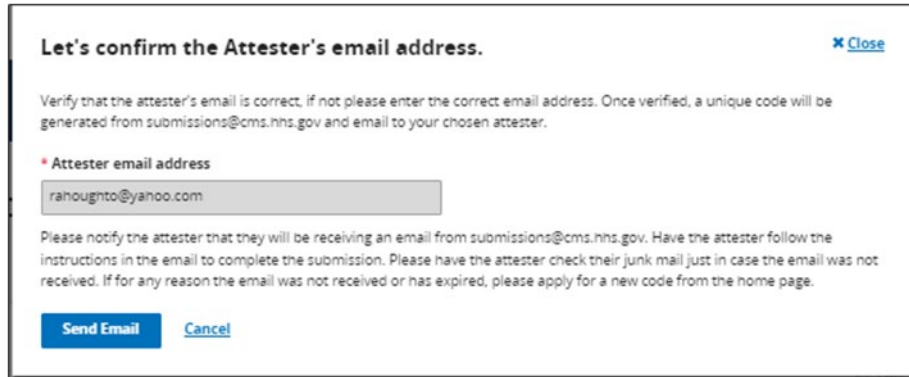
Compare the results from your *"Save Print Errors as a PDF"* output to your saved Reporting Entity (.xlsx), as shown in Figure 18.

Once the data is corrected, the template can be uploaded again for re-validation. Repeat this cycle until all errors are resolved.

Once you have completed a successful file upload, you will see a **'Next'** button, which, if selected, takes you to the next section.

***If the Attester is different than the Submitter,*** after the submitter has selected “Save and continue,” “Let’s confirm the Attester’s email address” will pop-up, asking you to confirm the attester’s email address so that the system can send the attester a unique access code, a link to the GCPCA system, and a Submission ID for reference.

**Figure 27 – Let’s confirm Attester's email address**



The screenshot shows a modal dialog box with the following content:

- Let's confirm the Attester's email address.** (with a [Close](#) link in the top right)
- Verify that the attester's email is correct, if not please enter the correct email address. Once verified, a unique code will be generated from submissions@cms.hhs.gov and email to your chosen attester.
- \* Attester email address**
- 
- Please notify the attester that they will be receiving an email from submissions@cms.hhs.gov. Have the attester follow the instructions in the email to complete the submission. Please have the attester check their junk mail just in case the email was not received. If for any reason the email was not received or has expired, please apply for a new code from the home page.
- [Send Email](#) [Cancel](#)

## 8 - Step 4 - Review the submission and attest

- If you need to edit any of the previously entered information, you can use the edit buttons on the right side of the page to return to the applicable step and make your changes.
- If the information is correct, select “Save and continue.”

Figure 28 - Review submission and attest

**4 Review 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 contact information** [Edit](#)

<b>Submitter first and last name</b> Thomas Health Group	<b>Submitter position title</b> TPA	<b>Submitter e-mail address</b> richard.houghton@sod2.com
<b>Submitter phone number</b> (214) 555-1212	<b>Submitter employer name</b> Healthco	<b>Entity</b> Third-party administrator

**Attester contact information** [Edit](#)

<b>Attester first and last name</b> Richard Yahoo	<b>Attester position title</b> Test	<b>Attester e-mail address</b> rahoughto@yahoo.com
<b>Attester phone number</b> (214) 555-1212	<b>Attesting entity (Attester's employer)</b> Test	

**Entity attestation detail** [Edit](#)

<b>Entity name</b> Thomas	<b>Entity type</b> ERISA Plan (or sponsor of ERISA Plan)	<b>Name of reporting entity point of contact</b> Ray Porter
<b>Entity EIN</b> 666666666	<b>Group Health Plan number</b> 501	<b>Entity mailing address</b> 2131 Main Street, Dallas, TX 75248
<b>Entity email address</b> re@c.co	<b>Entity phone number</b> (214) 555-1212	<b>Network Types</b> Medical

Save and continue
Save and exit

## 9 - Step 5 - Verify the entity Type(s) you are attesting on behalf of

Figure 29 - Verify the entity type(s)

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

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

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

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

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, the health insurance issuer(s) offering individual health insurance coverage on whose behalf I am signing will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, or other service provider offering access to a network of providers that would directly or indirectly restrict the health insurance issuer(s) from —

1. Providing provider-specific price or quality of care information, through a consumer engagement tool or any other means.

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

#### Attest your submission

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

I attest that all information in this submission is accurate.

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

Signed submission date  
11/21/2023 01:03 PM

[Start over](#)

- Select the applicable box(es) to indicate for whom you are attesting. Doing so indicates that you understand the attestation language.

NOTE: Scroll bars allow viewing of all attestation detail

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

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

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

- Select the 'Save and continue' button to move to the 'Attest to your submission' section.

## 10 - Attest to your submission

- The following text will be displayed in the Attest your submission section: I attest that I have the authority to bind the plan(s) or issuers(s) entered/uploaded in the Reporting Entity attestation details.
- Select 'I attest that all information in this submission is accurate,' enter your full name, and then click the 'Submit' button.
- **Note: the name entered for the signature must exactly match the name of the Attester as it was entered in Step 2.**



**Figure 30 - Attest to your submission**

**Attest your submission**

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

I attest that all information in this submission is accurate.

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

Signed submission date  
11/21/2023 01:03 PM

[Start over](#)

## 11 - Submission successful

- Once the attestation(s) has been successfully submitted, you will see a “Submission Successful” message.
- It is highly recommended that you download your submission receipt.
- Selecting “Return to dashboard” takes you back to your dashboard.
- Selecting “Download receipt” launches a printable/savable version of the receipt.

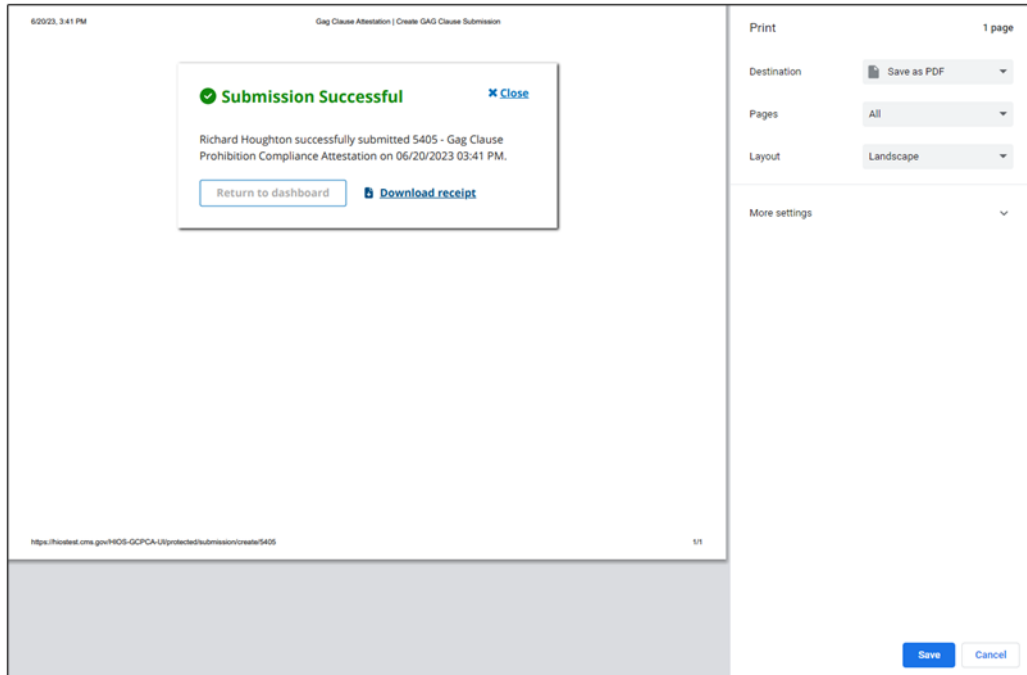
**Figure 31 - Submission successful**

**Submission Successful** [Close](#)

0401 Test successfully submitted 732 - Gag Clause Prohibition Compliance Attestation on 06/06/2023 01:34 PM.

[Download receipt](#)

Figure 32 - Submission receipt



## 12 - Attestation submissions table

Figure 33 - GPCCA Dashboard submission table

**GPCCA Dashboard**

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

**Submissions** [Start a new submission](#)

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

Showing 1 to 2 of 2 Submissions  Submissions per page

Submission ID	Name	Year	Status
<a href="#">366</a>	Karl Rogers	2021-2023	<span>In Progress</span>
<a href="#">365</a>	Frank Miller	2024	<span>Complete</span>

[Status Definitions](#)

---

**Get started**

Please read the GPCCA webform instructions before starting your submission.

- [Instructions for submitting the GPCCA](#) [PDF - 832KB]
- [User Manual for submitting the GPCCA](#) [DOCX - 654KB]

**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](#) [XLSX - 690KB]

[Submit Gag Clause Prohibition Compliance Attestation](#)

You can view “in progress” submissions from the GPCCA Dashboard (Figure 7). You will have the option to continue with “in progress” submissions, delete “in progress” submissions, or start a new submission.

The following text will display on the GPCCA Dashboard:

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

The “Start a new submission” button will allow you to start a new submission.

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

*The following will be displayed in a table and can be filtered by submission year and status:*

- Submission ID (Heading)
- Name (Heading)
- Year (Heading)
- Status (Heading)
- Delete Submission (Button)
  - If you select “Delete,” a warning window will appear with the following text:  
Are you sure you want to delete this item?
    - Yes (Button)
    - Cancel Deletion (Button)
    - Close Submission (Button)

13 – View page

Figure 34 - View page with file attachment for multiple submissions

### GPCCA Submission #5794

Below is the current summary and status for your submission.

[Return to GPCCA Dashboard](#)
[Print](#)

✔ Complete

The submission is complete and has been submitted. Submission was completed.

#### Submission details

<b>Submission Status</b> COMPLETE	<b>Submission ID</b> 5794	<b>Reporting Year</b> 2023
<b>Date submitted</b> 10/19/2023		

#### Entity/Organization details

No Entity/Organization details

#### Submitter contact information

<b>Submitter first and last name</b> Tyler Thomas	<b>Submitter position title</b> CFO	<b>Submitter e-mail address</b> richard.houghton@sbd2.com
<b>Submitter phone number</b> (214) 555-1212	<b>Submitter employer name</b> Healthco	<b>Entity</b> GHP

#### Attester contact information

<b>Attester first and last name</b> Tyler Thomas	<b>Attester position title</b> CFO	<b>Attester e-mail address</b> richard.houghton@sbd2.com
<b>Attester phone number</b> (214) 555-1212	<b>Attesting entity (Attester's employer)</b> Healthco	

#### Entity attestation detail

[GPCCA-Reporting-Entity-Template102523.txt](#) (100 Bytes)

Figure 35 - View page for single entity attestation

[Return to GPCCA Dashboard](#)
[Print](#)

✔
Complete

The submission is complete and has been submitted. Submission was completed.

**Submission details**

<b>Submission Status</b> COMPLETE	<b>Submission ID</b> 5706	<b>Reporting Year</b> 2023
<b>Date submitted</b> 10/6/2023		

**Submitter contact information**

<b>Submitter first and last name</b> Tyler Thomas	<b>Submitter position title</b> CFO	<b>Submitter e-mail address</b> richard.noughton@sbd2.com
<b>Submitter phone number</b> (214) 555-1212	<b>Submitter employer name</b> Test	<b>Entity</b> GHP

**Attester contact information**

<b>Attester first and last name</b> Tyler Thomas	<b>Attester position title</b> CFO	<b>Attester e-mail address</b> richard.noughton@sbd2.com
<b>Attester phone number</b> (214) 555-1212	<b>Attesting entity (Attester's employer)</b> Test	

**Entity attestation detail**

<b>Entity name</b> AFG	<b>Entity type</b> Health Insurance Issuer	<b>Entity EIN</b> 111111111
<b>Plan number</b>	<b>Entity mailing address</b> 123 Main St., Dallas, TX 75248	<b>Name of reporting entity point of contact</b> Ray Porter
<b>Reporting entity point of contact email</b> re@t.co	<b>Entity phone number</b> (214) 555-1212	<b>Network Types</b> Behavioral Health

The View Page shows comprehensive information on completed submissions.

- You can review descriptive data on completed submissions.
- If a file is attached to the Webform, users can review the attached .txt file.
- You can navigate back to the GPCCA Dashboard to view your submissions table.
- You can navigate back to the GPCCA Dashboard to begin another submission.

## 14 - Acronyms

The following are the acronyms used in this user manual.

**Table 2 – Acronyms**

Acronym	Definition
ASO	Administrative Services Only
ADA	Americans with Disabilities Act of 1990
CAA	Consolidated Appropriations Act
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
EIN	Employer Identification Number
ERISA	Employee Retirement Income Security Act of 1974
FEHB	Federal Employees Health Benefits
GINA	Genetic Information Nondiscrimination Act
HIOS	Health Insurance Oversight System
IDM	Identity Management
MSD	Marketplace Service Desk
PBM	Pharmacy Benefit Manager
GCPCA	Gag Clause Prohibition Compliance Attestation
TPA	Third Party Administrator