

GAG CLAUSE PROHIBITION COMPLIANCE ATTESTATION



IMPORTANT: This proposal is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts.

GCPCA SUBMISSION

Start by clicking **Access GCPCA webform**

An authentication code is required to access the GCPCA webform. Click “Don’t have a code or forget yours?” A code will be sent to your email.

The screenshot shows a web browser window with the URL <https://hios.cms.gov/HIOS-GCPCA-UI>. The browser's address bar and tabs are visible. Below the browser window, the page title is "Gag Clause Prohibition Compliance Attestation". The page has a dark blue header with a "Home" link. The main content area features a background image of a doctor in a white coat holding a stethoscope. Overlaid on this is a white form titled "Access the Gag Clause Prohibition Compliance Attestation Submission". The form contains two input fields: the first is labeled "* Enter email address" and the second is labeled "* Enter the code that was sent via email". Below these fields are two buttons: a green "Login to the system" button and a blue "Don't have a code or forgot yours?" button, which is circled in red.

Home

Access the Gag Clause Prohibition Compliance Attestation Submission

* Enter email address

* Enter the code that was sent via email

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

GCPCA SUBMISSION

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

✕
[Close](#)

Once we receive your e-mail address, an access code will be generated and e-mailed to you. This e-mail will be from submissions@cms.hhs.gov. Follow the instructions in the e-mail.

* Enter e-mail address

[Get my access code](#)

[Cancel](#)

Request your access code. It will arrive in [an email from HIOS- Submission@cms.hss.gov](mailto:an_email_from_HIOS-Submission@cms.hss.gov).

Click the **GCPCA** portal link in the email and enter your assigned code.

Dear User,

Please use the following access code to login to GCPCA portal (<https://hios.cms.gov/HIOS-GCPCA-UI>): "555555"

Note: On the GCPCA portal, please enter only the access code (without double-quotes).



GCPCA SUBMISSION

Click “Access the system” to start the submission process.

Gag Clause Prohibition Compliance Attestation

Logged in as mamundsen@bukaty.com [Logout](#)

Home

Access the Gag Clause Prohibition Compliance Attestation Submission

You are currently logged into the system. Please select "Access the system" below to continue using GCPCA.

[Access the system](#)



GCPCA SUBMISSION



Click “Start a new submission”

Gag Clause Prohibition Compliance Attestation

Logged in as mamundsen@bukaty.com

Home

GCPCA Dashboard

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

Submissions

+ Start a new submission

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

Showing 0 to 0 of 0 Submissions

10 Submissions per page

Submission ID	Name	Year	Status
---------------	------	------	--------

[Status Definitions](#)

SUBMITTER DATA

* Attestation year
2025

* Submitter's first and last name

* Submitter's position title

* Submitter's e-mail address
mamundsen@bukaty.com

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

* Submitter's employer name

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

☐ Health insurance issuer/insurer

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

☐ (Non-Federal) governmental group health plan

☐ Church plan

☐ Third-party administrator (TPA)

☐ Pharmacy benefit manager (PBM)

☐ Behavioral health manager (BHM)

☐ Other third-party network or service provider (e.g., agent/broker)

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

Select “2025” as the Attestation year.

Complete the Submitter data fields.

Submitter name: Individual who initiates the submission

Submitter title

Submitter's email

Submitter's phone

Employer name

Entity type – Select ERISA group plan or plan sponsor.

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

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



ATTESTER DATA

2 Enter the Attester's Contact Information

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

☐ Submitter is the same as the Attester

* Attester first and last name

* Attester position title

* Attester e-mail address

* Attester phone number

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

* Attesting entity (attester's employer)

Save and continue

Save and exit

The Attester must be someone who is legally authorized to attest on behalf of a group health plan.

The Submitter and the Attester can be the same individual. If so, check the appropriate box and the Attester data fields will be auto-populated with information the Submitter previously provided.

If the Attester is another individual within your company, complete the data fields. Notify the Attester of the process and to expect an email from HIOS to complete the final submission.



COMPANY DATA

3 Enter Responsible Entity's details

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

- ☐ Yes
☒ No

Responsible Entity's Details

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

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

* Name of Responsible Entity

* Responsible Entity type

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

* Employer Identification Number

* Mailing address for the Responsible Entity

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

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

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

* Are you attesting for all provider agreements?

Examples include Medical, Pharmacy benefit manager, Behavioral health network and/or Other.

- ☒ Yes
☐ No

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

Complete the Responsible Entity's detail data fields.

Name of entity: Company name

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

Name of point of contact: Either the submitter or attester

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

ERISA plan #: Generally, 501

Mailing address: Company address

Email : Either the submitter or attester

Phone: Either the submitter or attester

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



ATTESTATION PERIOD

Attestation period

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

* Start date

For example: January 19 2021

Month	Day	Year	
01 - January ▾	1	2025	 Previous attestation end date

* End date

Must be today's date or a prior date

Month	Day	Year	
11 - November ▾	5	2025	 Current date

Additional information

Provide any other information that is relevant to this attestation.

1000 characters remaining

Save and continue

Save and exit

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

Click current date to enter the date of your submission.



ATTESTER CONFIRMATION

Let's confirm the Attester's email address. [Close](#)

Verify that the attester's email is correct, if not please enter the correct email address. Once verified, a unique code will be generated from submissions@cms.hhs.gov and email to your chosen attester.

* Attester email address

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

Send Email

[Cancel](#)

If the **Attester** is a different contact than the **Submitter**, this screen verifies who within the organization will complete the attestation on behalf of the plan sponsor. Communicate in advance so the Attester knows to expect an email from HIOS submission.

After you click “Send Email,” verify data is correct.

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

Subject: Passcode requested for you to attest submission



SUBMISSION REVIEW



4 Review your submission and attest

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

Submitter's contact information

Edit

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

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

Attester's contact information

Edit

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

Responsible Entity's attestation detail

Edit

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

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

Additional Information
N/A

Save and continue

Save and exit

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



ATTESTER EMAIL NOTIFICATION

From: HIOS_Submissions@cms.hhs.gov <HIOS_Submissions@cms.hhs.gov>
Sent: Wednesday, November 5, 2025 1:00 PM
To: Erin Balint <ebalint@bukaty.com>
Subject: Your Attester Access Code - Gag Clause Prohibition Compliance Attestation (GCPCA)

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear User,

Use the following access code "4415734" to log into the GCPCA portal (<https://hios.cms.gov/HIOS-GCPCA-UI>) and attest to submission 79058.

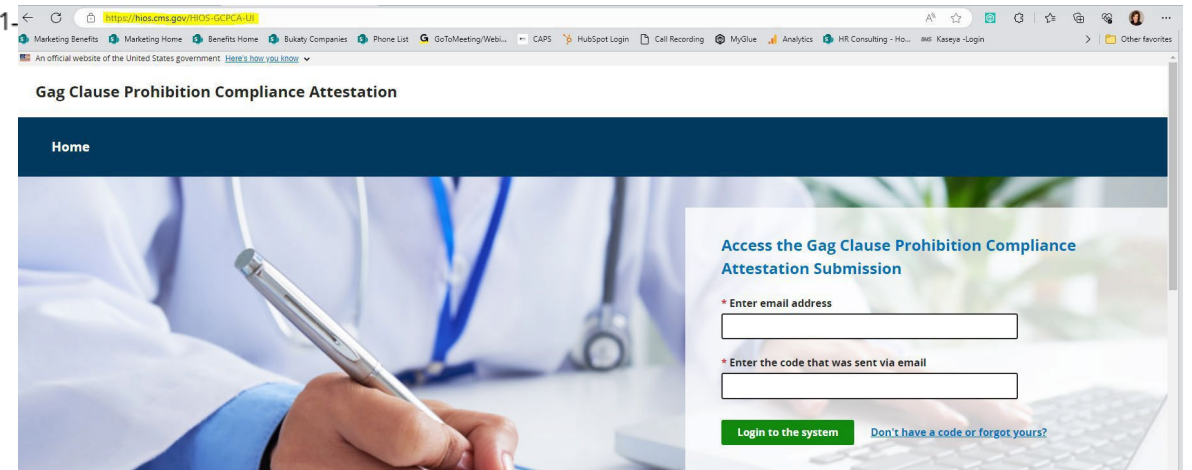
Note: On the GCPCA portal, enter only the access code (without double-quotes).

DO NOT SHARE your access code with anyone.

For additional assistance, contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or 1-800-955-4774.

Thank you,

Click <https://his.cms.gov/HIOS-GCPCA-UI> to be directed to GCPCA portal. Enter the code provided in the email. (In this example email the code is 4415734.)



The screenshot shows a web browser window with the URL <https://hios.cms.gov/HIOS-GCPCA-UI>. The page title is "Gag Clause Prohibition Compliance Attestation". Below the title is a navigation bar with a "Home" link. The main content area features a background image of a doctor in a white coat holding a stethoscope. Overlaid on this is a white box with the heading "Access the Gag Clause Prohibition Compliance Attestation Submission". Inside this box are two input fields: "Enter email address" and "Enter the code that was sent via email". Below these fields is a green button labeled "Login to the system" and a link that says "Don't have a code or forgot yours?".

ATTESTER COMPLETES SUBMISSION

Attester clicks the Submission ID listed in the notification email.

GCPCA Dashboard

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

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 1 of 1 Submissions

10 Submissions per page

Submission ID	Name	Year	Status
79058	Mary Test	2025	In progress

[Status definitions](#)



ATTESTATION COMPLETION

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

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

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

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

1. Providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage;
2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary, or enrollee in the plan or coverage, upon request and consistent with the privacy regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA), including, on a per claim basis —
 - a. Financial information, such as the allowed amount, or any other claim-related financial obligations included in the provider contract;
 - b. Provider information, including name and clinical designation;
 - c. Service codes; or
 - d. Any other data element included in claim or encounter transactions; or
3. Sharing information or data described in items (1) or (2), or directing that such data be shared, with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of HIPAA, the amendments made by GINA, and the ADA.

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

Health insurance issuers offering individual health insurance coverage

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

1. Providing provider-specific price or quality of care information, through a consumer engagement tool or any other means, to referring providers, enrollees, or individuals eligible to become enrollees of the plan or coverage; or
2. Sharing, for plan design, plan administration, and plan, financial, legal, and quality improvement activities, data described in item (1) with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA).

The Attester completes the remaining attestation fields and submits.

Attest your submission

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

☐ I attest that all information in this submission is accurate.

* Please enter your full name to sign this attestation.

Signed submission date
07/12/2023 01:33 PM

Submit

[Start over](#)



HELPFUL RESOURCES

[CMS overview](#)

[GCPCA submission instructions](#)

[User manual](#)

[CMS-FAQs](#)

