GAG CLAUSE PROHIBITION COMPLIANCE ATTESTATION

BUKATY COMPANIES

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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

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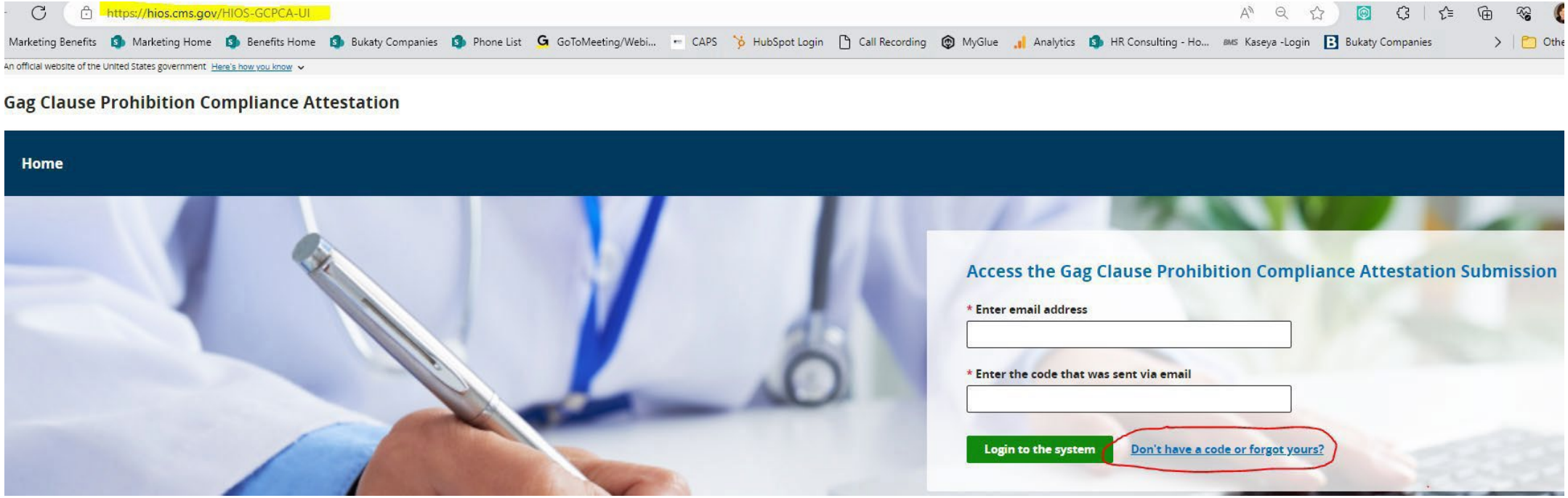
Start by clicking **Access GCPCA webform**

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.



GCPCA SUBMISSION

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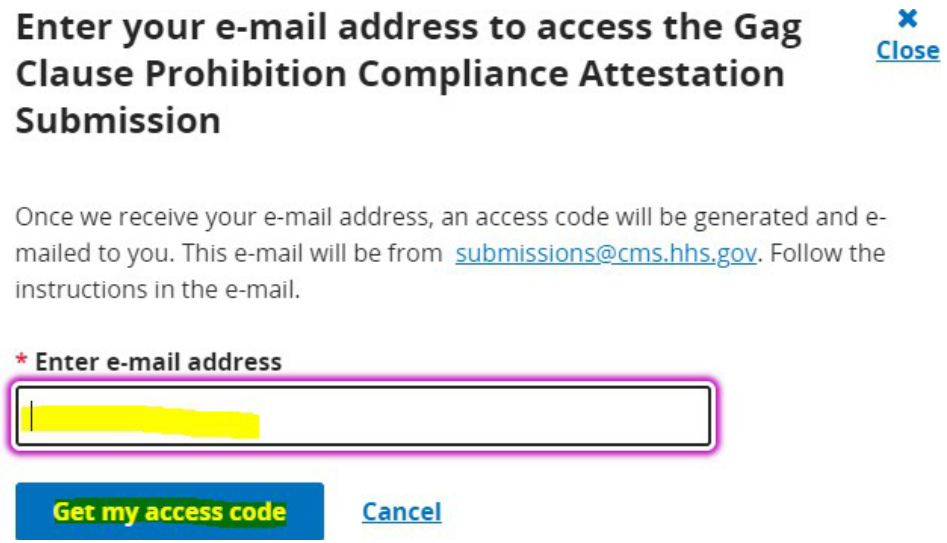

Request your access code. It will arrive in an email from HIOS- Submission@cms.hss.gov.

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

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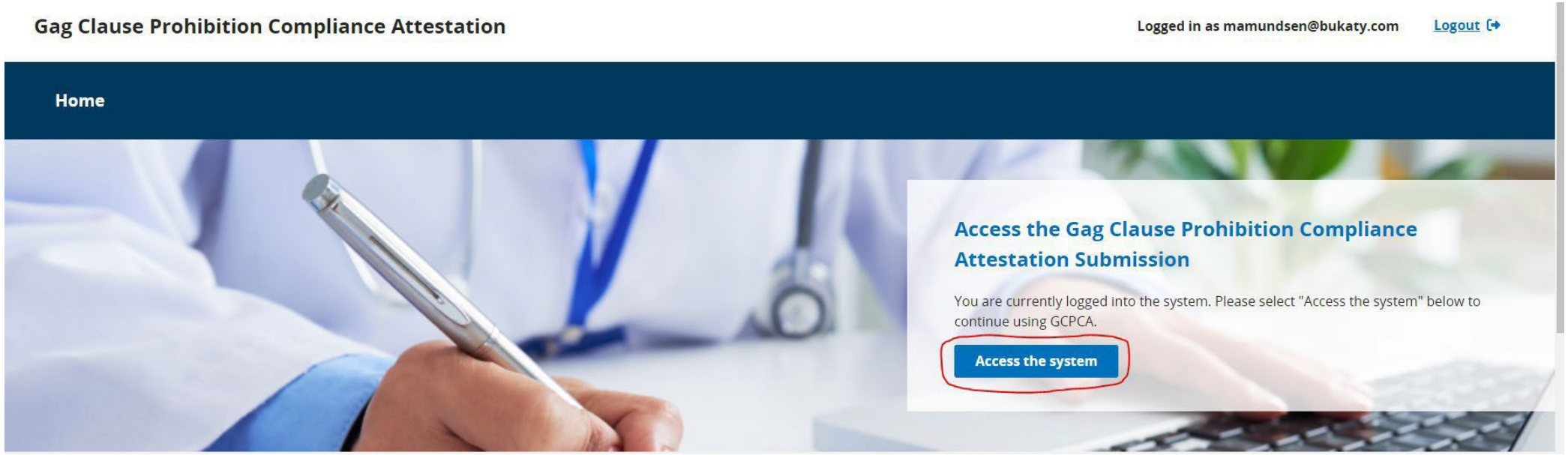
Click "Access the system" to start the submission process.



GCPCA SUBMISSION

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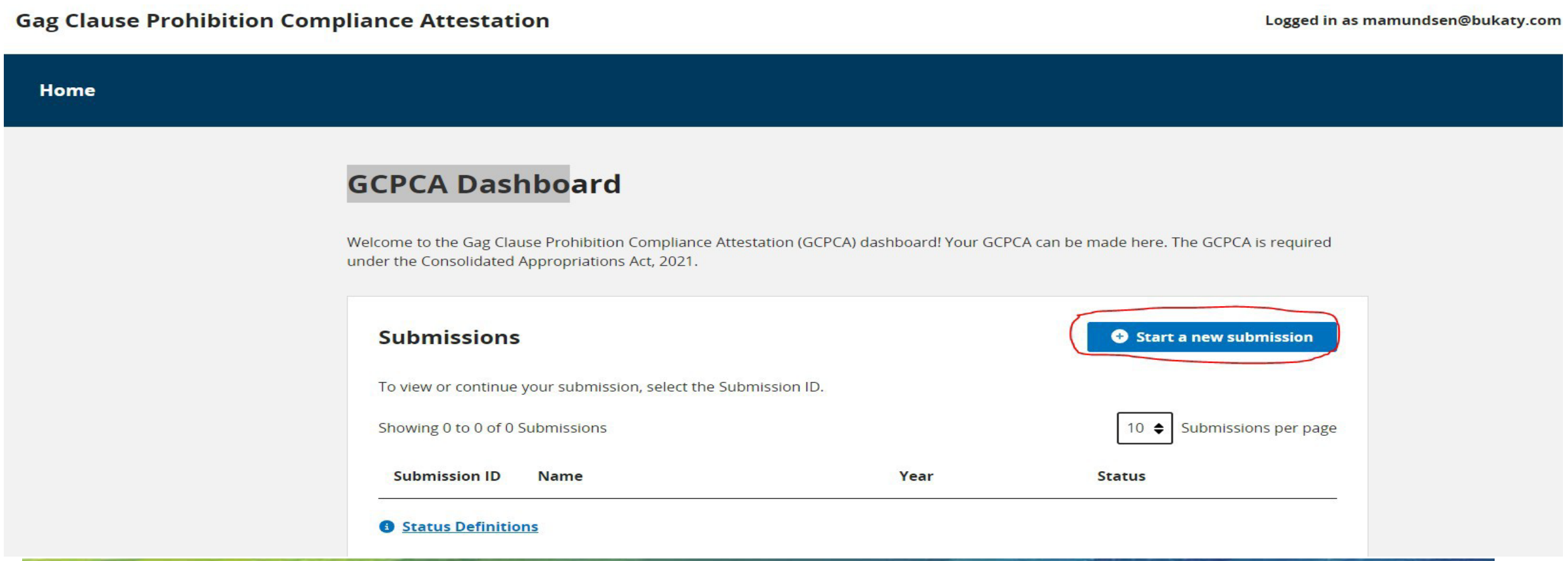
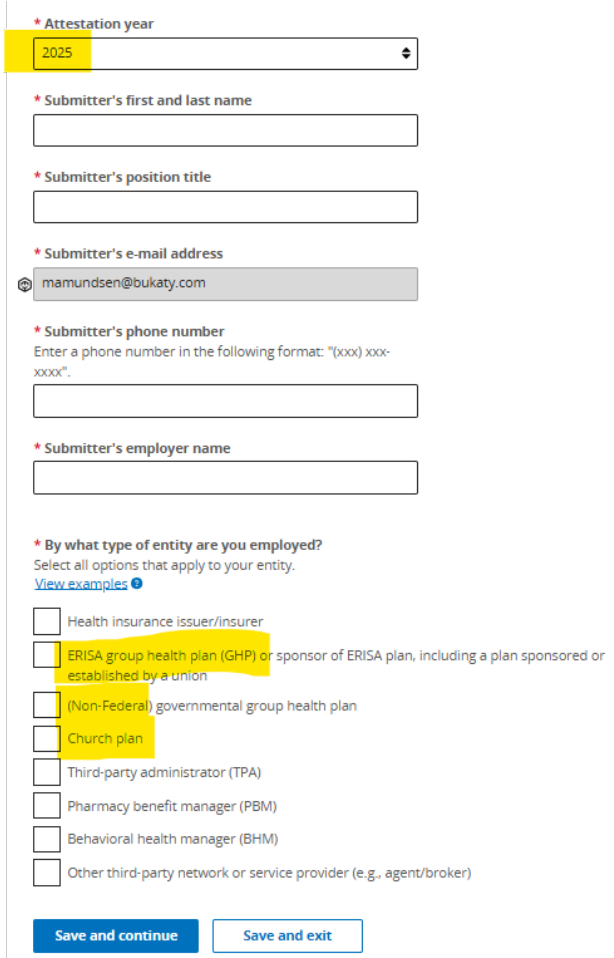
Click "Start a newsubmission"



SUBMITTER DATA



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

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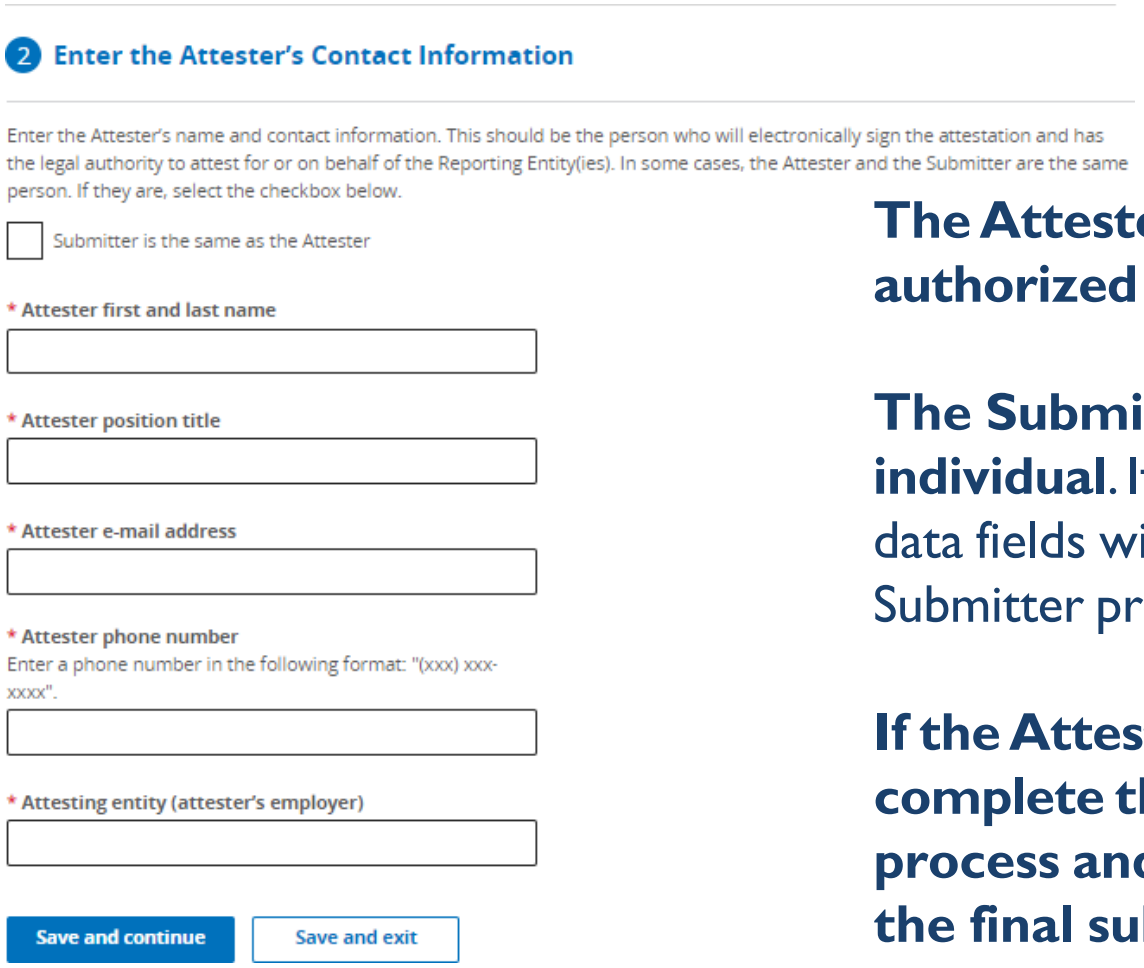

The Attester must be someone who is legally authorized to attest on behalf of a group health plan.

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

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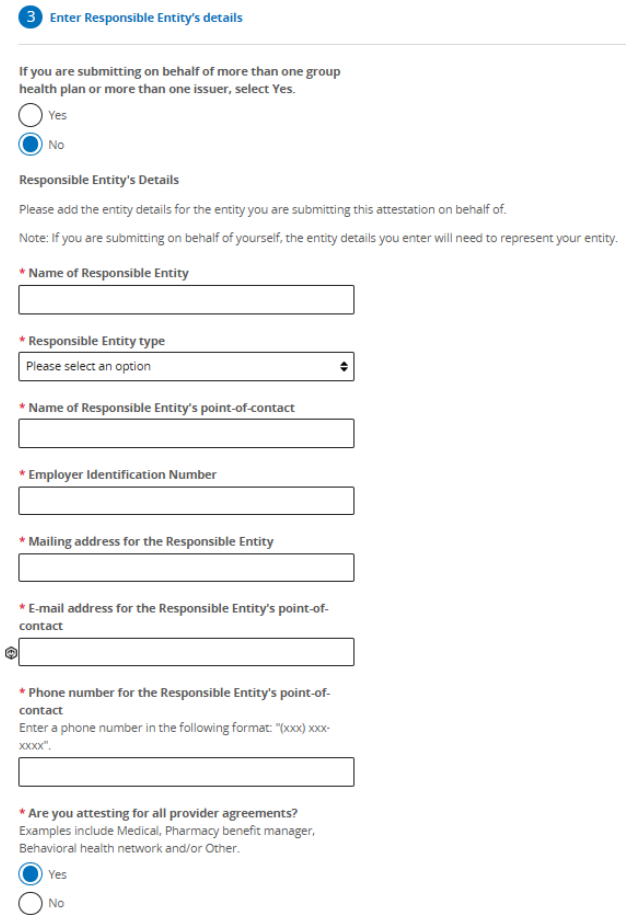
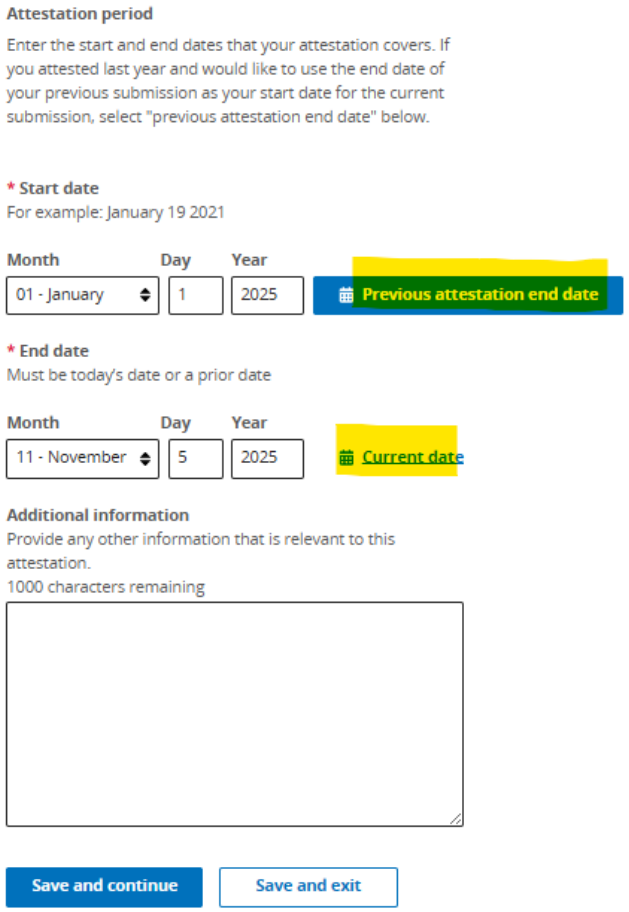


Select "No." to confirm you are not submitting on behalf of other health plans.

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

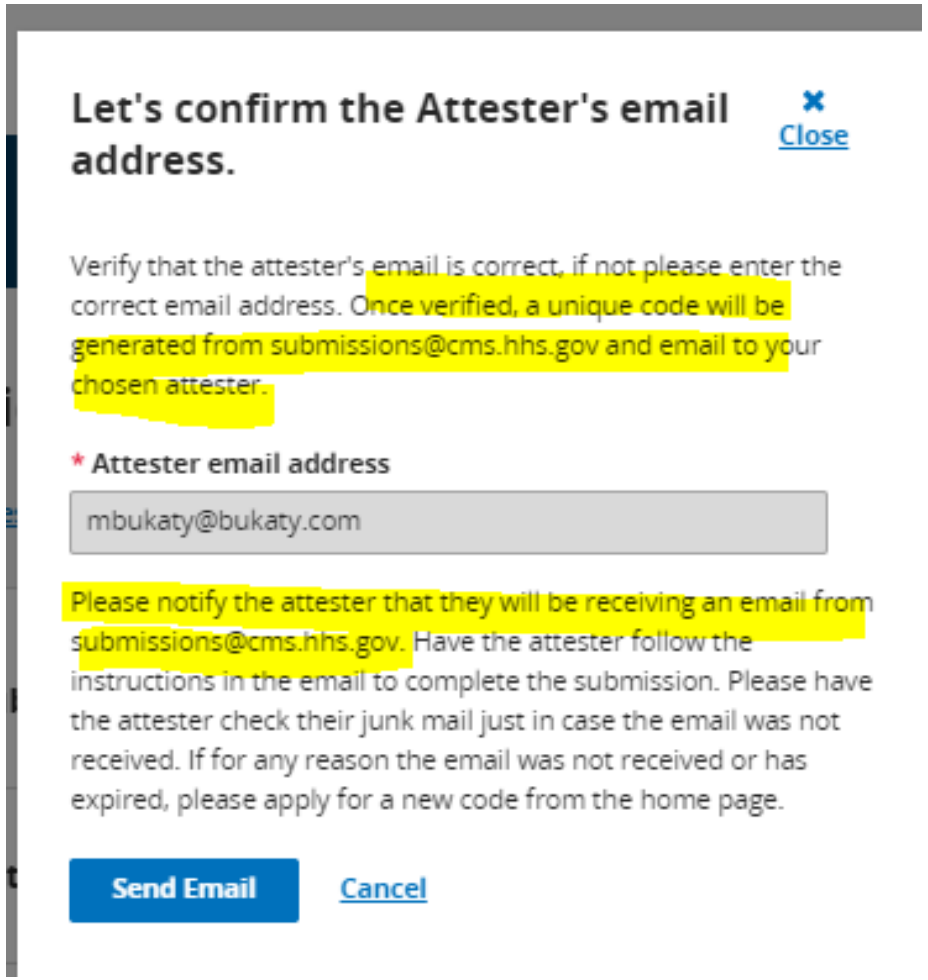
ATTESTION PERIOD



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



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

BUKATY COMPANIES
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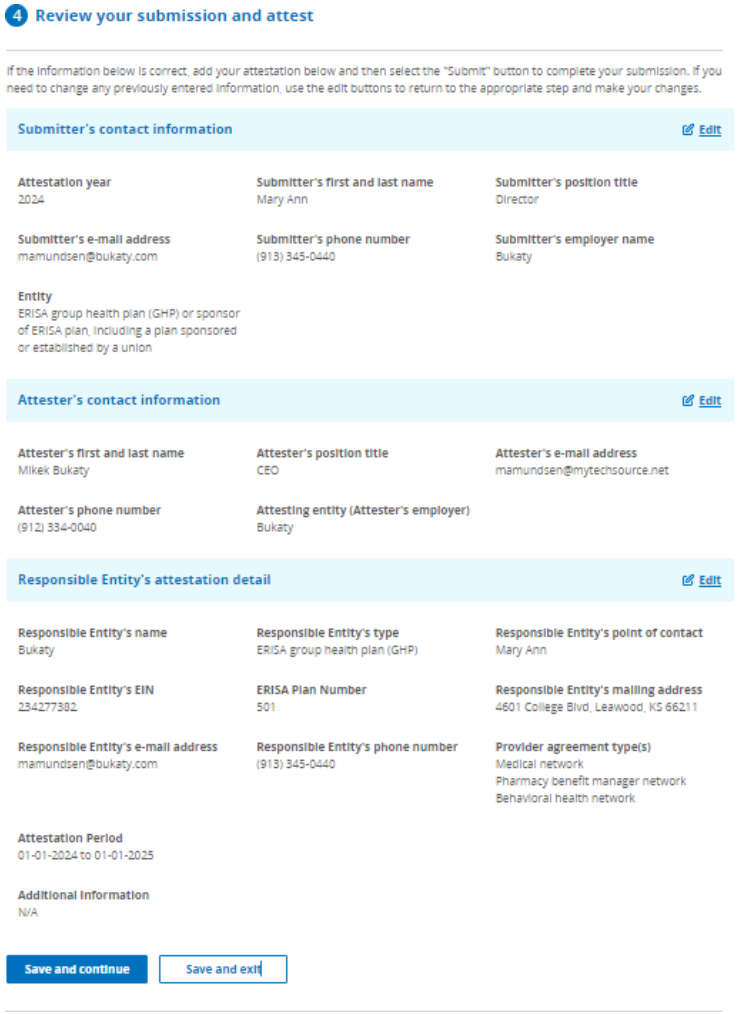

4 Review your submission and attest

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

BUKATY COMPANIES
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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 se

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**.

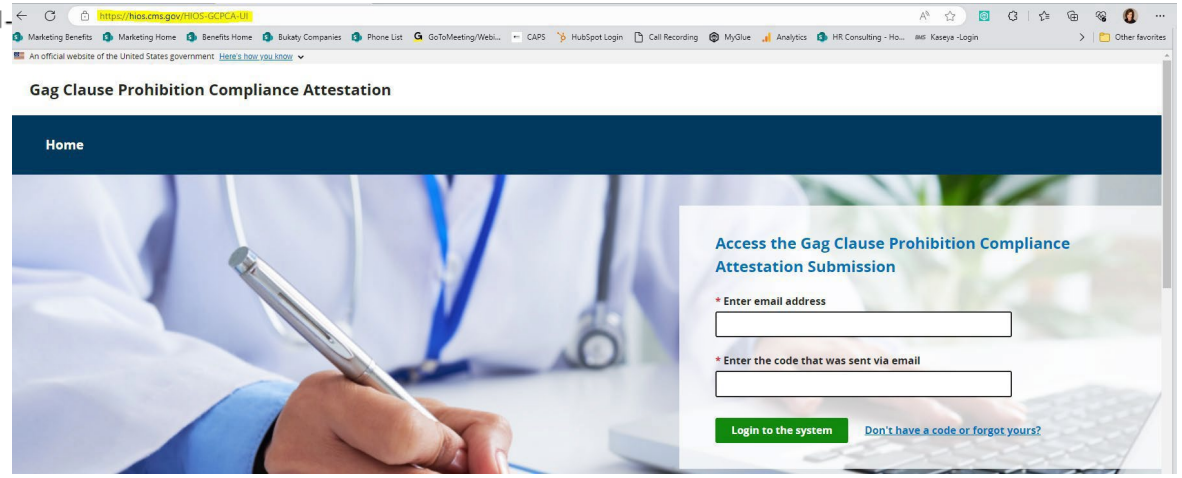
Note: On the GCPCA portal, enter only the access code (without double-quotes).

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-

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.)



ATTESTER COMPLETES SUBMISSION

BUKATY COMPANIES
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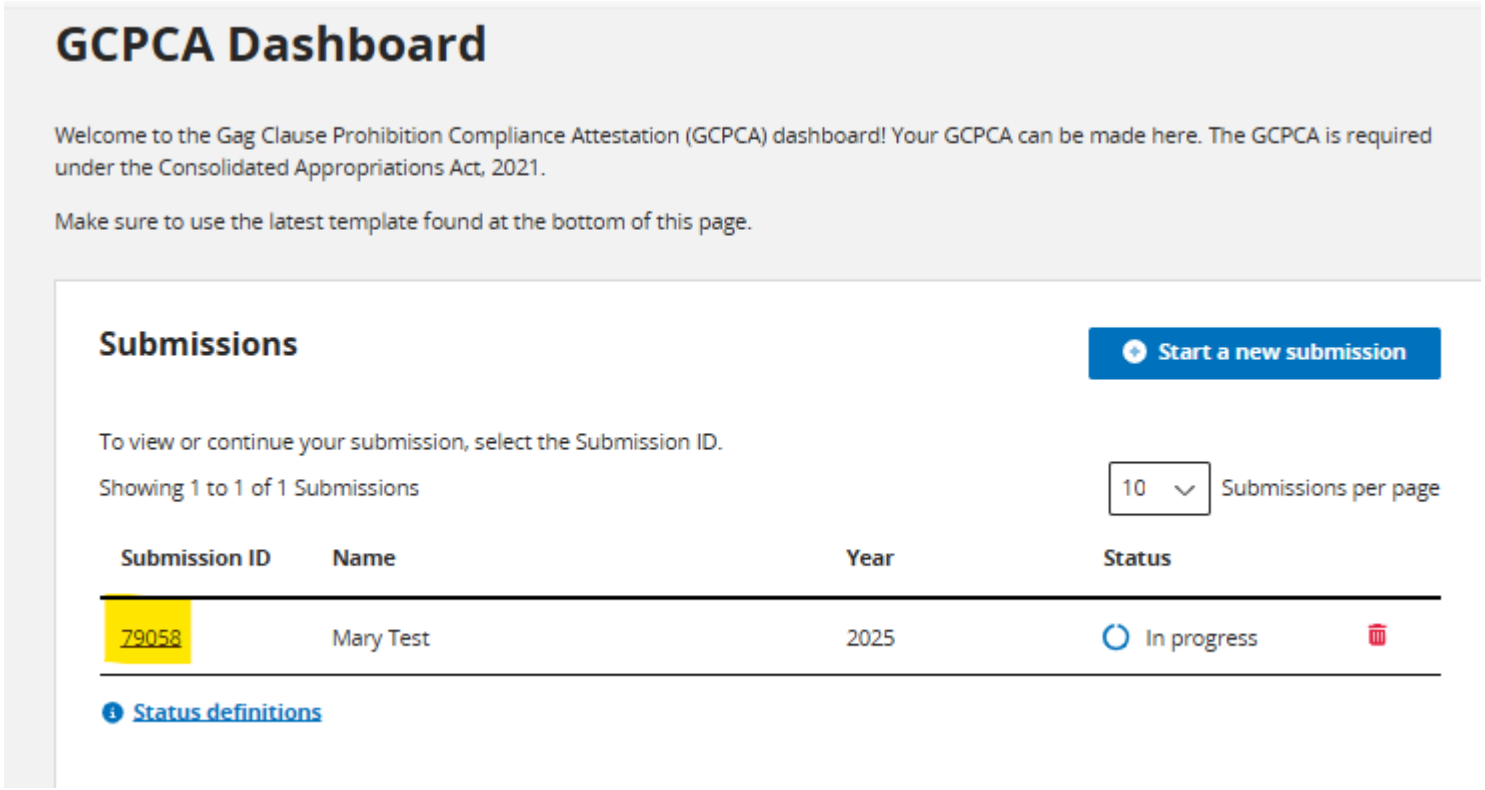
Attester clicks the Submission ID listed in the notification email.



ATTESTATION COMPLETION

BUKATY COMPANIES
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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

BUKATY COMPANIES
Expertise you experience

CMS overview
GCPCA submission instructions
User manual
CMS-FAQs