



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

Gag Clause Prohibition Compliance Attestation (GCPCA)

An Overview & Reporting Requirements of GCPCA

November 2024



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Agenda

1 Gag Clause Prohibition Compliance Attestation (GCPCA) Overview

2 GCPCA Reporting

GCPCA Overview

What is it and Who Needs to Comply



Gag Clause – Attestation Requirements

Purpose: Prohibiting health plans from entering contracts with TPAs, insurance carriers, networks, and service providers or others that inhibit a plan's right to know cost or quality of care information.

When: **December 31, 2024** reporting deadline for the 2024 calendar year.

What must the plan attest to:

1. Restrictions on the disclosure of 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. Restrictions on electronic access to de-identified claims and encounter information or data for each participant, beneficiary, or enrollee upon request; and
3. Restrictions on sharing information or data described in (1) and (2), or directing that such information or data be shared, with a business associate, as defined in 45 CFR 160.103, consistent with applicable privacy regulations.

How is the attestation submitted?

Via the HIOS site [Gag Clause Attestation | Welcome! \(cms.gov\)](#)

Action Item: Confirm if your medical insurance carrier, medical TPA and PBM will be filing the gag attestation on behalf of your group health plan or if you will have to report on behalf of your plan

Gag Clause – Attestation Requirements

Which plans are required to comply with the attestation requirements?

Entities Required to Attest	Entities Exempt from the Attest
<ul style="list-style-type: none">○ Individual health insurance○ Fully insured group health insurance plans (carrier is the reporting entity for all group health plans including grandfathered plans)○ Self-insured and level funded group health plans (including MEC plans) sponsored by:<ul style="list-style-type: none">○ Church plans*○ Grandfathered plans○ Non-federal governmental plans sponsored by state and local governments○ Tribal Plans that qualify as ERISA plans and tribal governmental plans	<ul style="list-style-type: none">○ HRAs, ICHRAs○ Group health plans offering excepted benefits including:<ul style="list-style-type: none">○ Hospital indemnity or other fixed indemnity plans○ Disease specific insurance○ Dental, vision and Long-term care○ Short-term duration insurance○ Medicare and Medicaid plans○ Basic Health Program Plans

* 'Church plans' refer to a plan established and at all times maintained for its employees by a church or by a convention or association of churches that is exempt from tax under section 501(a) of the Internal Revenue Code, provided that the plan meets the requirements of section 501(b) and (if applicable) section 501(c).

Gag Clause – Next Steps

What does this mean if GHP is Fully Insured vs. Self Funded/Level Funded?

Fully Insured	Self Funded / Level Funded / ASO
<ul style="list-style-type: none">○ Most carriers will attest on behalf of fully insured group health plans.○ No action is required on the employer's part.	<ul style="list-style-type: none">○ Complete carrier questionnaire by the established deadline (if applicable).○ Failure to complete the questionnaire by the established deadline will require the employer/plan sponsor to submit the gag clause attestation with CMS.
<ul style="list-style-type: none">○ If the insured carrier will not report on behalf of the insured medical plan sponsor, <u>the employer will be responsible</u> for submitting an attestation no later than December 31, 2024.	<ul style="list-style-type: none">○ If TPA/PBM/vendor will not attest on behalf of the group health plan, <u>the employer/plan sponsor will be responsible</u> for submitting the attestation no later than December 31, 2024.

Gag Clause – Who Attests for Which Plans?

For ERISA Plans

- Attestation will cover all plans governed by the same ERISA plan number (e.g., insured and/or self-insured medical plans)
- If different ERISA plan numbers are used for health plans, such as union and non-union plans, and the union plan is sponsored by the employer (not the union trust), the employer must report for both the union and non-union plan and will be reporting on behalf of Multiple Reporting Entities (must upload an excel spreadsheet).
- If the employer is not sponsoring the union plan offered to its employees, the union is responsible for complying with the attestation requirements.
- Employers participating in association or Multiple Employer Welfare Arrangements (MEWA), the MEWA is the reporting entity and must complete an attestation on behalf of participating employers.

For Non-ERISA Plans

- Plans sponsored by employers exempt from ERISA (state and local governments, tribal and church plans) will be responsible for attesting on behalf of their plans, unless they are part of a JPA, or similar arrangement, in which case the sponsor of the plan will attest on their behalf.

Gag Clause – Multiple Attestations

TPA Rules

- An employer/plan sponsor can have a third party act as an attester only for the period the third party rendered services to the employer/plan sponsor.
 - EXAMPLE: A self-funded plan can have TPA 'A' file an attestation for January 1, 2024 – June 30, 2024, and the new TPA – TPA 'B' – can file an attestation for the period of July 1, 2024 – December 31, 2024.
- Multiple attestations can be filed on behalf of a single plan, if different entities rendered services to the plan. Attestations can be filed by:
 - Medical TPA
 - Pharmacy Benefits Manager (PBM)
 - Behavioral Health Services Provider
 - Network Provider
 - Other

Gag Clause – Important Reminders

Attestation Year: Year for which attesting entity is reporting for. Use 2024 if your plan has attested in prior years, or if this is the first year your plan(s) is deemed to be a reporting entity.

Attestation Period: The date range that the attestation covers, counted from the day after the last attestation was submitted and ending on the date the new attestation is filed.

- For example, if a plan completes an attestation for calendar year 2024 on December 15, 2024, and attested on December 1, 2023 for 2021, 2022, and 2023 (attestation years), the attestation period would be December 2, 2023 through December 15, 2024.
- If the plan failed to file an initial attestation before December 31, 2023, the attestation period is the later of December 27, 2020 or the date the group health plan became a reporting entity.

2024 Attestation Changes to CMS Instructions

CMS made some changes to the 2024 webform as noted below:

- **Under Step 1 Submitter Contact Information**, they expanded the employer “plan types” to include 3 categories of group health plans:
 - ERISA group health plan (GHP) or sponsor of an ERISA plan (including a plan sponsored or established by a union);
 - (Non-Federal) governmental group health plan; and
 - Church plans
- “**Reporting Entity**” was changed to “**Responsible Entity**”
- **In Step 3, the Responsible Entity** types were expanded to clarify that an ERISA group health plan or the sponsor of such a plan includes plans sponsored or established by a union. The definition also clarified the following terms:
 - Third-party administrator (TPA)
 - Pharmacy benefit manager (PBM)
 - Behavioral health network manager (BHN)
 - Other third-party service providers, such as an agent

2024 Attestation Changes to CMS Instructions

CMS made some changes to the 2024 webform as noted below (continued):

- CMS **clarified labels** in the webform and template regarding the following types of provider agreements:
 - Medical network
 - Pharmacy benefit manager network
 - Behavioral health network
 - Other
- Other changes:
 - A text box was added to the webform to allow submitters to enter “**Other Limitations.**”
 - CMS modified its attestation language to remove any forward-looking agreement actions.
 - A Definitions section was added in the appendix to the instructions.
 - Modification made to the attestation language to accommodate the date range at issue and other information provided through the submission process.

GCPCA Reporting

Reporting in HIOS



How to Complete the Attestation

If you have been notified that your TPA, PBM or insurance carrier will ***not*** complete the attestation on your behalf, you should proceed to attest on behalf of your group health plan.

Gag Clause Prohibition Compliance Attestation

The screenshot shows a web interface for submitting a Gag Clause Prohibition Compliance Attestation. The page has a dark blue header with the word "Home" in white. The main content area has a light blue background with a blurred image of a doctor. A white text box on the left contains instructions: "New Users will need to click the 'Don't have a code or forgot yours' to be sent a unique identifier for reporting." and "Once Code is assigned. Keep the code will need the unique assigned code to log into submit attestation." Green arrows point from these instructions to the corresponding fields and link on the right. The right side of the page has the title "Access the Gag Clause Prohibition Compliance Attestation Submission" in blue. Below it are two required fields: "* Enter email address" and "* Enter the code that was sent via email", each with a white input box. A green button labeled "Login to the system" is below the code field. At the bottom is a blue link: "Don't have a code or forgot yours?".

Home

New Users will need to click the *"Don't have a code or forgot yours"* to be sent a unique identifier for reporting.

Once Code is assigned. Keep the code will need the unique assigned code to log into submit attestation.

Access the Gag Clause Prohibition Compliance Attestation Submission

* Enter email address

* Enter the code that was sent via email

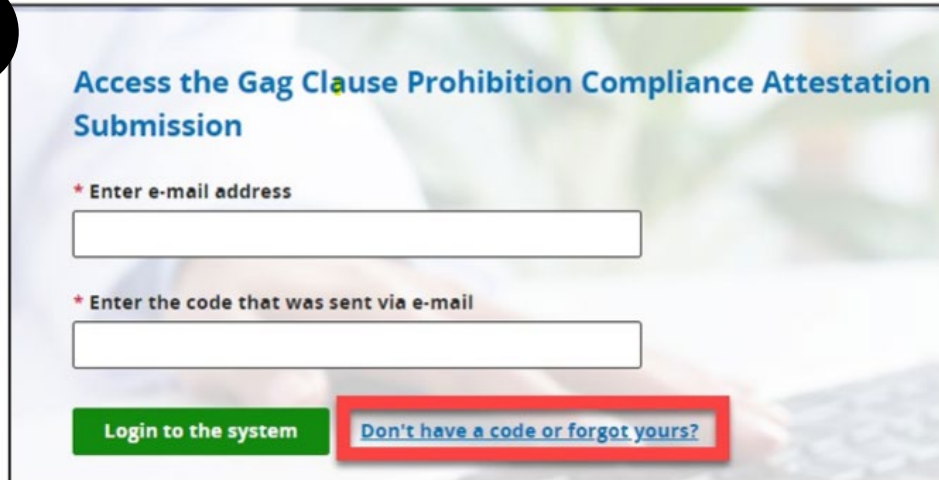
Login to the system

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

An email will be sent within 10 minutes from the HIOS_Submissions@cms.hhs.gov with a unique code

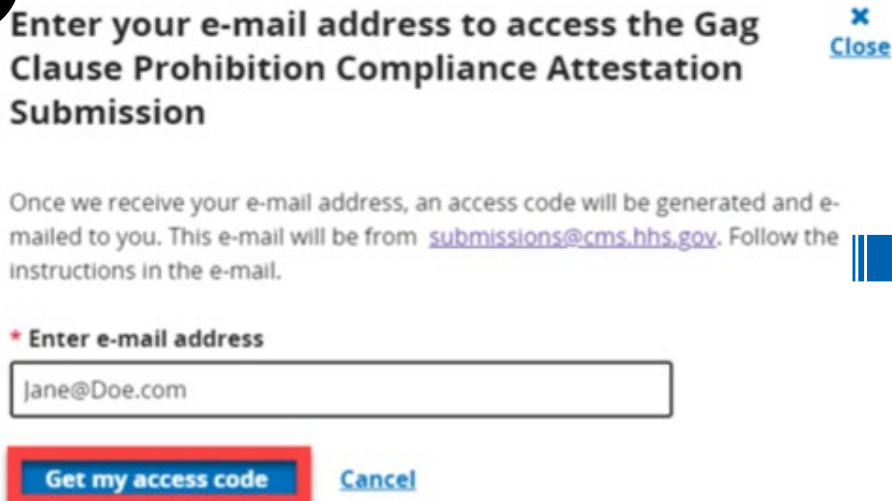
Getting Started | GCPCA New and Existing Users

1

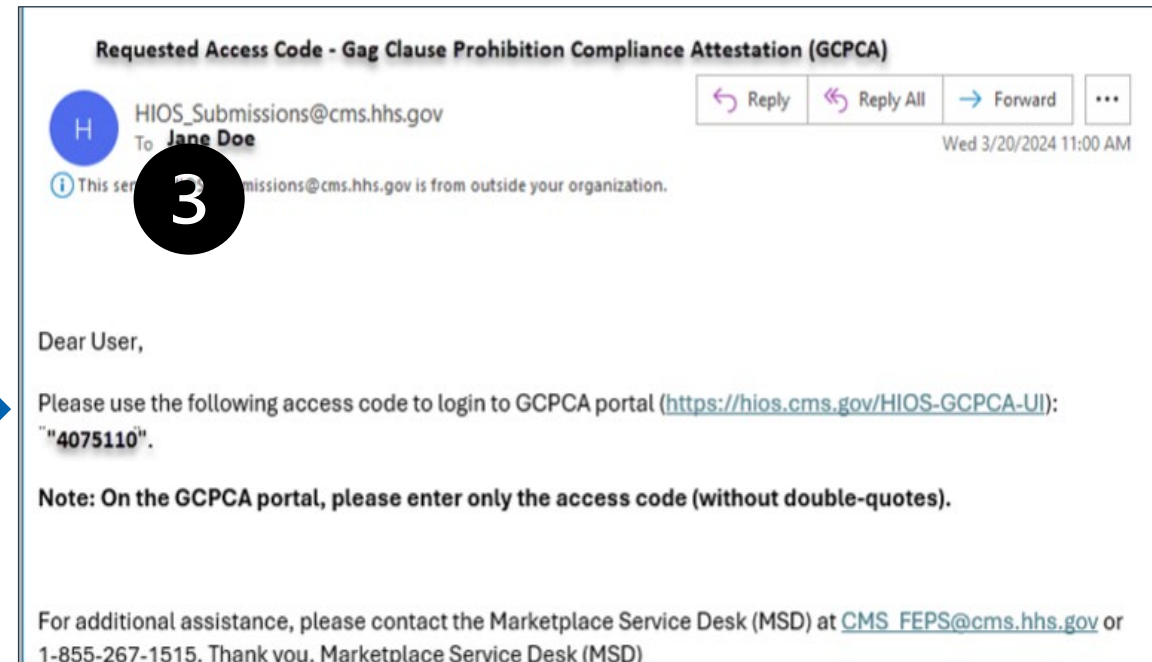


- **Returning User:** Enter e-mail address in the “Email address” field that was used for last reporting period
- **New User:** Enter e-mail address in the “Email address” field that will be used for the reporting attestation
- Select “Get my access code”
- A displayed message will pop up advising an email was sent to the address used
- **UNIQUE CODE IS ONLY VALID FOR 14 DAYS**

2



3



Create Attestation Submission | Dashboard

Gag Clause Prohibition Compliance Attestation

Logged in as darcie.turner@hubinternational.com

[Logout](#) ↗

Home

GCPCA Dashboard

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

Submissions

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 Definitions](#)

[Start a new submission](#)

Get started

Please read the GCPCA webform instructions before starting your submission.

[GCPCA webform instructions](#)
[PDF - 832KB]
[GCPCA module user manual](#)
[PDF - 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](#)
[XLSM - 630KB]



Submit Gag Clause Prohibition Compliance Attestation

- [User Instructions](#)
- [Module User Manual](#)
- [Reporting Excel Template](#)

- The Dashboard shows previous years' attestations associated with the user email
- New and Existing will start a new submission for the 2024 attestation year, or
- Use the Reporting Entity Excel Template (**Only if reporting for multiple entities** such as union/non-union, MEWAs, insurance carriers, TPAs)

Create Attestation Submission | Submitter's Information

Create attestation submission

[Return to GCPCA dashboard](#)

1 Enter the Submitter's contact information

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

*** Attestation year**

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

Select your attestation year

*** Submitter's first and last name**



*** Attestation year**

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

The "Attestation year" field is required. Select the "Attestation year".

Select your attestation year

Select your attestation year

2021-2023

2024

Select '2024' if you filed an attestation by December 31, 2023 (for years 2021, 2022 and 2023) through a third-party vendor or filed directly.

Attestation Submission | Submitter's Information

* Submitter's e-mail address

* 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

- The email address used to login will automatically pre-populate in this box and cannot be edited.
- Indicate your employer's entity type (enter all that apply)

For a Group Employer Plan that is self-attesting:

- Select the applicable type of group health plan:
 - ERISA GHP
 - Church Plan
 - (Non-federal) governmental group health plan
- Click **Save and Continue** and move along to section 2: **Enter the Attesters Contact Information**

Attestation Submission | Attester's Contact Information

✓ Completed

[Edit](#)

1 Enter the Submitter's contact information

2 Enter the Attester's contact information

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

☐ Submitter is the same as the Attester

* Attester's first and last name

* Attester's position title

* Attester's e-mail address

- The Attester may be the same person as the Submitter.
- If the Submitter and the Attester **are** the same person, mark the box, which will prepopulate the contact information fields:

2 Enter the Attester's contact information

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

☒ Submitter is the same as the Attester

- If the Submitter and the Attester **are not** the same person, complete the name, position and email fields **Note: 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 Responsible Entity(ies).*

Attestation Submission | Responsible Entity's Details

3 Enter Responsible Entity's details



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

- ☒ Yes
☐ No



Responsible Entity Details

Complete and upload the **Responsible Entity Excel Template** for entities on whose behalf you are submitting the attestation. For detailed instructions, please select the "View detailed instructions" link and also refer to the GCPA User Manual.

[View detailed instructions](#)

* Upload entity list

The entity list must be in text tab-delimited format.



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

- If the employer sponsors a **single GHP** (captured in the same ERISA plan number) **or if this is a non-ERISA plan**, and the employer offers one plan, select **"No"**
- If the employer is **reporting for more than one reporting entity** (e.g., employer sponsors two separate plans such as one for union and another for a non-union, under two ERISA plan numbers), select **"Yes"**
 - For multiple Responsible Entities, you will need to complete and upload the **Responsible Entity Excel Template** (see next 2 slides)



Attestation Submission | Multiple Entities Excel

Responsible Entity Details

Close

Complete the **Responsible Entity Excel Template** for all Responsible Entities on whose behalf you are submitting this attestation.

The Annual GPCCA Submission Instructions provide specific guidance on creating the Responsible Entity-tab delimited text file in sections 2.3 and 2.3.1. If you are attesting on behalf of a Responsible Entity that you work for as well as other Responsible Entities, include the information for your entity on the first row of the template.

Only one Responsible Entity per row is permitted.

Once the **Responsible 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 **Responsible Entity Excel Template** to the Attester for their review.

REMINDERS:

The Excel Template should only be used if the reporting entity is reporting on behalf of multiple entities:

- A MEWA reporting for participating employers and each participating entity uses a different EINs.
- Employers who sponsor a union and non-union plan with separate plan contracts based on the employee classification.

Attestation Submission | Responsible Entity's Details

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

John Doe LLC

* Type of Responsible Entity ⓘ

ERISA group health plan (GHP) ⌵

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

John Doe

* Employer Identification Number

222222222

* ERISA Plan Number

This only applies if you are an ERISA plan.

123

* Mailing address for the Responsible Entity

123 ABC St Somewhere, VA 12345

Responsible Entity Type Help

Close

The term "**Church plan**" refers to a plan established and at all times maintained for its employees by a church or by a convention or association of churches which is exempt from tax under section 501(a) of the Internal Revenue Code, provided that such plan meets the requirements of section 501(b) and (if applicable) section 501(c).

The term "**ERISA Group Health Plan**" refers to an employee welfare benefit plan established or maintained by a private-sector employer or by a private-sector employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise.

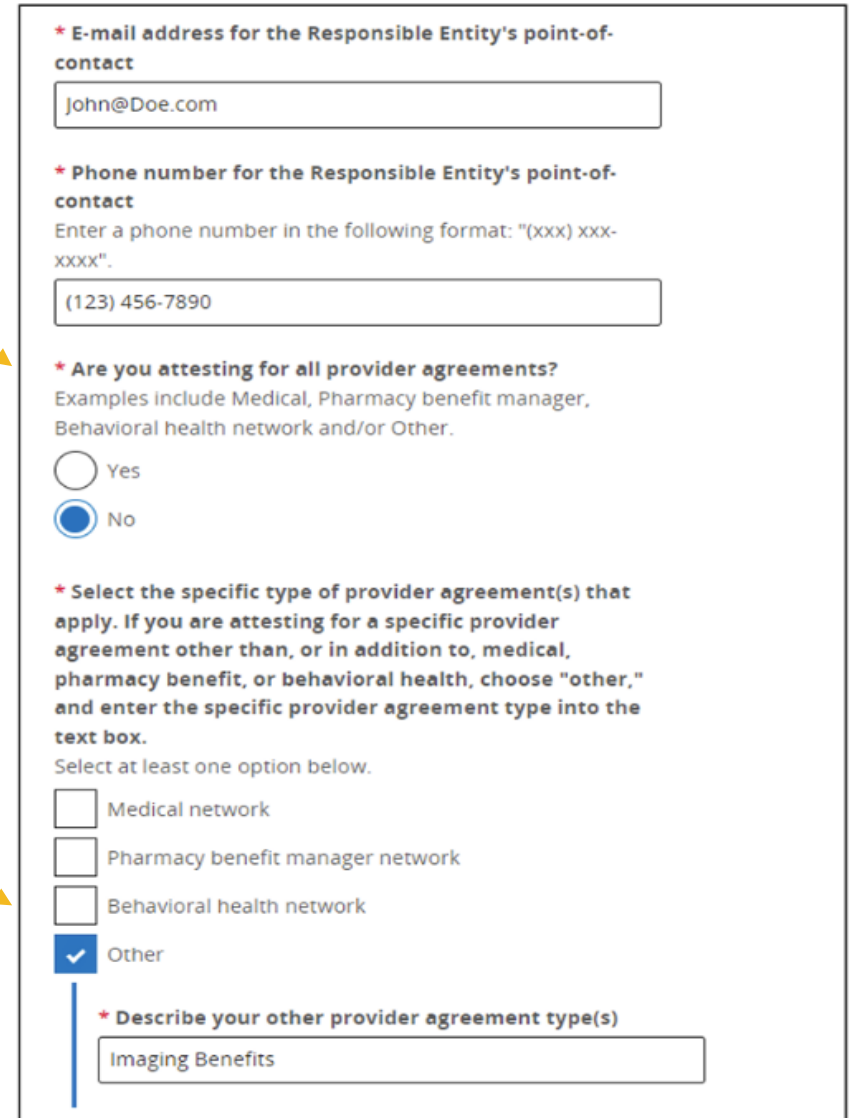
The term "**Non-Federal governmental plan**" refers to a governmental plan that is not a Federal governmental plan. Some examples of non-Federal governmental plans are plans that are sponsored by states, counties, school districts, and municipalities. See <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/nonfedgovplans>.

The term "**health insurance issuer/insurer**" means an insurance company, insurance service, or insurance organization (including a health maintenance organization) which is licensed to engage in the business of insurance in a state and which is subject to state law which regulates insurance. This term does not include a group health plan.

Attestation Submission | Responsible Entity's Details

Are you attesting for all provider agreements? Y/N

- **Use the “Yes” button** if you are attesting for all of the Responsible Entity's provider agreement(s) (i.e., medical, pharmacy, behavioral, and any other agreements) with health care providers.
- **Use the “No” button** if you are attesting for only a subset of provider agreements, or are only attesting for service agreements, such as radiology or laboratory network agreements, administrative services only (ASO) agreements, third party service agreements, and claims repricing agreements.
 - If you selected “no,” then use the drop-down options to specify the type(s) of provider or service agreement(s) that is/are covered by your attestation. Check **all** that apply:
 - Medical network
 - Pharmacy benefit manager network
 - Behavioral health manager network
 - Other
 - “Describe your other provider agreement type(s)” input field will only be displayed if “other” is selected. (as mentioned, radiology or laboratory network agreements, administrative services only (ASO) agreements, third party service agreements, and claims repricing agreements.)



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

john@Doe.com

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

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

(123) 456-7890

* Are you attesting for all provider agreements?
Examples include Medical, Pharmacy benefit manager, Behavioral health network and/or 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.

Select at least one option below.

☐ Medical network

☐ Pharmacy benefit manager network

☐ Behavioral health network

☒ Other

* Describe your other provider agreement type(s)

Imaging Benefits

Attestation Submission | 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

MonthDayYear

Select a month ▾

 Previous attestation end date

- Click on “Previous attestation end date” to retrieve the date your last attestation was filed
- Click on the date and “use selected date” as noted below
- Then click on Save and Continue.

*** End date**

For example: January 19 2022

MonthDayYear

Select a month ▾

Last year's completed submissions Close

Select the completed attestation submitted date that you want to use as your attestation start date. The start date will be one day after the submitted date.

Showing 1 to 1 of 1 Submissions

Submission ID	Entity Name	Entity FEIN	Submitted date
<input checked="" type="radio"/> 5718	Jane Doe LLC	222222222	09/16/2023

Use selected date

Cancel

- End date: Enter the date you are submitting the attestation.
- **Reminder:** The Attestation Period **begins** the day after the prior years’ attestation was filed **and extends** through the date attestation is submitted for the new reporting year.

Attestation Submission | Review Your Submission, Attestation and Submitter / Attester's Contact Information

4 Review your submission and attest

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

Submitter's contact information

Attestation year

2024

Submitter's first and last name

Jane Doe

Submitter's position title

CEO

Submitter's e-mail address

Jane@Doe.com

Submitter's phone number

(123) 456-7890

Submitter's employer name

Jane Doe LLC

Entity

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

Attester's contact information

Attester's first and last name

John Doe

Attester's position title

CFO

Attester's e-mail address

John@Doe.com

Attester's phone number

(123) 456-7890

Attesting entity (Attester's employer)

Jane Doe LLC

Responsible Entity's attestation detail

Responsible Entity's name

John Doe LLC

Responsible Entity's type

ERISA group health plan (GHP)

Responsible Entity's point of contact

John Doe

Responsible Entity's EIN

222222222

ERISA Plan Number

123

Responsible Entity's mailing address

123 ABC St Somewhere, VA 12345

Responsible Entity's e-mail address

John@Doe.com

Responsible Entity's phone number

(123) 456-7890

Provider agreement type(s)

Imaging Benefits

Attestation Period

09-17-2023 to 09-16-2024

Additional Information

This is a test.

Save and continue

Save and exit


4 Review your submission and attest

Completed

Edit

25

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Attestation Submission | Review & Submit

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

You must, at a minimum, select that you are either attesting on behalf of a group health plan or insurer, or on behalf of both a group health plan, whether fully insured or self-funded, and an issuer of individual health insurance coverage, and select the box next to "I attest that all information in this submission is accurate."

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

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

☒ 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)(1) of the Public Health Service Act and the language herein, the health insurance issuer(s) offering individual health insurance coverage on whose behalf I am signing has not, for the dates specified and as provided in the foregoing information, entered into an agreement with a health care provider, network or association of providers, or other service provider offering access to a network of providers that would directly or indirectly restrict the health insurance issuer(s) from —

☒ I'm attesting on behalf of health insurance issuer(s) offering individual health insurance coverage.

As the Attester, thoroughly read the selections for group health plans or health insurance issuers.

- Select one or both checkboxes next to "I'm attesting on behalf of group health plans and/or health insurance issuers".
- Check the box next to "I attest that all information in this submission is accurate."

Attest to the Responsible Entity's compliance with the Gag Clause Prohibition Compliance requirement

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

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

* To sign this attestation, enter your full name below.

Signed submission date
04/04/2024 01:52 PM

[Submit](#) [Start over](#)

- Enter your name as listed in Step 2 in the "Please enter your full name to sign this attestation" input field
- Select "Submit"

- If no receipt is needed: Select "Return to dashboard" to return to your Dashboard.
- If a receipt is needed, select "Print submission receipt" on the Submission Successful pop-up window:
 - Select "Save" to print or save the receipt as a PDF

***Note: This is your only chance to print and/or save the Submission receipt. If you need the receipt, print, or save it at this step. If the submission is edited and resubmitted, it can be re-saved at that time.**

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

John Doe successfully submitted 6239 - Gag Clause Prohibition Compliance Attestation on 04/04/2024 08:34 PM.

[Return to dashboard](#) [Print submission receipt](#)

Attestation Submission | Submission Status

- You can check status of your attestation on the dashboard.
- Attestor can view and/or edit a completed submission by selecting the “Submission ID” for the Submission they want to view and/or edit from the “Submissions” table
- If the Attestor saved work to complete later the status will show as In Progress

Submissions

To view or continue your submission, select the Submission

Showing 1 to 2 of 2 Submissions

Submission ID	Name	Year	Status	
6239	Jane Doe	2024	Complete	
5718	First Last	2021-2023	Complete	

[Status Definitions](#)

[Start a new submission](#)

Attestation Year

10 Submissions per page

Status Definitions

[Close](#)

- In Progress**
The submission process has been started, but not yet submitted.
- Complete**
The submission is complete and has been submitted.

GCPCA | Resources and Help Desk

- [Frequently Asked Questions \(PDF\)](#)
- [Instructions for submitting the GCPCA \(PDF\)](#)
- [User Manual for submitting the GCPCA \(PDF\)](#)
- [GCPCA Responsible Entity Excel Template \(XLSX\)](#)
- [Enter Webform Now for a GCPCA](#)
- [Gag Clause Prohibition Compliance Attestation | CMS](#)
 - If you have questions about submitting your Gag Clause Prohibition Compliance Attestation, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk at [1-855-267-1515](tel:1-855-267-1515), or e-mail CMS_FEPS@cms.hhs.gov. To assist CMS with routing your inquiry, **please include “GCPCA” in the subject line.**
 - Confirmation receipts are generally sent on the same business day that the inquiry is received. CMS notes they respond to all inquiries within 2-3 days. However, in some instances, it may be 2 weeks or longer before you receive a response. Please consider this time frame in your submission preparation time.

Thank you

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