



STEPS TO COMPLETING THE GAG CLAUSE PROHIBITION COMPLIANCE ATTESTATION (GCPCA)

Before beginning this process, review the responsibilities of the Submitter and Attester below. **We recommend that the Submitter and the Attester be the same individual to streamline the completion of the process.**

- The Submitter is the individual who completes the data fields of the form but is not authorized to complete the Attestation.
- The Attester is an individual who works for the group health plan or group health plan sponsor with legal authority to act on behalf of the group health plan. The Attester completes the Attestation.

Accessing the GCPCA Webform

1. Go to <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA>
2. Scroll down and select “Gag Clause Prohibition Compliance Attestation.” Then scroll down and select “Enter Webform Now for a GCPCA.”
3. Select “Don’t have a code or forgot your code?”
4. Provide your email address and select “Get My Unique Code.”
5. A code will be sent to your email address within 10 minutes. If you do not receive a code, return to the home page to make another request. The code will be active for 15 days.
6. When the code is received, return to the login screen, and enter your email address and code. Select “Login to the System.”
7. This will take you to the GCPCA Dashboard. Select “Start a New Submission.”

Completing the Submission

1) Enter the Submitter’s contact information

1. Enter your first and last name, position title, phone number and employer name. Your email address should be auto populated.
2. For “By what type of entity are you employed?” check “GHP.” Select “Save and continue.”

2) Enter the Attester’s Contact information

We recommend that the Submitter and the Attester be the same individual

1. If Submitter and Attester are the same, check “Submitter is same as Attester” and the information will auto populate. Select “Save and continue.”
2. If not the same, enter Attester Information, including name, position title, email address, phone number, and employer name. Select “Save and continue.”

3) Enter Reporting Entity Details

1. Check “No” to question about submitting on behalf of more than one plan or issuer.
2. Name of Reporting Entity:
 - a. If a Form 5500 is filed for the group health plan, enter the ERISA Plan Name as it appears on Form 5500, or;
 - b. If no Form 5500 is filed for the group health plan, enter the name of the Employer Group Health Plan.





3. Reporting Entity Type: Select “ERISA Plan (or sponsor of ERISA Plan)” unless the plan is either:
 - a. A state or local government plan (select “Non-Federal Government Plan”), or
 - b. A church plan (select “Church Plan”)
4. Reporting Entity Point of Contact: Enter name of point-of-contact (should be same as Attester).
5. Employer Identification Number (enter without any dashes):
 - a. Enter plan sponsor’s EIN as stated on Form 5500 if one is filed, otherwise
 - b. Enter the EIN of the employer
6. Plan Number:
 - a. Enter ERISA plan number as it appears on Form 5500 if the group health files a Form 5500.
 - b. If no Form 5500 for the group health plan is required, enter “000”
7. Enter plan sponsor/employer mailing address.
8. Enter email address and phone number for point-of-contact (should be same as Attester).
9. For “Are you attesting to all provider agreements” (including medical, pharmacy, behavioral health, other), check yes unless you specifically know that the Attestation covers only specific provider agreements. Leave the box marked “Other” blank.
10. Select “Save and continue.”

4) Review Submission and Attest

1. If the Submitter and Attester are not the same person, confirm the email address of the Attester and select “Send Email,” otherwise move on to step 2.
 - a. If the Submitter and Attester are not the same person, the Attester will receive an email with a link and a code. Entering the code will take the Attester to the GCPCA Dashboard where they can click on the Submission ID.
2. Review information entered to confirm it is correct.
 - b. If incorrect, use “Edit” to make changes.
3. Select “Save and continue.”

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

Must be completed by the Attester

1. Carefully read the attestation text.
2. Check only the box for “I’m attesting on behalf of group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage.”
3. Check box for “I attest that all information in this submission is accurate.”
4. Enter first and last name of the Attester (exactly as it appears in Section 2) to electronically sign the Attestation and select “Submit.”
5. A pop-up will appear that states the submission was successful. Download the receipt and save a PDF of the Submission Successful confirmation.
6. Return to the GCPCA Dashboard and confirm it shows the submission is complete.

