

**Health Insurance Oversight System (HIOS)
Gag Clause Prohibition Compliance Attestation
(GCPCA)
User Manual**



Centers for Medicare & Medicaid Services

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1 - Introduction

This User Manual explains how to use the Gag Clause Prohibition Compliance Attestation (GCPCA) module within the Health Insurance Oversight System (HIOS). Group health plans and health insurance Issuers are required to submit an annual attestation confirming that its provider network contracts do not prevent the disclosure to enrollees, plan sponsors, or referring providers of cost, quality of care data, or certain other information. Internal Revenue Code (Code) section 9824, Employee Retirement Security Act (ERISA) section 724, and Public Health Service (PHS) Act section 2799A-9, as added by section 201 of title II of division BB of the Consolidated Appropriations Act, 2021, prohibits group health plans and health insurance Issuers from entering into an agreement with a 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 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; and
3. Sharing such information, consistent with applicable privacy regulations.

Group Health Plans (GHPs) and Health Insurance Issuers must annually submit to the Departments and attestation of compliance with these requirements on the GCA Annual Reporting Form.

2 - Access Gag Clause Prohibition Compliance Attestation

- Select the following link to access the [Gag Clause Prohibition Compliance Attestation](#) application.
- Users will be taken to the home page of the Gag Clause Prohibition Compliance Attestation.
- From this page the users will be able to either log in with an existing passcode or request a new passcode. Passcodes are valid for two weeks.

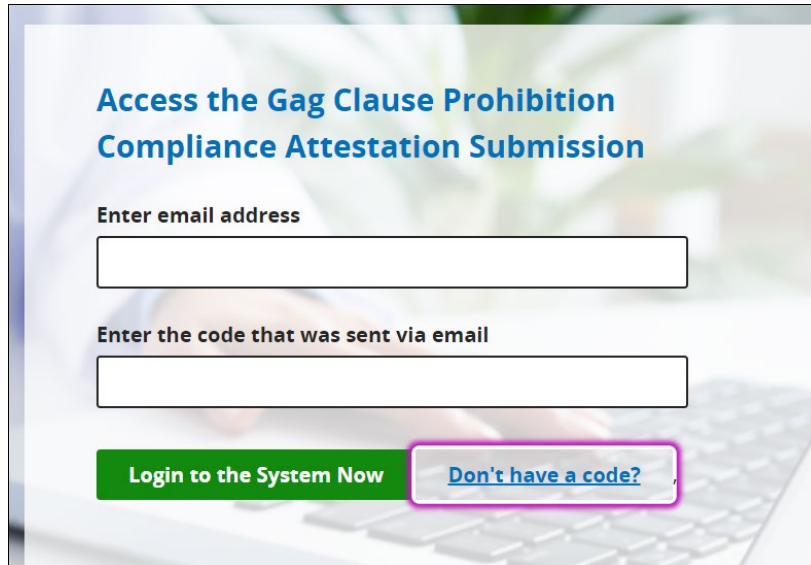
Figure 1 - Gag Clause Prohibition Compliance Attestation

The screenshot shows the home page of the Gag Clause Prohibition Compliance Attestation application. The page has a dark blue header with the title "Gag Clause Prohibition Compliance Attestation" and a "Home" button. The main content area features a background image of a doctor in a white coat holding a stethoscope. Overlaid on this is a white login box with the heading "Access the Gag Clause Prohibition Compliance Attestation Submission". The login box contains two input fields: "Enter email address" and "Enter the code that was sent via email". Below the fields are two buttons: a green "Login to the system" button and a blue "Don't have a code or forgot yours?" link. At the bottom of the page, there is a white box with the heading "What is the Gag Clause Prohibition Compliance Attestation?" and a small paragraph of text explaining the purpose of the application.

3 - Get My Unique Code

- To get a Unique code, the user selects 'Don't have a code?' which allows them to enter an email address to be associated with a unique code for authentication.

Figure 2 - Access to Gag Clause Prohibition Compliance Attestation Submission



Access the Gag Clause Prohibition Compliance Attestation Submission

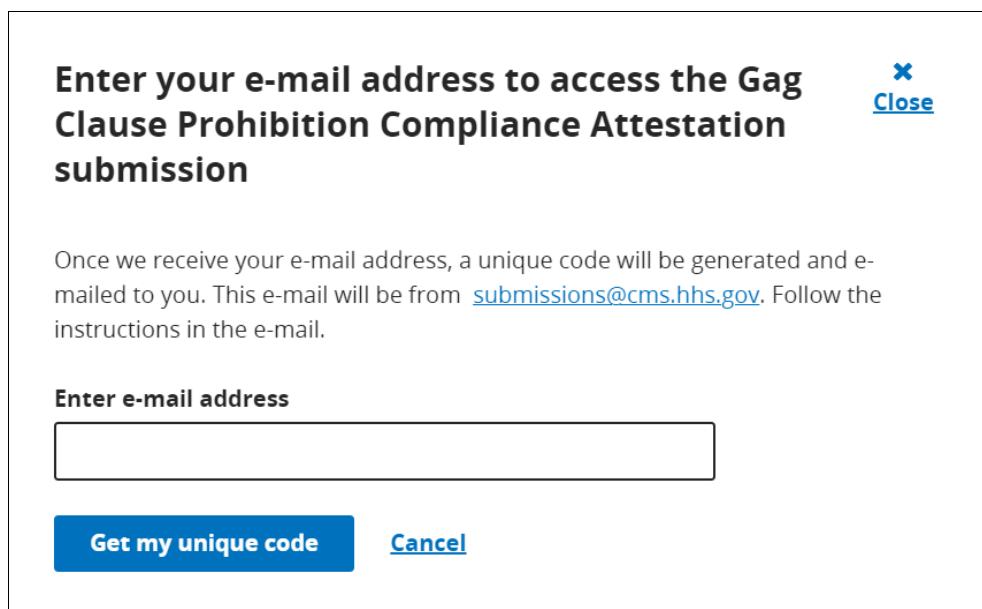
Enter email address

Enter the code that was sent via email

[Login to the System Now](#) [Don't have a code?](#)

- The user enters their email address into the 'Enter email address' and then Selects 'Get my unique code.'

Figure 3 - Get My Unique Access Code



Enter your e-mail address to access the Gag Clause Prohibition Compliance Attestation submission [Close](#)

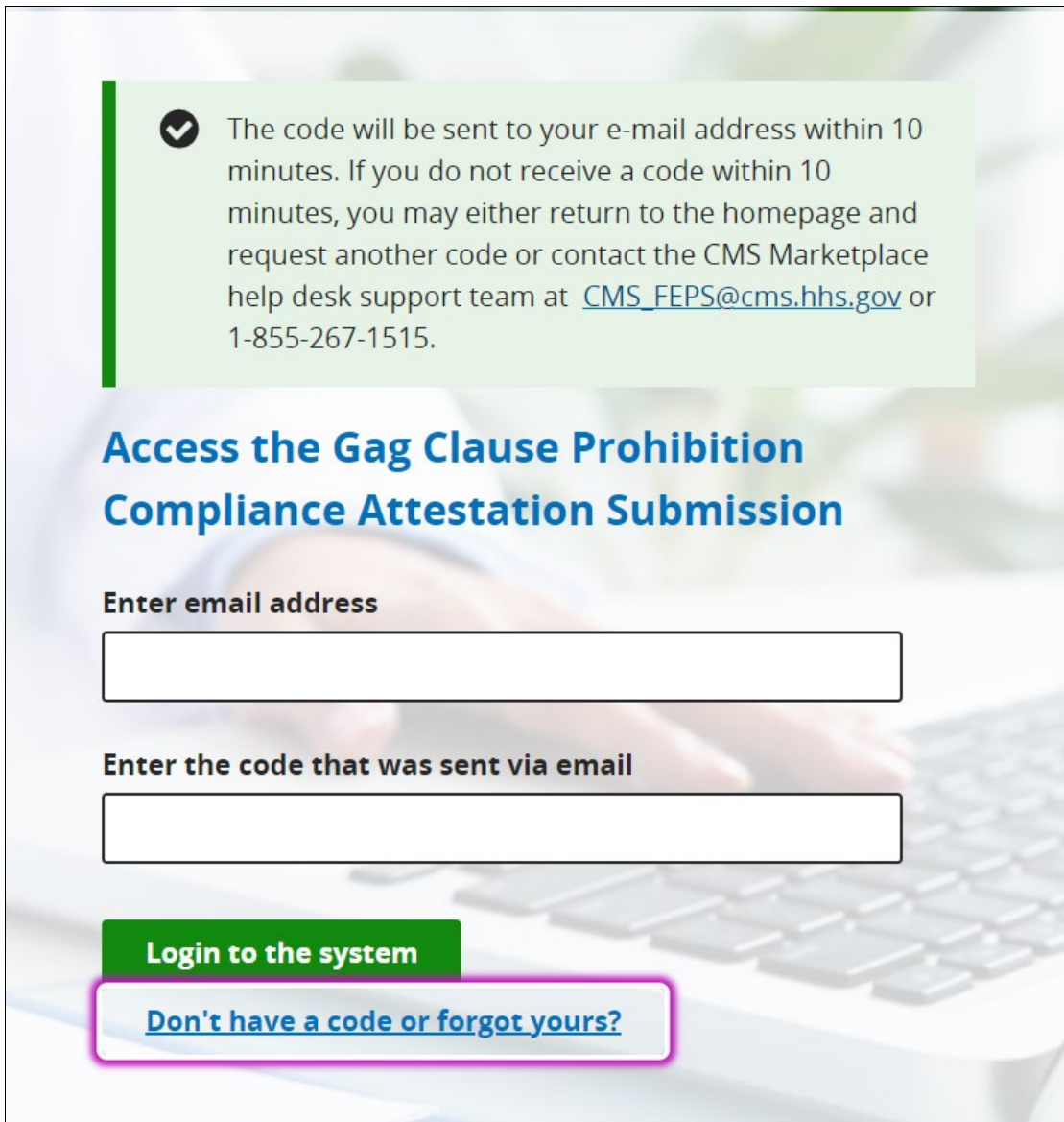
Once we receive your e-mail address, a unique code will be generated and e-mailed to you. This e-mail will be from submissions@cms.hhs.gov. Follow the instructions in the e-mail.

Enter e-mail address

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

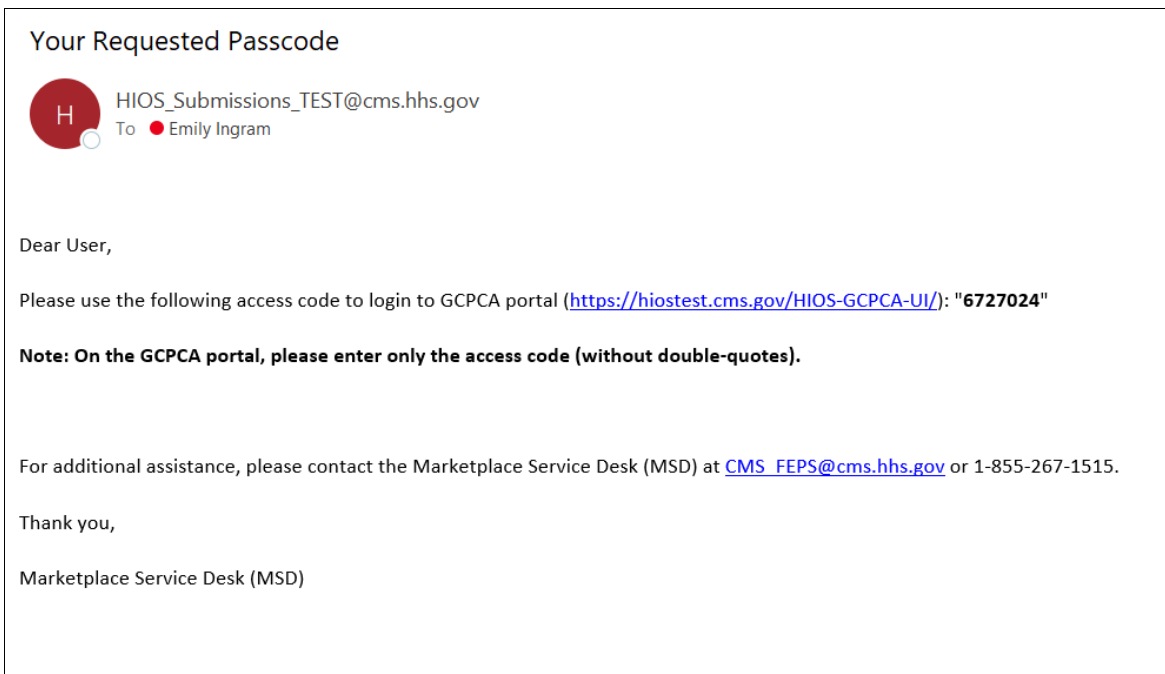
- After completing a successful unique code request, the message 'Request was successful' displays for the user.

Figure 4 - Successful passcode request message



- The user receives an email with the unique code. This unique code will be valid for approximately 14 days and cannot be shared. Users should check their SPAM folders if they do not immediately see this email, but they should wait at least 10 minutes before requesting another code.

Figure 5 - Requested Passcode email



- To login to the 'Gag Clause Prohibition Compliance Attestation submission' system the user enters the same email that was used to request their unique code, and the associated unique code they received via email.

Figure 6 - Unique Code and Email Address

The screenshot shows a login interface with the following elements:

- Title:** Access the Gag Clause Prohibition Compliance Attestation Submission
- Field 1:** Enter email address. Input: test@test.com
- Field 2:** Enter the code that was sent via email. Input: 6727024
- Button:** Login to the system (green)
- Link:** [Don't have a code or forgot yours?](#) (blue)

4 - Get Started

- Once logged into the 'Gag Clause Prohibition Compliance Attestation submission' system, the user begins their process of submitting attestations using the 'Get Started' section located directly below the Submissions table (Figure 20 – Dashboard) on the Dashboard page.

Within the 'Get Started' section, the user must read the instructions using the following links:

Get started [box located at top of page]

- GPCCA webform instructions (downloadable **PDF** link)
- GPCCA module user manual (downloadable **PDF** link)

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 (downloadable **Excel** link)


***Note: Please save file in .txt format before uploading it.**

Figure 7 - Document Downloads

<p>Get started</p> <p>Please read the GPCCA webform instructions before starting your submission.</p> <p>GPCCA webform instructions[PDF - 832KB]</p> <p>GPCCA module user manual[PDF - 654KB]</p>	<p>Download Reporting Entity list Excel Template</p> <p>If you are submitting an Attestation on behalf of more than one Reporting Entity, identify the entities using this template.</p> <p>Reporting Entity Excel list template[CSV - 832KB]</p>
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- Select 'Submit Gag Clause Prohibition Compliance Attestation' which allows the user to enter Step 1 – Enter the Submitter Contact Information.

Figure 8 - Start Your Submission

<p>Start Your Submission</p> <p> Submit Gag Clause Prohibition Compliance Attestation</p>

5 - Step 1 - Enter the Submitter Contact Information

- Selecting 'Submit Gag Clause Prohibition Compliance Attestation' allows the user to enter Submitter Contact Information.

Figure 9 - Step 1 - Enter the 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.

Submitter first and last name

Submitter position title

Submitter e-mail address

Submitter telephone number
(xxx) xxx-xxxx or x (xxx) xxx-xxxx

Submitter employer name

By what type of entity are you employed?
 You should select all options that apply. For example, 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." In this example, do not select "ERISA Plan (or sponsor of ERISA plan)." As another example, if you are 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." In this example, do not select "Health Insurance Issuer." If you work for a health insurance issuer that is attesting on behalf of a fully-insured group health plan, select "Health Insurance Issuer." Do not select the applicable type of group health plan. 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 .

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

- In Step 1 of the process, the user enters the submitter contact information and selects the user entity type.

The user enters the name and contact information of the person submitting the form. This person may be contacted in the event of an audit and should be available to answer any questions. The following information is input for submission.

- Submitter name (Input)
- Submitter title (Input)
- Submitter email address (Input)
- Submitter phone number (Input)
- Submitter employer (Input)

What type of entity are you? (Subline)

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

- GHP
- Issuer
- TPA
- PBM
- BHM
- Other 3rd party service provider (if selected, a text box will display)

Selecting the '**Save and Continue**' button navigates the user to the 'Enter Attester Contact Information' section.

Selecting the '**Save and Exit**' button saves everything the user has captured up until the current step, but will not allow the user to move on to the next step

6 - Step 2 – Enter the Attester’s Contact Information

Figure 10 - Step 2 - Enter the Attester’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 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
(xxx) xxx-xxxx or x (xxx) xxx-xxxx

Attesting Entity (Attester’s Employer)

The following text will display on the page: **Create Attestation Submission**

All fields are required unless marked as optional.

Please select a link below to perform the task indicated.

[1: Enter the Submitter’s Contact Information **Heading**]

There will be a green checkmark showing that it has been completed and an ‘Edit’ button for users to make changes.

[2: Enter the Attester’s Contact Information **Heading**]

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 (Check box) – *If this box is checked, the Attester contact information will auto-populate.*

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).

- Attester first and last name (text Input)
- Attester position title (Input)
- Attester e-mail address (Input)
- Attester phone number (Input)
- Attesting Entity (Attester's employer) (text Input)

The '**Save and continue**' button allows users to save and move on to Step 3.

7 - Step 3 – Enter Reporting Entity Details

- The user adds entity attestation details in Step 3.

Figure 11 - Step 3 – Enter Reporting Entity Details – One Plan

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

Reporting Entity Type ⓘ

Name of Reporting Entity Point-of-Contact

Employer Identification Number

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
(xxx) xxx-xxxx or x (xxx) xxx-xxxx

Are you attesting for all provider agreements?
Medical, PB, BHN, 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

[Single attestation flow]

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

Are you submitting on behalf of more than one plan or one issuer?

- No (Button) - **Selected**

- Yes (Button)

Please add the Reporting Entity details for the Reporting Entity on whose behalf you are submitting this attestation.

Note: Issuers attesting for fully-insured plans should report the information relevant to the group health plan.

- Name of the Reporting Entity (Input)
- Employer Identification Number (EIN) (9-digit Input)
- Reporting Entity Type (Drop down)
 - Church plan
 - ERISA plan
 - Non-Federal governmental plan
 - Health insurance issuer
- Plan Number (Input) – *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 (Input)
- Name of Reporting Entity Point-of-Contact (Input)
- E-mail Address for the Reporting Entity Point-of-Contact (Input)
- Phone Number for the Reporting Entity Point-of-Contact (Input)

Are you attesting for all provider agreements?

- Yes (Button)
- No (Button)

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*)

Describe the type of provider agreement. (Input) – *only displays if when ‘Other’ is selected*

There will be a ‘Next’ button to take users to the next section. Progress Action Buttons

More than one Reporting Entity flow:

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

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

Figure 12 - Enter Reporting Entity Details – Multiple Plans

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

Complete the Reporting Entity Excel Template for all Reporting Entities on whose behalf you are submitting this attestation. The GPCCA Webform Instructions provide specific guidance on creating the Reporting Entity tab-delimited text file in sections 2.3 and 2.31. 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 here. After successfully uploading the text file, e-mail your completed Reporting Entity Excel Template to the Attester for their review.

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

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

Reporting Entity Details (Heading)

Complete the Reporting Entity Excel Template for all Reporting Entities on whose behalf you are submitting this attestation. The GPCCA Webform instructions provide specific guidance on creating the Reporting Entity tab-delimited text file in sections 2.3 and 2.31. 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 here. After successfully uploading the text file, e-mail your completed Reporting Entity Excel Template to the Attester for their review.

Upload Reporting Entity Details (Button)

- *If users upload their entity list in the correct .txt format, the file name will be highlighted in green with a checkmark displaying the date and timestamp of upload, as well as a **Replace file [button]**.*

Figure 13 - Upload Entity List

Reporting Entity Details

Complete the Reporting Entity Excel Template for all Reporting Entities on whose behalf you are submitting this attestation. The GPCCA Webform Instructions provide specific guidance on creating the Reporting Entity tab-delimited text file in sections 2.3 and 2.31. 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 here. After successfully uploading the text file, e-mail your completed Reporting Entity Excel Template to the Attester for their review.

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

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

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

Save and continueSave and exit

There will be a **'Next'** button to take users to the next section. *Progress Action Buttons*

After Selecting "Save and continue," the submitter sees the 'Let's confirm the Attester's email address' pop-up asking them to confirm the attester's email address to send them a unique code, a link to the GPCCA system, and instructions.

Figure 14 - Let's confirm the Attester's email address

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](#)

8 - Step 4 - Review submission and attest

- If the user needs to edit any of the previously entered information, they can use the edit buttons on the right side to return to the appropriate step and make changes.
- If the information is correct, the user selects "Save and continue"

Figure 15 - Step 4 - Review Submission

4 Review Submission

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](#)

Submitter Name	Test 1
Submitter Title	Test
Submitter Email Address	test@test.com
Submitter Phone Number	1123546789
Submitter Employer	Test
Entity	GHP

Attester contact information [Edit](#)

Attester Name	Test 2
Attester Title	Test
Attester Email Address	test2@test.com
Attester Phone Number	1234564877
Attester Employer	Test

Entity attestation detail [Edit](#)

Uploaded Entity Name	GPCCA Reporting Entity Template for Download no Hdrs.txt
Size	690 Bytes

Save and continue

Save and exit

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

Figure 16 - Step 5 - Verify entity types

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.

- User can select the two boxes to indicate that you are attesting to, and understand the text, to move forward with your attestation.

The following text displays:

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.

The Details will display below:

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 be 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)

- The user selects 'Save and continue' button to move to the 'Attest your submission' section.

10 - Attest your submission

- The following text will be displayed in the Attest your submission section: I attest that I have authority to bind the plan(s) or Issues(s) entered/uploaded in the entity attestation details.
- Select 'I attest that all information in this submission is accurate' and enter full name then submit.

Figure 17 - Attest 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
12/01/2022 11:42 AM

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

11 - Submission Successful

- Once the attestations have been submitted, the user will see 'Submission successful'.
- It is highly recommended to download 'Your submission receipt'
- 'Return to dashboard' takes the user to original screen.

Figure 18 - Submission successful

✓ Submission successful

Excellent work, you have submitted **Test Insurance Entity Gag Clause Prohibition Compliance Attestation Information** on **02/10/2022** at **2:10 PM**

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

12 - Attestation Submissions Table

You can view in progress submissions from the Dashboard. You will have the option to continue with in progress submissions, delete in progress submissions, and start a new submission.

The following text shall display on the page: Dashboard

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

Start a new submission (Button) - *will allow users to start a new submission*

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

The table below will display the following and can be filtered by submission year and status:

- Submission ID (Heading)
- Name (Heading)
- Year (Heading)
- Status (Heading)
- Delete Submission (Button)
 - *If user selects 'Delete,' a warning modal will appear with the following text:
Are you sure you want to delete this item?*
 - Yes (Button)
 - Cancel Deletion (Button)
 - Close Submission (Button)

Figure 19 - GPCCA Dashboard

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.

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

Status	Submission ID	Name	Year	
✓ Complete	5168	Ronny Ostling	2021-2023	Delete Submission
⚙ In Progress	5167	Raymond Massey	2021-2023	Delete Submission
⚙ In Progress	5166	David Copperfield	2021-2023	Delete Submission
✓ Complete	5165	Harvey Martin	2021-2023	Delete Submission
✓ Complete	5161	Randy Ydnar	2021-2023	Delete Submission

Showing 1 to 5 of 16 Submissions < Previous 1 2 3 4 Next >

[View all submissions](#)

13 - Acronyms

Acronyms used in this document are defined in Table 4-1.

Table 4-1 Acronyms

Acronym	Definition
CAA	Consolidated Appropriations Act
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
FEHB	Federal Employees Health Benefits
HIOS	Health Insurance Oversight System
IDM	Identity Management
MSD	Marketplace Service Desk
PBM	Pharmacy Benefit Manager
GPCCA	Gag Clause Prohibition Compliance Attestation
TPA	Third Party Administrator