

Gag Clause Prohibition Compliance Attestation (GCPCA) has been successfully submitted by MediExcel Health Plan for its Group Health Plan.

The below screen shots demonstrate that MediExcel Health Plan has submitted its GCPCA to CMS via the GCPCA portal on April 21, 2023.

Create Attestation Submission

[Return to Gag Clause Attestation dashboard](#)

1 Enter the Submitter's Contact Information Completed

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. All fields are required unless marked as optional.

Submitter first and last name:

Submitter position title:

Submitter e-mail address:

Submitter telephone number:

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 ERGA plans and you are submitting an attestation for the issuer and the self-insured ERGA plans, select both "Health Insurance Issuer" and "Third-Party Administrator." In this example, do not select "ERISA Plan for sponsor of ERISA plans." As another example, if you 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 Benefits 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

Create Attestation Submission

[Return to Gag Clause Attestation dashboard](#)

2 Enter the Attester's Contact Information Completed

3 Enter Reporting Entity Details Completed

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

Entity organization details:

Reporting Entity Type:

Name of Reporting Entity:

Name of Reporting Entity Point-of-Contact:

Employee 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:

Are you attesting for all provider agreements? Yes No

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

4 Review Submission and Attest

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

4 Review Submission and Attest Completed

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

You must, at a minimum, select the plan or issuer attesting on behalf of a group health plan or insurance issuer. If you are attesting on behalf of more than one group health plan, whether fully insured or self-insured, 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 plans, including non-Federal governmental plans, and health insurance issuers offering individual health insurance coverage.

In attesting on behalf of a group health plan or health insurance issuer, you must, at a minimum, select the plan or issuer attesting on behalf of a group health plan or health insurance issuer. If you are attesting on behalf of more than one group health plan, whether fully insured or self-insured, and an issuer of individual health insurance coverage, check both boxes.

1. Providing provider-specific and/or quality of care information (such as through a consumer engagement tool or any other means) to advertising agencies, the plan sponsor, participants, beneficiaries, or enrollees, or otherwise engaging in business relationships, financial, or otherwise, of the plan or coverage.
2. Routinely disclosing or otherwise making available information or data for each participant, beneficiary, or enrollee in the plan or coverage, such as health and/or financial information, to a third party, including a pharmacy benefit manager, a broker, a network of providers, or a network of providers that have directly or indirectly received the group health plan or health insurance issuer's Form —
3. Financial information, such as the covered amount, or any other claim-related financial information included in the provider contract.
4. Any other information involving claims and/or coverage.
5. Sharing information or data described in items (1) or (2), or deriving that such data be shared, with a business associate or affiliate under 165.103 of the Code of Federal Regulations or successor regulations, consistent with the privacy regulations promulgated pursuant to section 1303 of the Act, the amendments made by the American Recovery and Reinvestment Act of 2009 (ARRA), and the amendments with Docket ID of 1903 (AR-19).

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

Health insurance issuers offering individual health insurance coverage.

In attesting on behalf of a group health plan or health insurance issuer, you must, at a minimum, select the plan or issuer attesting on behalf of a group health plan or health insurance issuer. If you are attesting on behalf of more than one group health plan, whether fully insured or self-insured, and an issuer of individual health insurance coverage, check both boxes.

1. Providing provider-specific and/or quality of care information (such as through a consumer engagement tool or any other means) to advertising agencies, the plan sponsor, participants, beneficiaries, or enrollees, or otherwise engaging in business relationships, financial, or otherwise, of the plan or coverage.
2. Routinely disclosing or otherwise making available information or data for each participant, beneficiary, or enrollee in the plan or coverage, such as health and/or financial information, to a third party, including a pharmacy benefit manager, a broker, a network of providers, or a network of providers that have directly or indirectly received the group health plan or health insurance issuer's Form —
3. Financial information, such as the covered amount, or any other claim-related financial information included in the provider contract.
4. Any other information involving claims and/or coverage.
5. Sharing information or data described in items (1) or (2), or deriving that such data be shared, with a business associate or affiliate under 165.103 of the Code of Federal Regulations or successor regulations, consistent with the privacy regulations promulgated pursuant to section 1303 of the Act, the amendments made by the American Recovery and Reinvestment Act of 2009 (ARRA), and the amendments with Docket ID of 1903 (AR-19).

I'm attesting on behalf of health insurance issuers offering individual health insurance coverage.

Attest your submission

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

I understand all information in this submission is accurate.

Please enter your full name to sign this attestation.

Upload submission date: 04/21/2023 09:33 AM

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

Create Attestation Submission

[Return to Gag Clause Attestation dashboard](#)

1 Enter the Submitter's Contact Information Completed

2 Enter the Attester's Contact Information Completed

3 Enter Reporting Entity Details Completed

4 Review Submission and Attest Completed

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, click the edit button to return to the appropriate step and make your change.

Submitter contact information

Submitter first and last name:

Submitter position title:

Submitter e-mail address:

Submitter telephone number:

Submitter employer name:

Entity:

Attester contact information

Attester first and last name:

Attester position title:

Attester e-mail address:

Attester phone number:

Attesting Entity (Submitter's Employer):

Entity attestation details

Entity Name:

Entity Type:

Name of Reporting Entity Point of Contact:

Entity ID#:

Entity Mailing Address:

Entity Email Address:

Entity Phone Number:

Network Types:

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.

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

Status	Submission ID	Name	Year
Completed	134	Jim Arriola	2023-03-08

Showing 1 of 1 of 1 submissions.

Get started

Follow the GCPCA website instructions before starting your submission.

[GCPCA website instructions \(PDF - 0.4MB\)](#)

[GCPCA website user manual \(PDF - 0.4MB\)](#)

[Download Reporting Entity excel template](#)

[Reporting entity excel template \(Excel - 0.4MB\)](#)

[Submit Gag Clause Prohibition Compliance Attestation](#)

Need help? If you have a question about your submission, contact our support team at 1-800-895-0100 or 1-888-244-1174.

Send us your feedback We want to hear from you. If you have feedback about this website, contact our design team at usdesign@cms.gov.

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