



2025 Regulatory Events

Below is a list of key annual regulatory forms, reporting and requirements that plans encounter each year. While the list may not be all-inclusive to each group's needs, it covers the most common requirements that groups may encounter or have questions on throughout the year.

Please Note: Anticipated communication timing is estimated and subject to change based upon regulatory changes or business needs. Unless otherwise noted, awareness communications will appear in our producer (*News From The BluesSM*) and employer (*BlueVISIONSM*) newsletter channels.

Regulatory Requirement	Description	Impacts	Requirement/Due Date	Anticipated Communication Timing
1095 Forms/Reporting	The Affordable Care Act (Sections 6055 & 6056) created 1095 forms to document how many months an individual had minimum essential health coverage during the year. Insurers and employers have reporting obligations to the IRS.	Individual and Family Market and Group members	The IRS typically requires forms to be distributed by March. Blue Cross and Blue Shield of Oklahoma issues 1095-B forms to Fully Insured Group and off-exchange Individual and Family Market members by the end of January. Forms are available in Blue Access for Members SM and members can request a paper copy. BCBSOK also submits reporting to the IRS and to states that require 1095 filing by their deadlines. BCBSOK only handles 1095-B forms/reporting. ASO and Applicable Large Employers are responsible for 1095-C forms/reporting and the Health Insurance Marketplace issues 1095-A forms/reporting.	January 2025
Average Employee Count	Employer groups are asked to provide their Average Employee Count annually to classify their coverage for the upcoming Medical Loss Ratio reporting year.	Fully Insured groups with 15-250 employees	Provide Average Employee Count by December 31 in Blue Access for Employers SM , or submit by PDF or paper form.	February 2025
MA 1099 forms/reporting	The MA 1099 form documents how many months a Massachusetts resident had minimum essential coverage. This is a requirement from the state of MA and members must have it to file their taxes. We also report to the state about the forms we issue.	All Groups; Fully Insured or ASO groups can request our support if it is documented in their paperwork.	Per Massachusetts requirements, these forms are mailed to members, usually by the end of January.	Late January/early February 2025
Prescription Drug Data Collection (RxDC)	The No Surprises Act requires insurers and group health plans to submit information about prescription drugs and health care spending to CMS.	All Groups	Reporting due to CMS by June 1, 2025.	February 2025
Medicare Secondary Payer	Under federal law, employers are responsible for informing its insurer or third-party administrator of proper employee counts for the purpose of determining payment priority between Medicare and another issuer.	Renewing Fully Insured and ASO employer groups with 1-150 employees.	Employer groups need to complete the MSP Employer Acknowledgment Form during the collection period, June to September.	Late May/early June 2025 (prior to start of collection period)

Regulatory Requirement	Description	Impacts	Requirement/Due Date	Anticipated Communication Timing
IRS High Deductible Health Plan Limits	Each year the IRS releases updated limits for HDHP plans.	All Groups, Individual and Family Market members	BCBSOK updates our plans' limits to align with updated IRS limits each year at renewal.	Q2 or Q3 2025 (dependent upon timing of IRS guidance)
Creditable Coverage	Annual notice to group members and CMS about the creditability of group health plans.	All Groups	Groups must notify members by October 15, and disclose to CMS no later than 60 days from the beginning of the plan year.	Materials to assist groups with determinations are expected in August 2025
Medical Loss Ratio	The Affordable Care Act requires health insurers to spend a percentage of each premium dollar on medical care and to improve health care quality. Health insurers must report to CMS annually on their Medical Loss Ratio.	Certain Fully Insured health insurance coverages in the Group and Individual markets.	BCBSOK must file MLR reporting to CMS by July 31. If BCBSOK fails to meet the MLR standard, rebates must be issued by September 30.	BCBSOK publishes a notification in August regarding MLR reporting and any rebate details (if applicable).
Creditable Coverage	Annual notice of creditability to Medicare eligible members.	Individual and Family Market members	BCBSOK is required to notify members of their creditability status by October 15.	September 2025, letters sent to members
Gag Clause Prohibition Compliance Attestation	The federal government requires an attestation as part of the GPCPA. Under this requirement, both group health plans and health insurance issuers offering group and individual health insurance coverage must submit an attestation of compliance.	All Groups	Attestation must be completed with CMS by December 31, 2025.	Q3 2025
Summary of Benefits and Coverage Monitoring	The Affordable Care Act requires health insurance companies to monitor a group health plan's distribution of the Summary of Benefits and Coverage to plan participants and beneficiaries.	All Groups	Groups must confirm both distribution and method of distribution of SBCs to plan participants and beneficiaries within 90 days of renewal date.	Emails are sent to renewing groups with email on file; a postcard is mailed to groups without email contact. Communications sent after renewal date, groups can input confirmation in BAE SM .
Machine Readable Files	The Transparency in Coverage Final Rule requires insurers and group health plans to publish machine readable files. MRFs must be posted on a publicly accessible website.	All Groups	Fully Insured files are posted on bcbso.com. Group-specific links are available for ASO groups to post on their websites.	MRFs are updated monthly on their respective links.
Discontinuance Notices	Notice to groups and members if their current plan is being discontinued.	Impacted group and group members	BCBSOK is required to notify groups and their members 90 days in advance of plan discontinuance.	Notifications sent 90 days in advance of renewal/ discontinuance.
Preventive Services	ACA Preventive Services materials are updated annually based on guidance from ACA Preventive Services and Pharmacy teams.	All non-GF groups and Individual/ Family Markets (exceptions for some groups who exclude contraceptive coverage)	To assist members and employers in navigating their preventive benefits, we produce fliers annually highlighting the availability of benefits.	Updated fliers available in late Q4