



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 Blues*SM) and employer (*BlueVISION*SM) 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 New Mexico 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. BCBSNM also submits reporting to the IRS and to states that require 1095 filing by their deadlines. BCBSNM 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 |
| New Mexico Notice of Intent to File | Required notification to BCBSNM members of IFM rate filings for following year. | Individual and Family Market members | BCBSNM is required to notify members that we have filed rates for review and approval. | Q2 2025, letter to members |

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| 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) |
| IRS High Deductible Health Plan Limits | Each year the IRS releases updated limits for HDHP plans. | All Groups, Individual and Family Market members | BCBSNM 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. | BCBSNM must file MLR reporting to CMS by July 31. If BCBSNM fails to meet the MLR standard, rebates must be issued by September 30. | BCBSNM 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 | BCBSNM 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 |
| New Mexico Small Business Credit | The New Mexico OSI issues a small business credit related to health care premiums and typically renews it every six months. | NM Small Groups | BCBSNM is required to notify groups about the credit and include mandated information from the OSI. | Articles are published when the credit renews (typically in Summer and Winter). Emails notify small business clients. |
| 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 . |

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|------------------------|---|--|--|---|
| 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 bcbsnm.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 | BCBSNM 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 |