BlueCross BlueShield of Montana

2026 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 indicates estimated timing of awareness communications to producers and/or employers and is subject to change based upon regulatory changes or business needs. It does not indicate regulatory requirement deadline. Unless otherwise noted, awareness communications will appear in our producer (*News from the Blues*℠) and employer (*Employer News*) newsletter channels.

Regulatory Requirement	Description	Impacts	Requirement/Due Date	Anticipated Communication Timing
1095 Forms/ Reporting	The Affordable Care Act added sections 6055 and 6056 to the Internal Revenue Code, creating a requirement for health coverage providers (and applicable large employers) to report health coverage information to the Internal Revenue Service and individuals (using Forms 1094-B/C and 1095-B/C).	Individual and Family Market and Group members	The IRS no longer requires forms to be automatically distributed by mail. Blue Cross and Blue Shield of Montana 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℠ and members can request a paper copy. BCBSMT also submits reporting to the IRS and to states that require 1095 filing by their deadlines. BCBSMT 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.	Late January 2026
MA 1099 forms/ reporting	The state of Massachusetts requires that residents maintain health insurance that meets state minimum creditable coverage requirements. As part of the requirement, MA 1099-HC forms must be provided to MA residents and the MA Department of Revenue to document their coverage. Groups can elect to have BCBSMT provide the MA 1099-HC form, to members and the state based on minimum creditable coverage certifications from the employer as indicated in their renewal paperwork.	Both Fully Insured and ASO groups may request BCBSMT prepare and submit the 1099-HC forms on behalf of the group plan sponsor and mail the forms to members. Groups remain legally responsible for the content in such form.	Per Massachusetts requirements, these forms are mailed to members by the end of January.	Late January/early February 2026

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Average Employee Count	Employer groups are asked to provide their Average Employee Count annually.	Fully Insured groups with 15-250 employees	Provide Average Employee Count by December 31 in Blue Access for Employers℠, or submit by PDF or paper form.	February 2026
Prescription Drug Data Collection (RxDC)	Section 204 of the 2021 Consolidated Appropriations Act requires insurers, PBMs and group health plans to annually submit information about prescription drugs and health care spending to the CMS.	All Groups	Reporting due to CMS through the HIOS module by June 1, 2026.	February 2026
Medicare Secondary Payer	Under federal law, employers are responsible for informing their insurer or third-party administrator of accurate employee counts for the purpose of determining payment priority between Medicare and another issuer.	Renewing Small and Mid-Market Fully Insured and Self-Funded groups.	Employer groups are required to report their employee count by completing the MSP Employer Acknowledgment Form during the collection period, June to September, even if there is no change to their employee counts from the previous year. If changes occur outside of the collection period, employer groups are required to update BCBSMT. If an employer group fails to provide the required information to BCBSMT, it will result in their group health plan being defaulted to primary payer status. BCBSMT handles the required quarterly reporting to CMS for fully insured and self-funded groups.	Late May/early June 2026 (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 with HDHPs	BCBSMT updates its high deductible plans' limits to comply with updated IRS limits each year at renewal.	Q2 or Q3 2026 (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 2026
Medical Loss Ratio	The Affordable Care Act requires health insurers to spend a defined percentage of each premium dollar on medical care or actions to improve health care quality. Health insurers report to CMS annually on their Medical Loss Ratio. If a refund is required, the issuer must issue a refund directly to the member (IFM/Retail/Student) or to the member or account (Group) for distribution to the members.	Non-grandfathered Fully Insured health insurance coverages in the Group and Individual markets.	BCBSMT must file MLR reporting to CMS annually by July 31. If BCBSMT fails to meet the MLR standard, rebates must be issued to members or groups by September 30. Rebates are made in proportion to the premium paid by the applicable member.	BCBSMT 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	BCBSMT is required to notify members of their creditability status by October 15.	September 2026, letters sent to members

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Gag Clause Prohibition Compliance Attestation	The federal government requires an attestation as part of the GCPCA. 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, 2026.	Q3 2026
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℠.
Machine Readable Files	The Transparency in Coverage Final Rule requires insurers and group health plans to publish both in-network negotiated rate and out-of-network allowed amount machine readable files. MRFs must be posted on a publicly accessible website.	All Groups	Fully insured files are posted on bcbsmt.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 due to a product discontinuance.	Impacted Fully Insured groups and group members	BCBSMT 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 Markets (exceptions for some groups who exclude contraceptive coverage)	To assist members and employers in navigating required preventive service coverage, we produce flyers annually highlighting the required covered of benefits.	Updated flyers available in late Q4