

# Form 130B

## Trend Analysis Details

### Cost and Utilization Data

	Calendar Year	Inpatient Hospital			Outpatient Hospital			Physician			Prescription Drugs			Other			Capitation PMPM	Total PMPM
		Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM		
<i>ACTUAL</i>	XX												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+1												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+2												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+3												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+4												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+5												\$ -	\$ -	\$ -	\$ -	\$ -	
	XX+6												\$ -	\$ -	\$ -	\$ -	\$ -	
<i>PROJECTED</i>	XX+8												\$ -	\$ -	\$ -	\$ -	\$ -	

Notes:

1. Please specify the (annualized) unit of measurement for utilization under each type of service/place of treatment. For example, inpatient hospital could be inpatient days or inpatient admissions.
2. Projections should be to the end of the rate effective period.
3. At a minimum, rate filing should include PMPM for each place of treatment/type of service category if carrier cannot provide cost and utilization data.

### Trends

	Calendar Year	Inpatient Hospital			Outpatient Hospital			Physician			Prescription Drugs			Other			Capitation PMPM	Total PMPM
		Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM	Cost per Unit	Units per 1,000	PMPM		
<i>ACTUAL</i>	XX																	
	XX+1																	
	XX+2																	
	XX+3																	
	XX+4																	
	XX+5																	
	XX+6																	
<i>PROJECTED</i>	XX+8																	

*The above could be used for both individual and small group rate increase filings.*