This report was published prior to the consolidation of the Utah Department of Health and the Utah Department of Human Services on July 1, 2022 and the content may not necessarily reflect the current views and priorities of DHHS.

Preliminary COVID-19 Healthcare Trends: A Snapshot from

Utah's All Payer Claims Database & Healthcare Facility Database

Updated: December 2020

Office of Health Care Statistics
Center for Health Data and Informatics
Utah Department of Health

288 North 1460 West
PO Box 144004
Salt Lake City, UT 84114-4004
Phone: 801-538-6700
http://stats.health.utah.gov/

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About this Report

This report was originally produced in response to a request from the Utah Health Data Committee (HDC) during the May 19, 2020 committee meeting. An update was subsequently completed in August 2020. Please note all figures in this report are preliminary and subject to revision as more data become available.

The intent of this report is to highlight emerging healthcare consumption trends. Only insurance providers and hospitals with complete data for the entire period of analysis were included. This means the actual, *total* number of procedures are potentially higher than reflected in this report.

About the Data

Utah's All Payer Claims Database

The Utah Department of Health, Office of Health Care Statistics (OHCS) is responsible for managing the Utah All Payer Claims Database (APCD) under authority granted to the department and the HDC.[1] Licensed commercial health insurance carriers and pharmacy benefit managers covering 2,500 or more Utahns are required to submit member eligibility, medical claims, dental claims, and pharmacy claims as well as a healthcare provider file by administrative rule.[2] In addition to commercial insurance data, the APCD collects data from Medicaid. The OHCS contracts with Milliman MedInsight for APCD data collection and processing. Milliman also enhances these data with risk adjusters, cost calculations, quality measures, and patient-provider attribution before delivering the APCD back to the OHCS on a semi-annual basis.

Healthcare Facility Database

The Utah Department of Health and the HDC developed a health care facility encounter database and began collecting inpatient discharge from all licensed hospitals in Utah and the Veterans Administration Medical Center in 1992. In addition to these important data, ambulatory surgery and emergency department encounter data collection was established in 1996. These data represent almost every hospitalization, emergency department visit, and ambulatory surgery in Utah for any given year regardless of payer.

[1] Utah Code 26-33a-104, https://le.utah.gov/xcode/Title26/Chapter33A/26-33a-S104.html.
[2] Utah Administrative Rule R428-15, https://rules.utah.gov/publicat/code/r428/r428-015.htm.

About the Office of Health Care Statistics

The Office of Health Care Statistics implements the goals and directions of the HDC. The office collects, analyzes, and disseminates health care data. These data help people understand cost, quality, access, and value in our healthcare system and allows users to identify opportunities for improvement.

The data sets under the purview of the office include:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)**—Annual customer satisfaction surveys relating to health plan performance.
- **Healthcare Effectiveness Data and Information Set (HEDIS)**—Annual quality measures relating to health plan performance.
- **Healthcare Facility Data (HFD)**—A collection of information about all inpatient, emergency room, and outpatient surgery/diagnostic procedures performed in the state.
- **All Payer Claims Data (APCD)**—A collection of data about health care paid for by third parties, including insurers, plan administrators, and dental and pharmacy benefits plans.
- **Patient Safety Surveillance and Improvement Program (PSSIP)** —A reporting mechanism which captures patient safety events (injuries, deaths, or other adverse events) associated with healthcare delivery and administration of anesthesia, which fosters conversations on how to minimize adverse patient safety events in Utah.

Utah Health Data Committee

The HDC was created by Utah Code 26-33a.[3] Members are appointed by the governor and confirmed by the senate, and represent various perspectives from industry and community—public health, purchasers, providers, payers, and patients. By law, members are required to have experience with health data.

HDC Mission Statement (Adopted 1994, Amended 2020)

The mission of the HDC is to support health improvement initiatives through the collection, analysis, and public release of healthcare information. Through public-private collaboration, the HDC actively participates in the planning, development, implementation, and maintenance of a statewide health data reporting system, which provides accurate and independently validated information regarding healthcare in the state of Utah. The HDC implements policies to transform data into objective baseline, trend, and performance measurement information, which is made available while preserving patient privacy and confidentiality.

[3] Utah Health Data Authority Act https://le.utah.gov/xcode/Title26/Chapter33A/26-33a.html

Contact Information

For more information, questions, or comments, please contact:

Carl Letamendi, PhD, MBA, GStat|Bureau Director
Office of Health Care Statistics
Utah Department of Health
cletamendi@utah.gov

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From the Utah Health Data Committee

Jim Bradshaw
Intermountain Health

Jeffrey Eason
Salt Lake County Health Department

Stephen Foxley
Cambia Health Solutions

Charles Hawley
NAHDO

Patrice Hirning
Intermountain Healthcare

David Jackson
NFP: Insurance Brokerage and Consulting

Donna Milavetz
Steward Health Care Network

Stephen Neeleman
HealthEquity

Terri Nehorai
Molina Health Plans

Curtis Newman
Iron Road Healthcare

Tanji Northrup
Utah Insurance Department

Alan Ormsby
AARP

Laura Summers
Kem C. Gardner Institute

Russell Trujillo
MotivHealth

Sarah Woolsey
Comagine Health

From the Utah Department of Health

Mary Dy

Navina Forsythe

Carl Letamendi

Mike Martin

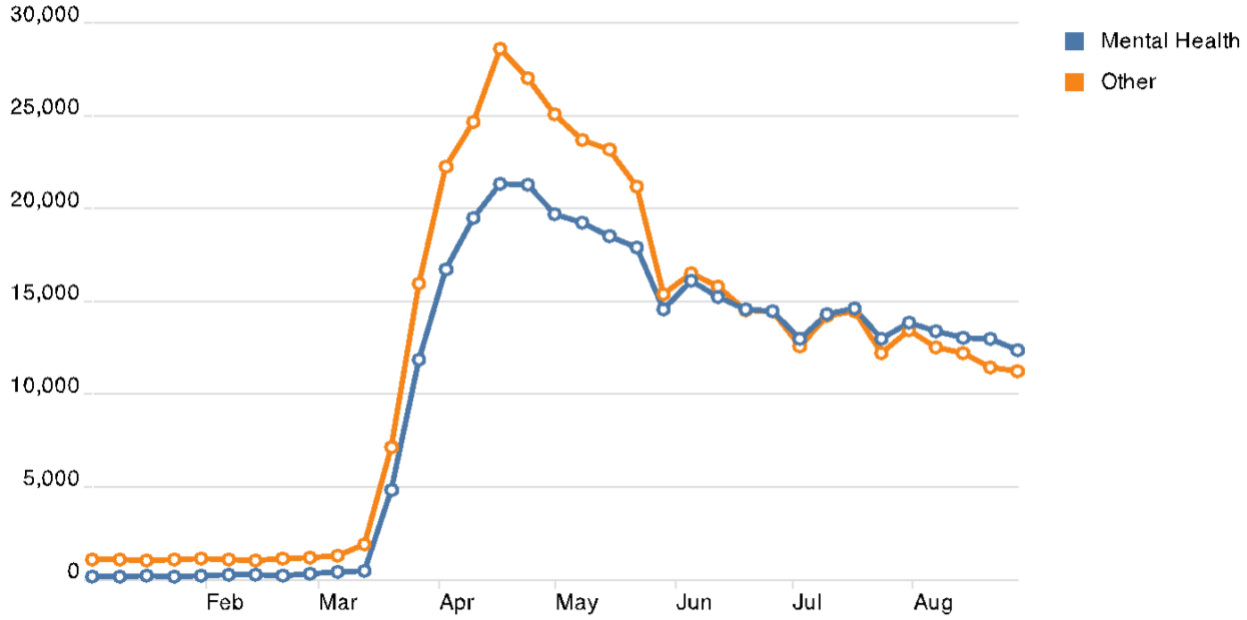
Kimberly Partain McNamara

Sterling Petersen

Lori Savoie

Brantley Scott

Telehealth Visits by Type — Weekly Totals



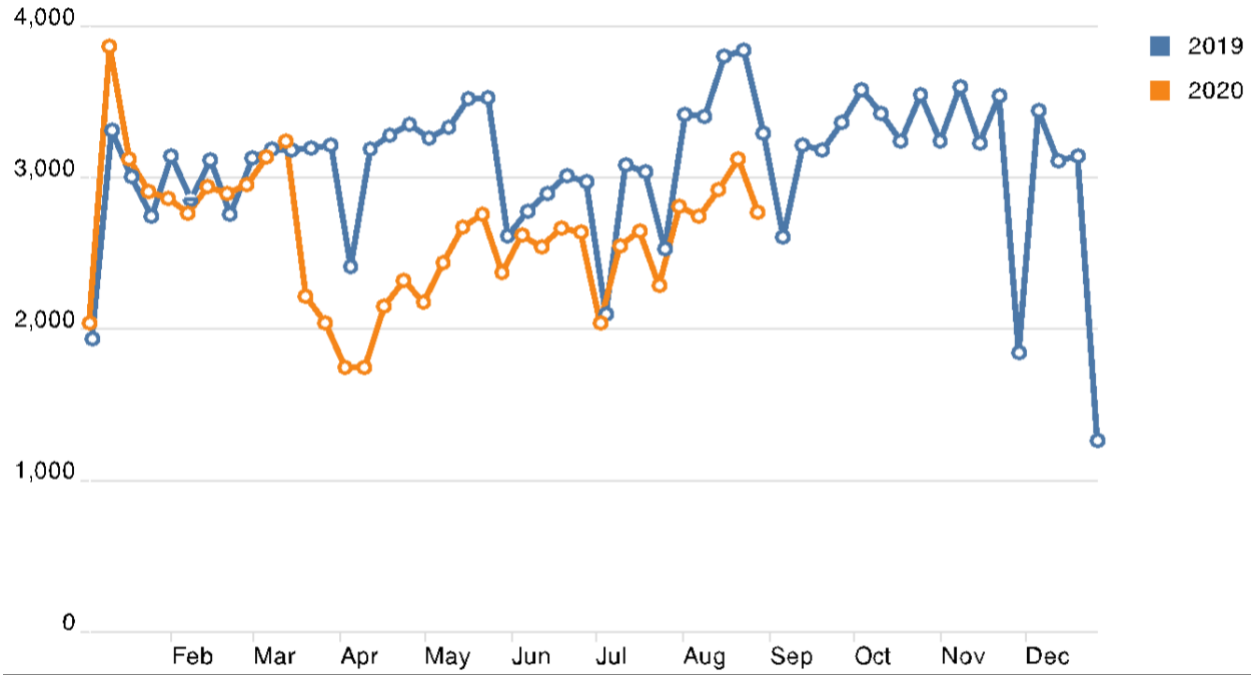
Source: Utah All Payer Claims Database (APCD)

In March 2020, the number of claims for telehealth visits regarding mental health treatment increased. During the last week of March, approximately half of all telehealth visits were mental health related. After reaching a peak around mid-April, the number of telehealth visits began to decline.

Includes HCPCS/CPT procedure codes in the "Telehealth" category from the Clinic Classifications Software for Services and Procedures.[4] *Also includes any procedure otherwise indicated as being delivered via telehealth, i.e., Place of Service Code 02, CPT Modifiers 95 and GT.*

[4] https://www.hcup-us.ahrq.gov/toolssoftware/ccs_svcsproc/ccssvcproc.jsp

Childhood Vaccinations — Weekly Totals



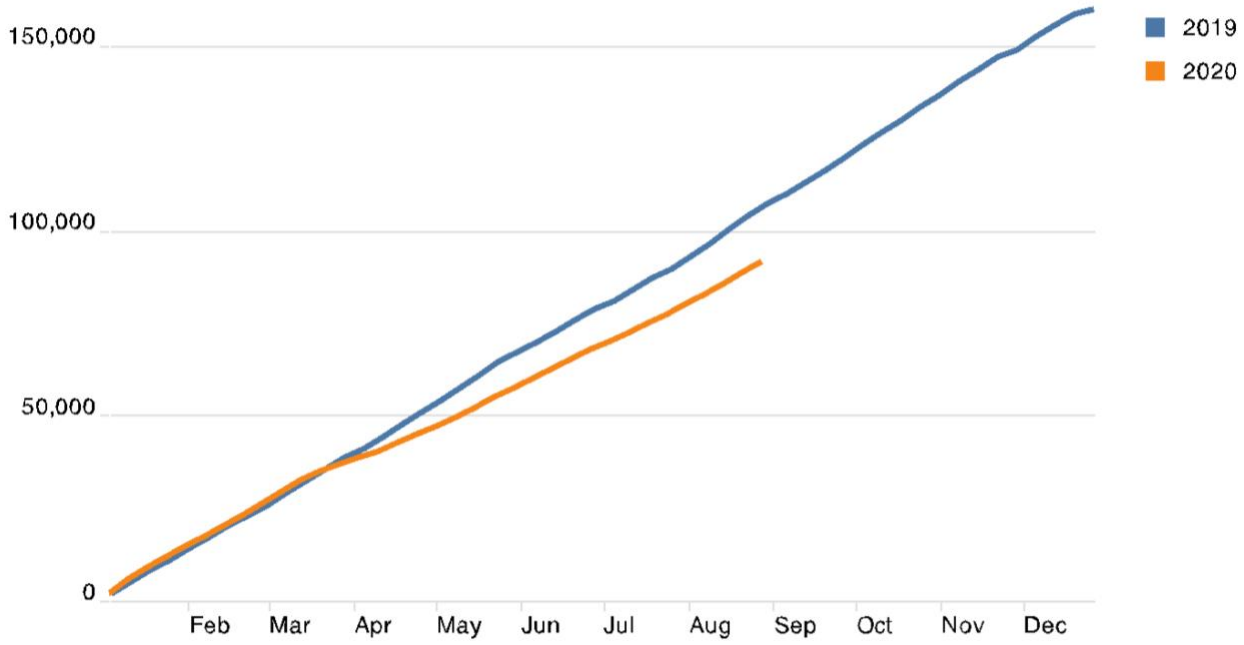
Source: Utah All Payer Claims Database (APCD)

The claims for the number of vaccines administered to children in 2020 largely mirrored 2019 trends for the months of January and February. In March 2020, a notable gap developed, which persists throughout the period of observation. Unlike some medical services which can be provided via telehealth, immunizations must be administered in person. The Utah trend reflects similar patterns found in other national studies.[5]

Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); and pneumococcal conjugate (PCV). Represents vaccines included in "Childhood Immunization Status Combination 3", as depicted by NCQA.[6]

[5] https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm
[6] https://www.ncqa.org/hedis/measures/childhood-immunization-status/

Childhood Vaccinations — Year-to-Date Cumulative Totals



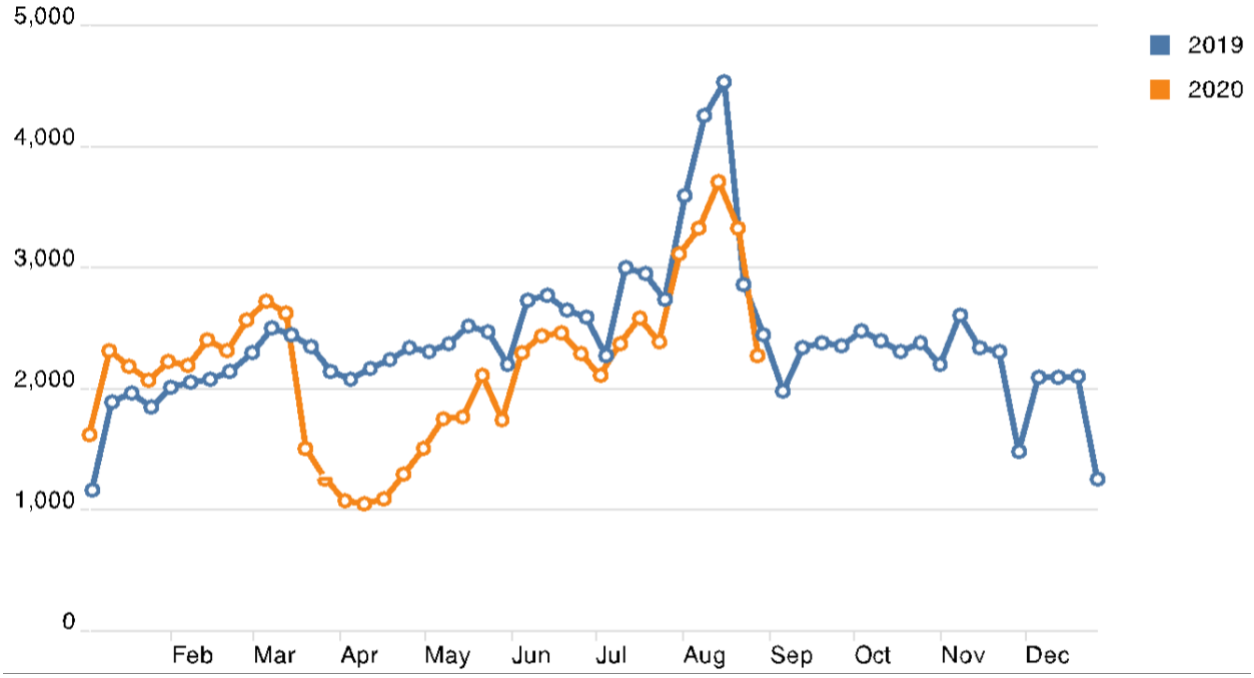
Source: Utah All Payer Claims Database (APCD)

This chart reflects cumulative data from the previous page. For the 2019 calendar year, the increase in claims for childhood vaccinations is fairly consistent throughout the year. That trend changed in March 2020, which marks the point where the number of claims for in-office medical visits decreased.

Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); and pneumococcal conjugate (PCV). Represents vaccines included in "Childhood Immunization Status Combination 3", as depicted by NCQA.[7]

[7] https://www.ncqa.org/hedis/measures/childhood-immunization-status/

Adolescent Vaccinations – Weekly Totals



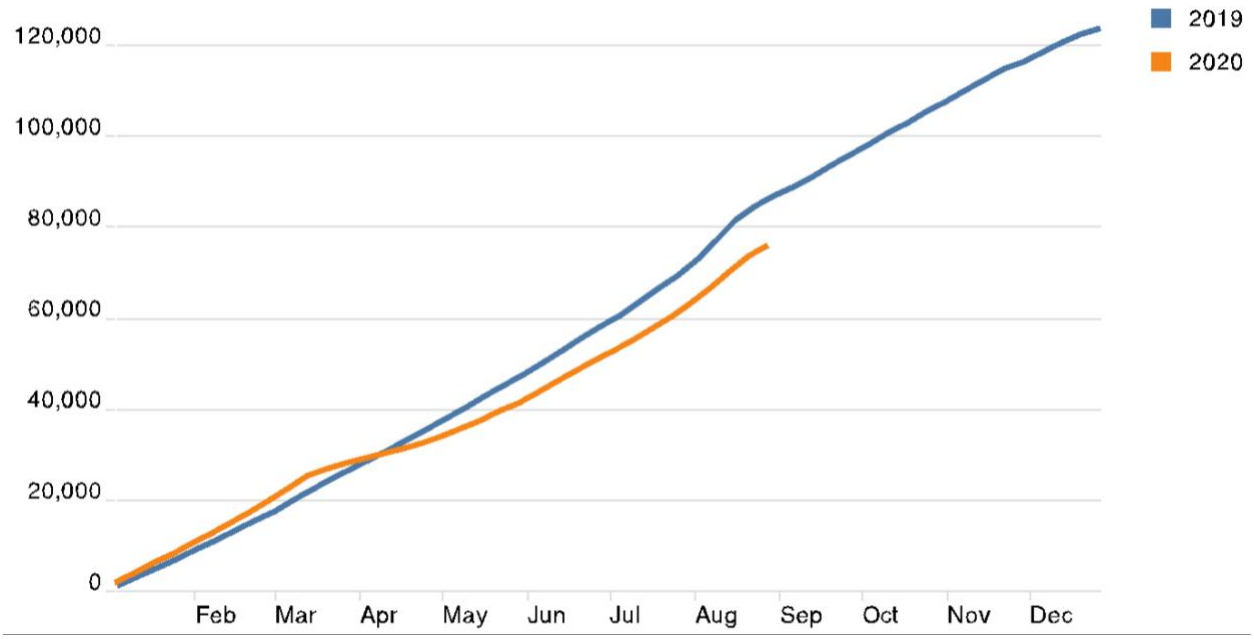
Source: Utah All Payer Claims Database (APCD)

Claims for adolescent vaccinations administered in January through late February of 2020 appear consistent when comparing the same weeks in 2019. A notable decrease occurred from March 2020 to June 2020. Vaccinations peaked in mid-August, which coincides with the period preceding the academic school year.

Includes meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV). Represents vaccines included in "Immunizations for Adolescents Combination 2", as depicted by NCQA.[8]

[8] https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/

Adolescent Vaccinations – Year-to-Date Cumulative Totals



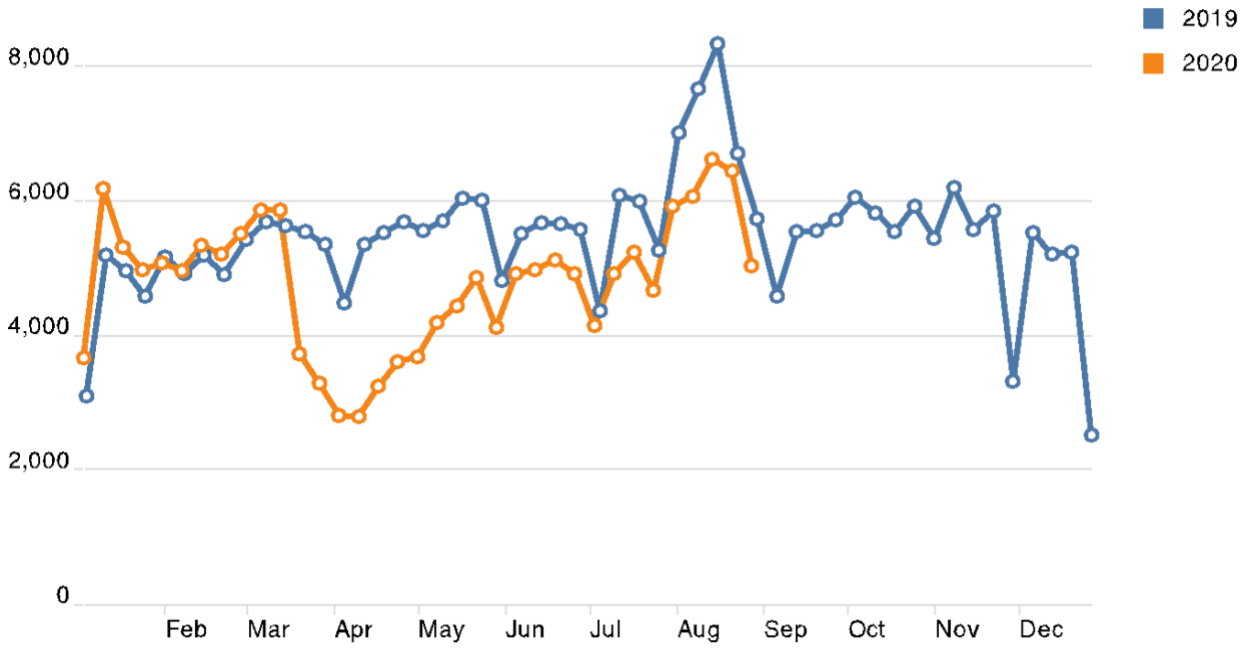
Source: Utah All Payer Claims Database (APCD)

This chart reflects the cumulative data from the previous page. For the 2019 calendar year, the increase in claims for adolescent vaccinations is seemingly consistent throughout the year, with a slight increase mid-August, before the school year begins. A disruption of that trend occurs in March 2020, which marks the point at which we observe a decrease in the number of claims for in-office medical visits. Cumulative vaccinations continue to trend below 2019 numbers.

Includes meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV). Represents vaccines included in "Immunizations for Adolescents Combination 2", as depicted by NCQA.[9]

[9] https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/

Child & Adolescent Vaccination – Weekly Totals

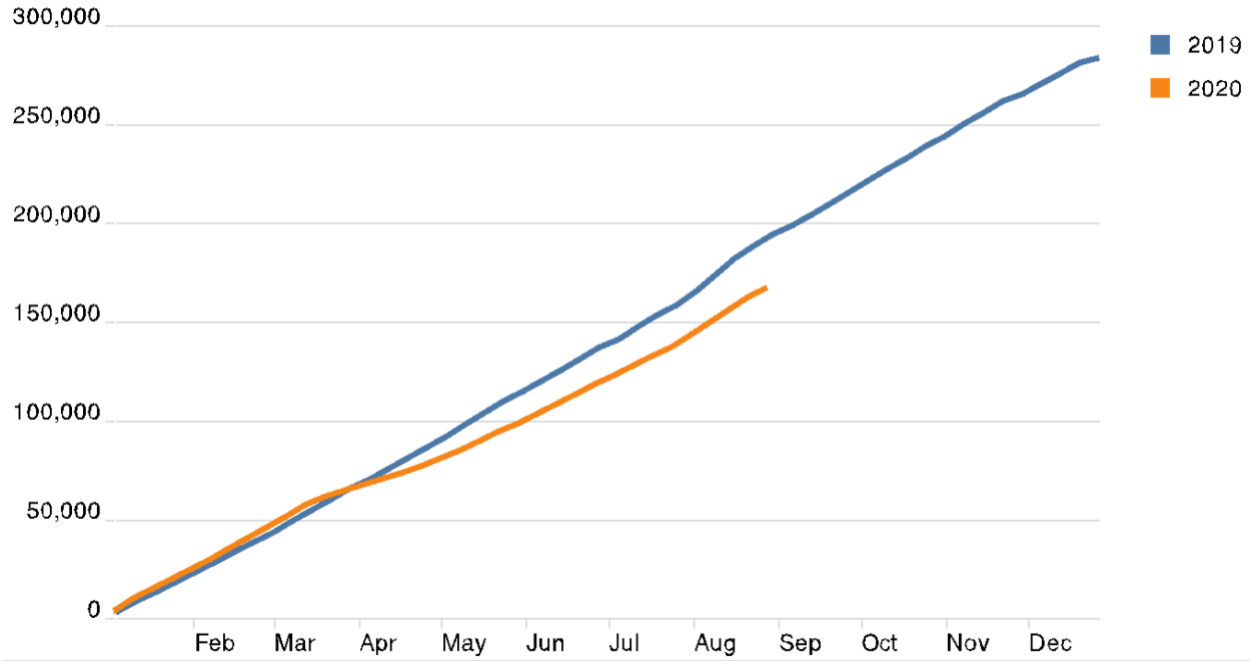


Source: Utah All Payer Claims Database (APCD)

This chart combines children and adolescent claims. From mid-March onward, a notable decrease is evident, when compared with the number of vaccination claims for 2019.

Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV).

Childhood & Adolescent Vaccinations – Year-to-Date Cumulative Totals

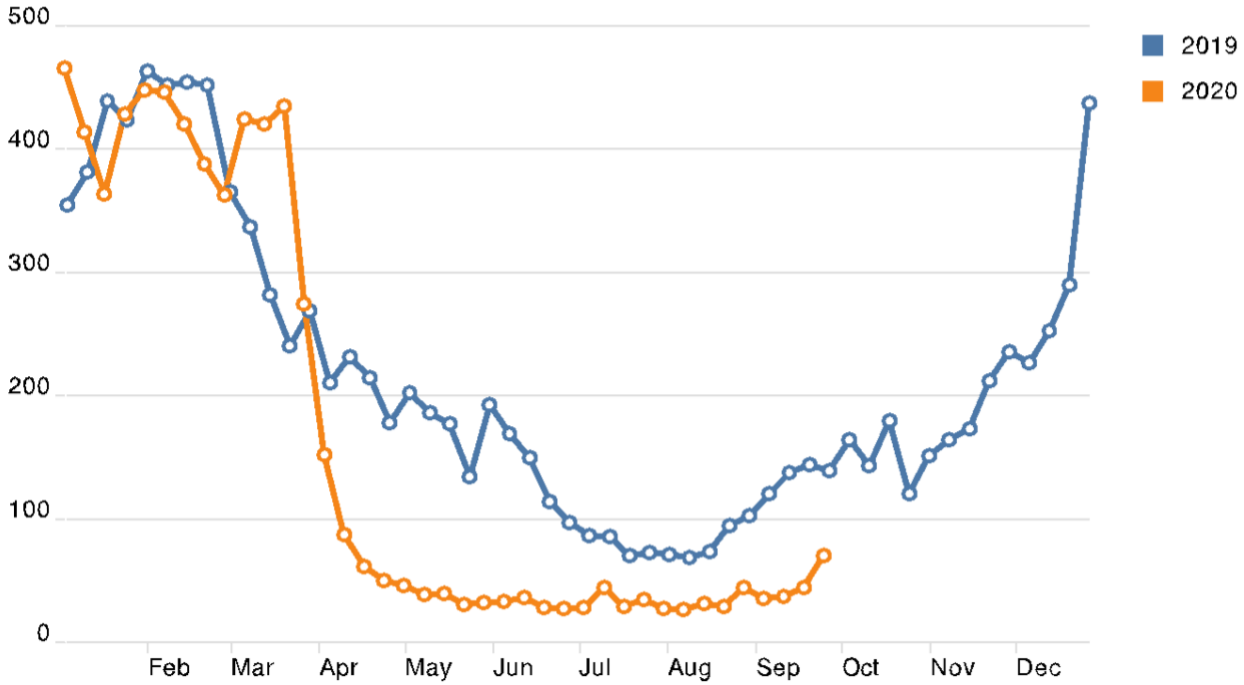


Source: Utah All Payer Claims Database (APCD)

This chart reflects cumulative data from the previous page. For the 2019 calendar year, the increase in the number of claims for children and adolescent vaccinations is seemingly consistent throughout the year, with a slight increase mid-August, before the school year begins. A disruption of that trend occurs in March 2020, which marks the point at which we observe a decrease in the number of claims for in-office medical visits. Cumulative vaccinations continue to trend below prior year's numbers.

Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV).

Acute Bronchitis – Emergency Department Weekly Totals



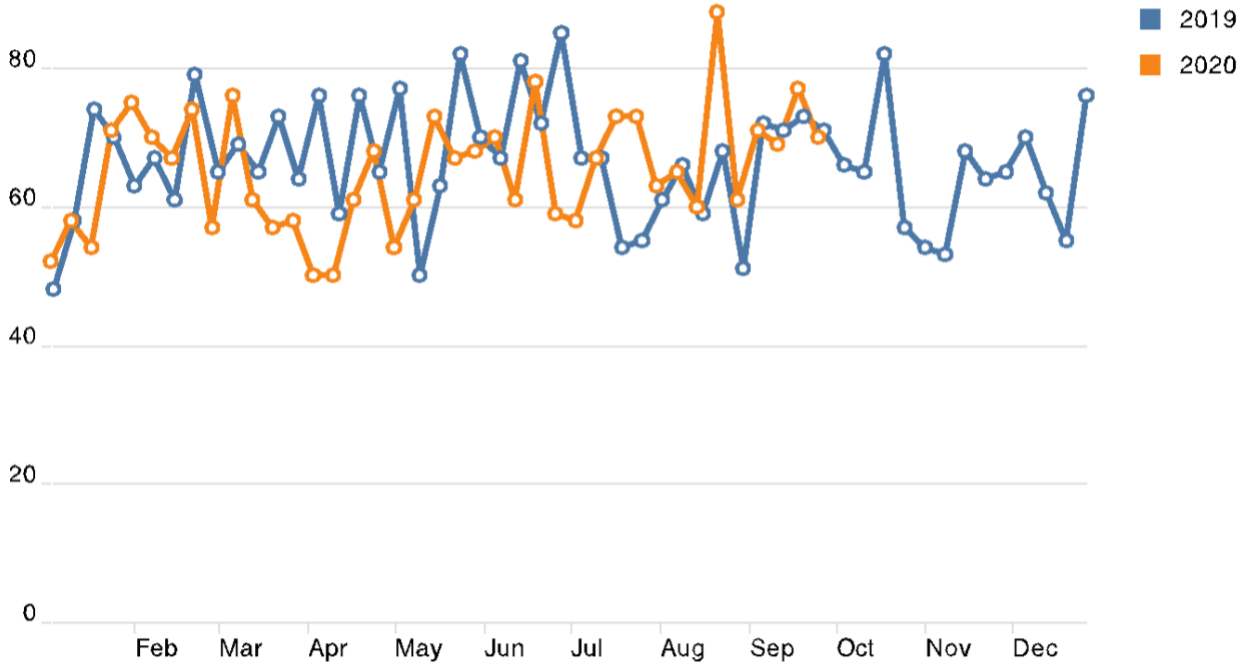
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of acute bronchitis declined mid-March to below 2019 levels. Although a decrease was expected due to the seasonality of acute bronchitis, the rate of that decline was unexpected. This could be due to social distancing, isolation, and other COVID-19 preventive measures taken to mitigate the spread of other diseases.

Includes primary diagnosis codes in the "Acute Bronchitis" Clinical Classification Software Refined (CCSR) category.[10]

[10] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Acute Myocardial Infarction — Emergency Department Weekly Totals



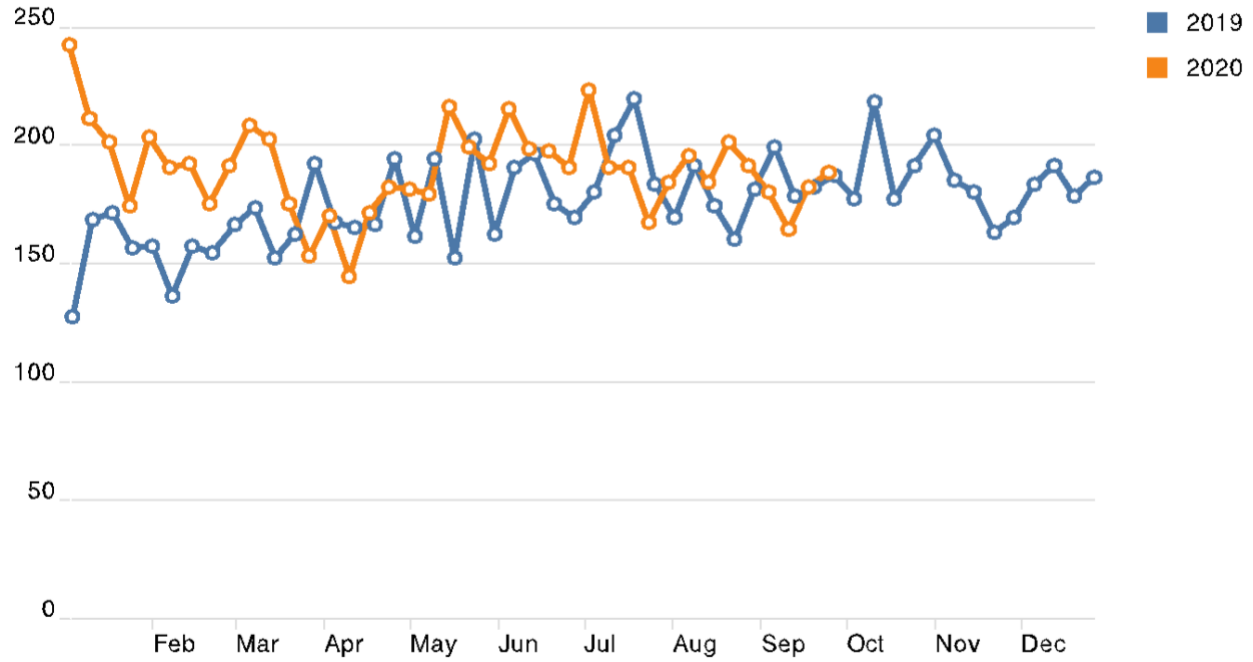
Source: Utah Healthcare Facilities Database (HFD)

While some hospitals and healthcare systems across the nation have witnessed decreases in the number of patients appearing in emergency departments for heart attacks,[11] preliminary Utah data do not depict notable decreases in the number of emergency department patients with a primary diagnosis of acute myocardial infarction (heart attack) over the period of January through September of 2020.

Includes primary diagnosis codes in the "Acute Myocardial Infarction" Clinical Classification Software Refined (CCSR) category.[12]

[11] https://www.nejm.org/doi/full/10.1056/NEJMc2015630
[12] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Alcohol-related Disorders — Emergency Department Weekly Totals



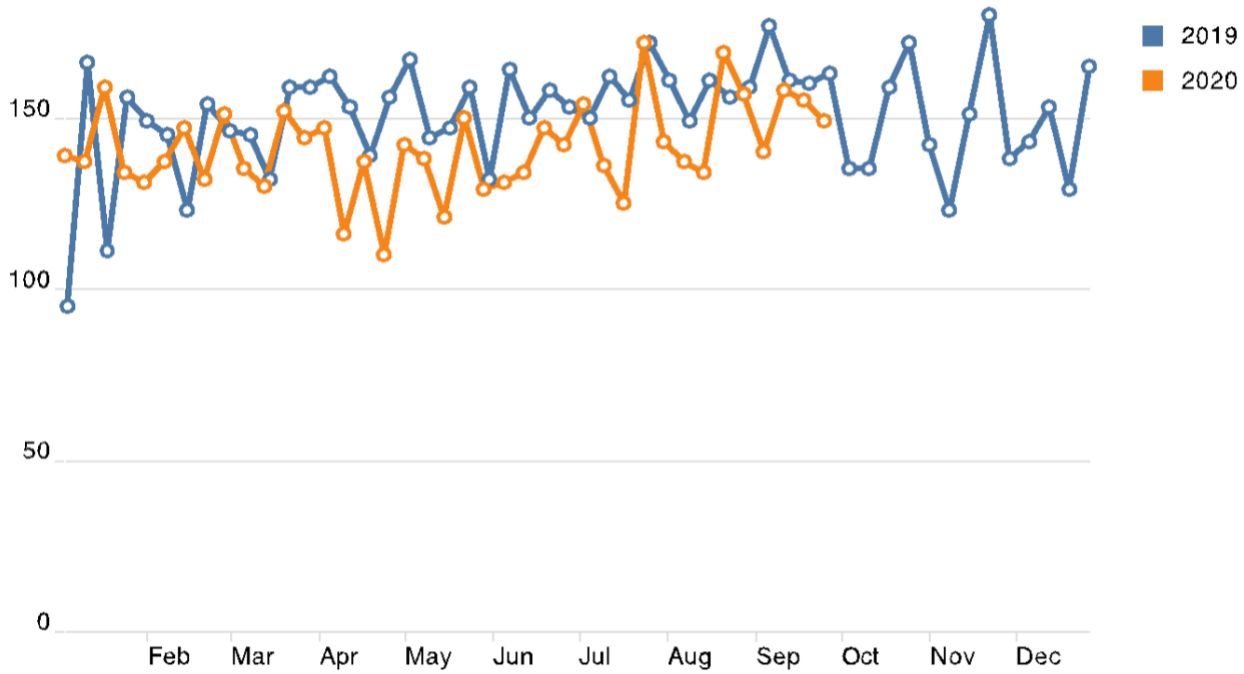
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis for an alcohol-related disorder for January through September of 2020 largely mirrored the trend from the previous year.

Includes primary diagnosis codes in the "Alcohol-related Disorders" Clinical Classification Software Refined (CCSR) category.[13]

[13] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Anxiety and Fear-related Disorders — Emergency Department Weekly Totals



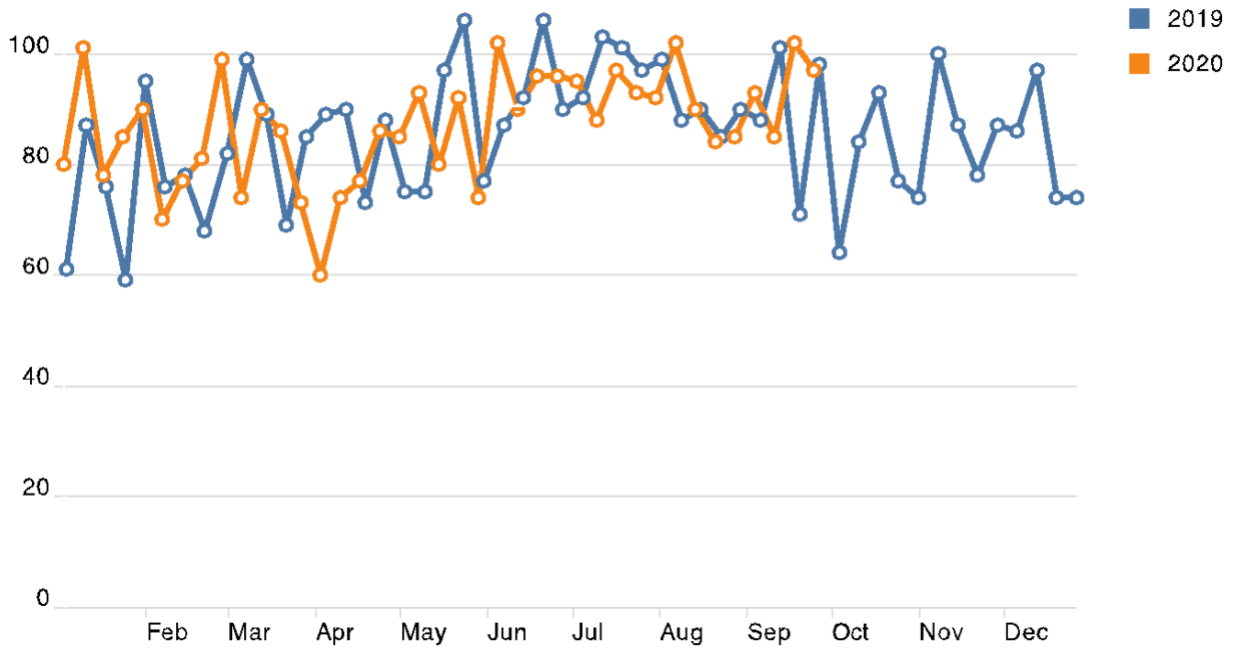
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis for an anxiety or fear-related disorder for the period of January through September of 2020 reflected a similar pattern observed from 2019.

Includes primary diagnosis codes in the "Anxiety and Fear-related Disorders" Clinical Classification Software Refined (CCSR) category.[14]

[14] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Appendicitis and Other Appendiceal Conditions — Emergency Department Weekly Totals



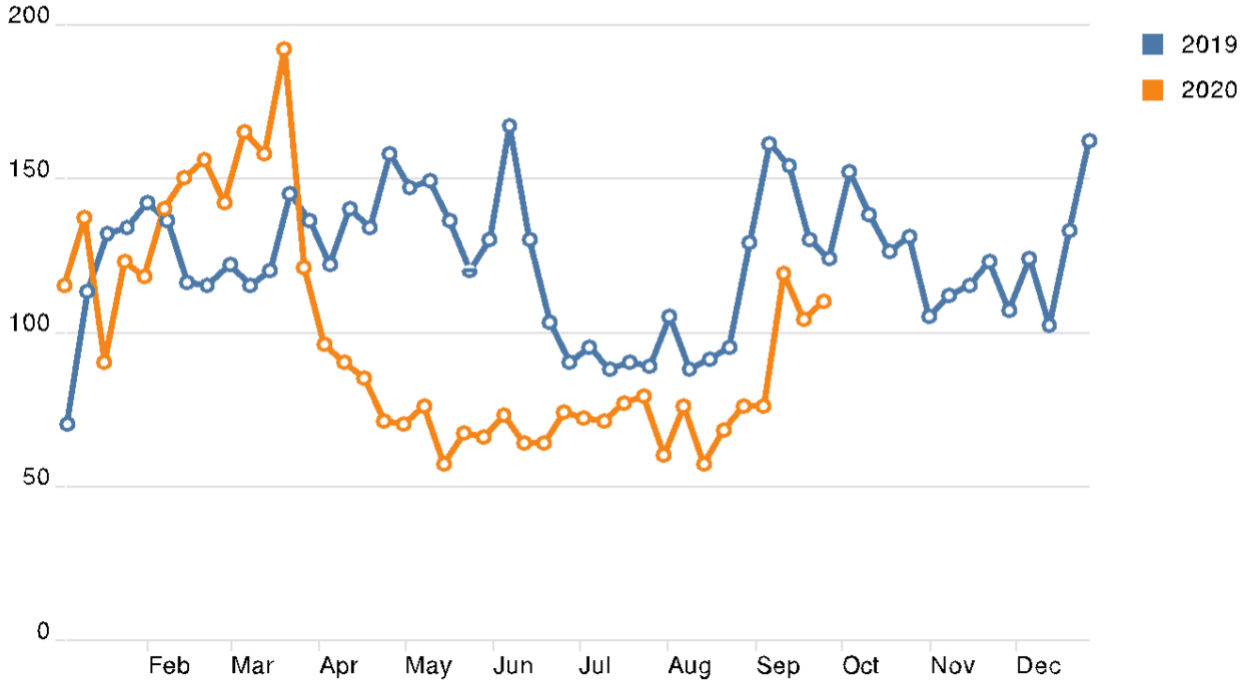
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis of appendicitis or other appendiceal conditions largely remained unchanged from the previous year.

Includes primary diagnosis codes in the "Appendicitis and Other Appendiceal Conditions" Clinical Classification Software Refined (CCSR) category.[15]

[15] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Asthma — Emergency Department Weekly Totals



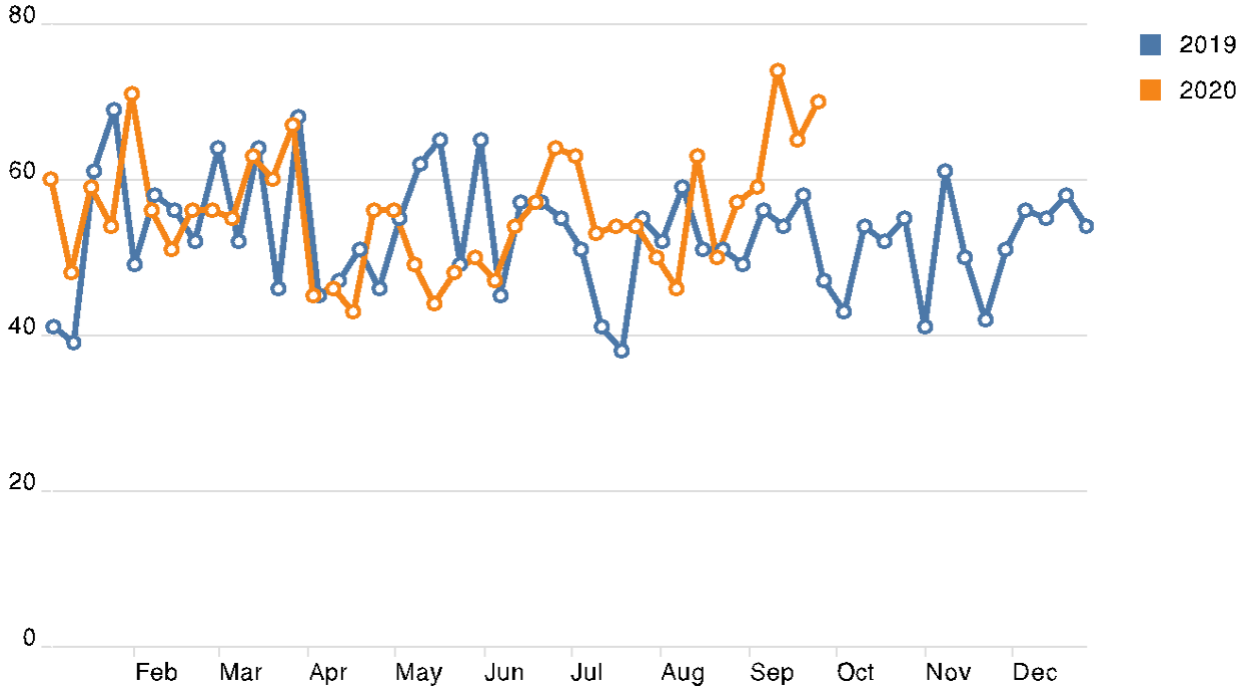
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of asthma decreased during mid-March through April and remained lower than 2019. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Asthma" Clinical Classification Software Refined (CCSR) category.[16]

[16] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Cerebral Infarction — Emergency Department Weekly Totals



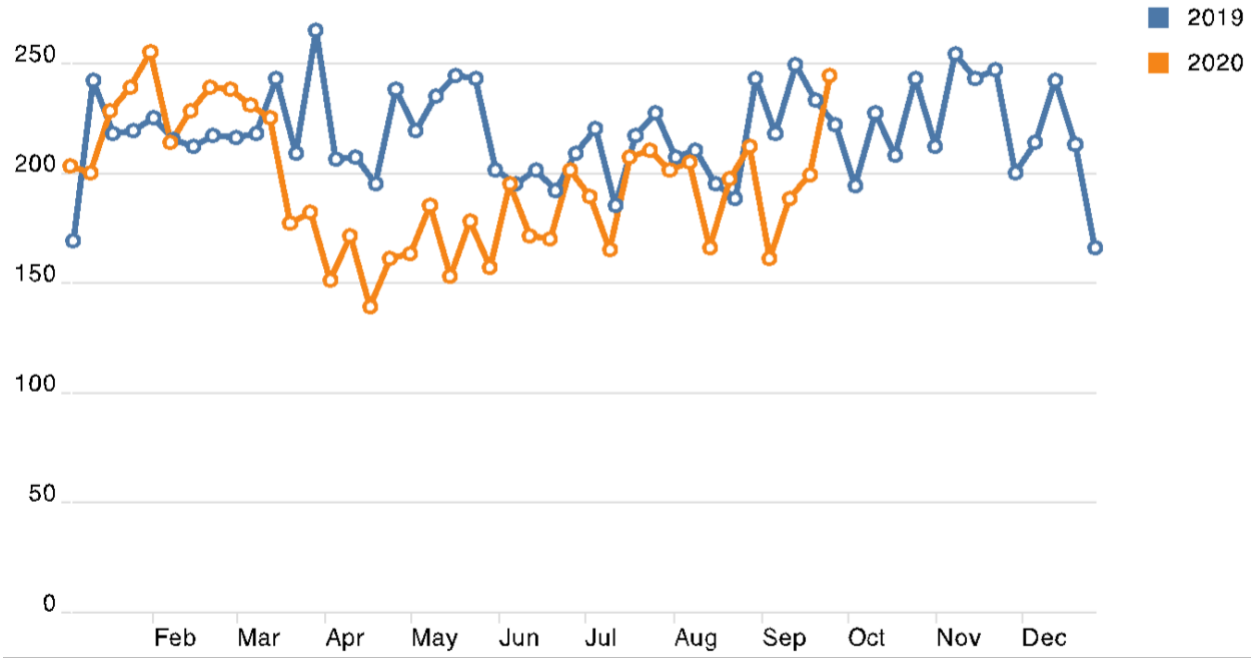
Source: Utah Healthcare Facilities Database (HFD)

Although some hospitals and healthcare systems across the nation have witnessed decreases in the number of patients appearing in emergency departments for strokes,[17] preliminary Utah data do not depict notable decreases in the number of emergency department patients with a primary diagnosis of cerebral infarction (stroke) over the period of January through September of this year.

Includes primary diagnosis codes in the "Cerebral Infarction" Clinical Classification Software Refined (CCSR) category.[18]

[17] https://jnis.bmj.com/content/12/7/639
[18] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Depressive Disorders — Emergency Department Weekly Totals



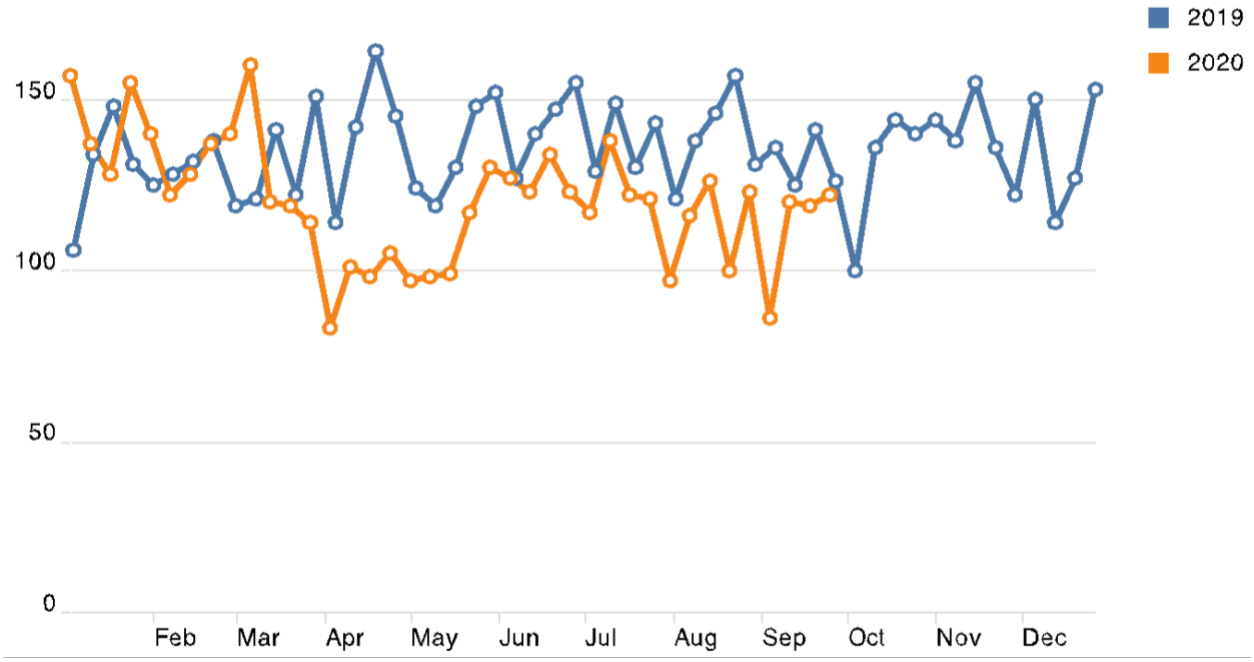
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of a depressive disorder in 2020 dropped after mid-March and remained below the number of encounters for April and May for the previous year. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Depressive Disorders" Clinical Classification Software Refined (CCSR) category.[19]

[19] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Diabetes Mellitus with Complication — Emergency Department Weekly Totals



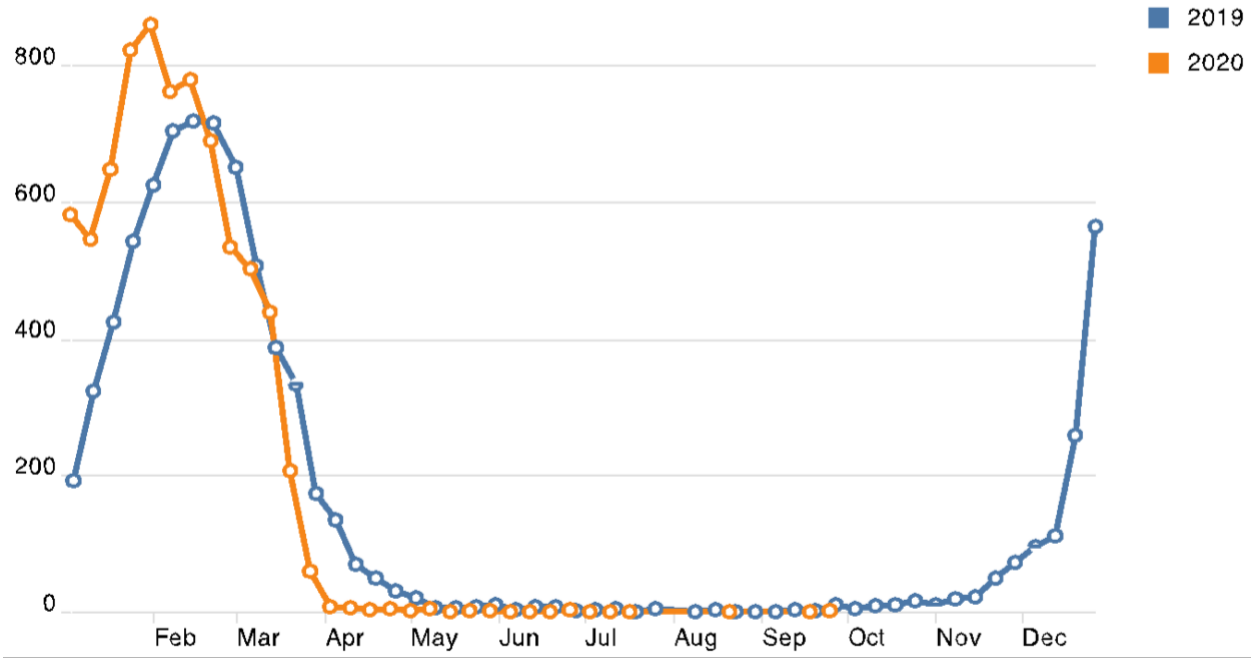
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for diabetes mellitus with complications fell mid-March in 2020 and maintained a lower-than-expected level through April. During May 2020, the number of encounters began to increase, mirroring the previous year's trend, but at a lower level. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Diabetes Mellitus with Complication" Clinical Classification Software Refined (CCSR) category.[20]

[20] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Influenza — Emergency Department Weekly Totals



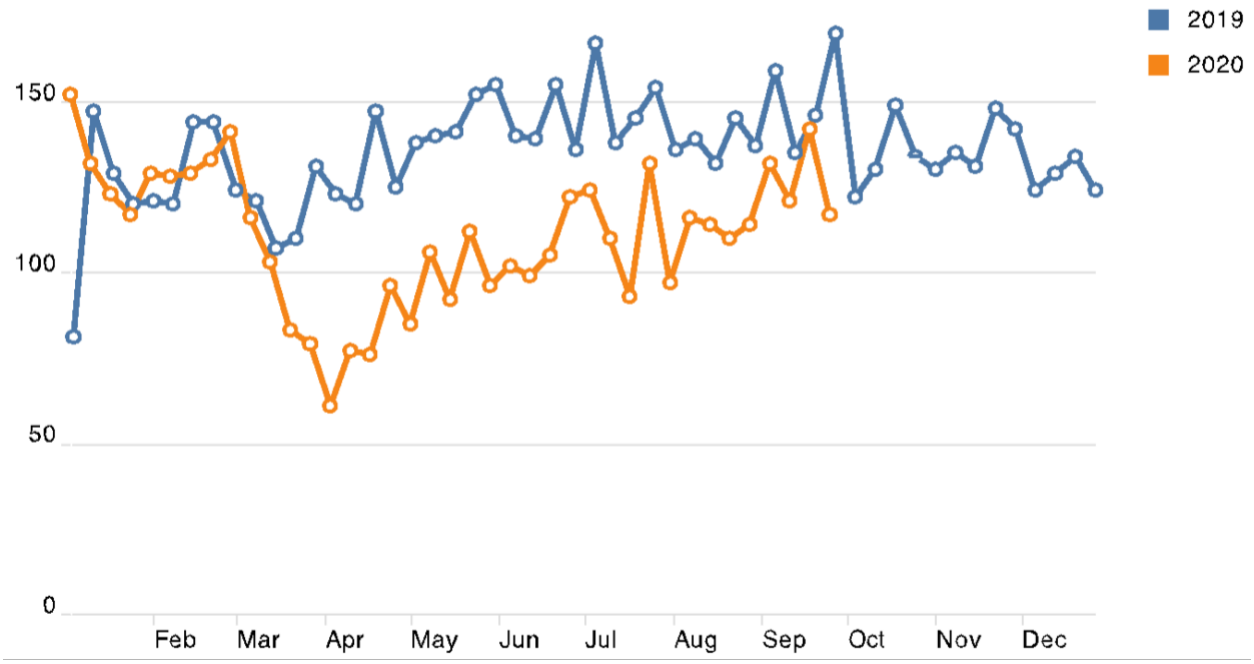
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters in 2020 with a primary diagnosis for influenza followed the prior year's trend. The duration of the traditional flu season varies,[21] but generally ends in spring.

Includes primary diagnosis codes in the "Influenza" Clinical Classification Software Refined (CCSR) category.[22]

[21] https://www.cdc.gov/flu/about/season/flu-season.htm
[22] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Low Back Pain — Emergency Department Weekly Totals



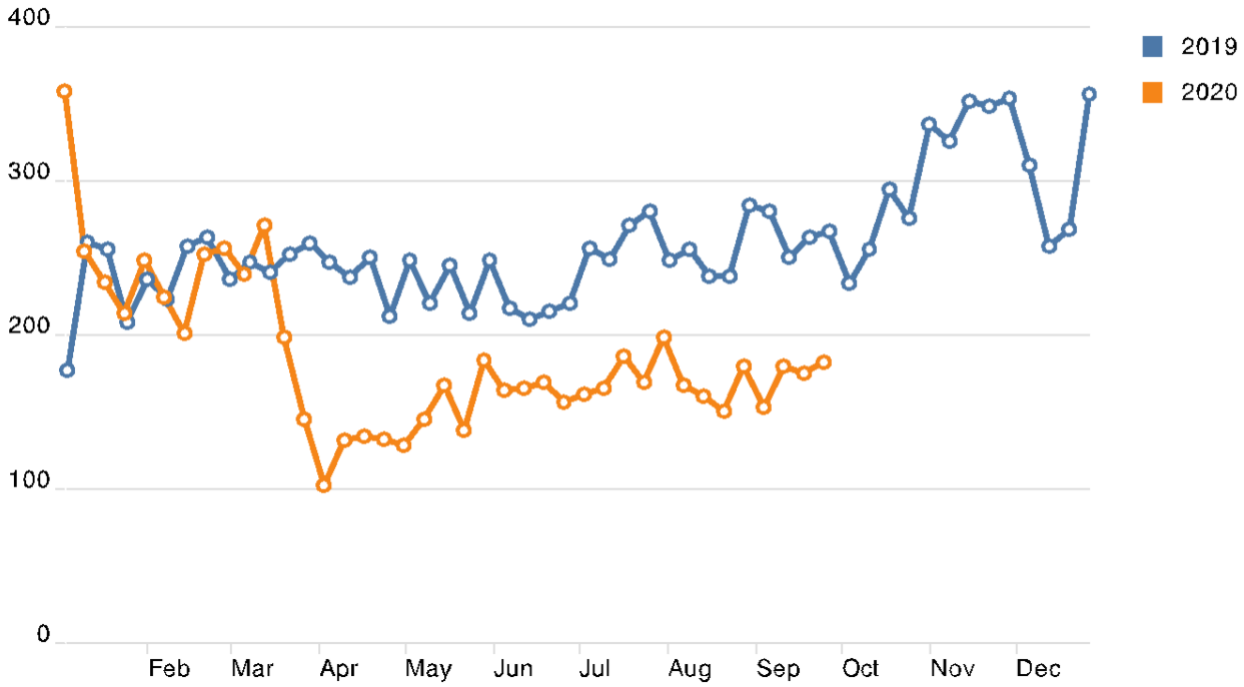
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters in 2020 with a primary diagnosis of low back pain decreased after mid-March, reaching the lowest point in April. The trend appears to increase during April and May, but at a lower level than the previous year. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Low Back Pain" Clinical Classification Software Refined (CCSR) category.[23]

[23] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Nausea and Vomiting — Emergency Department Weekly Totals



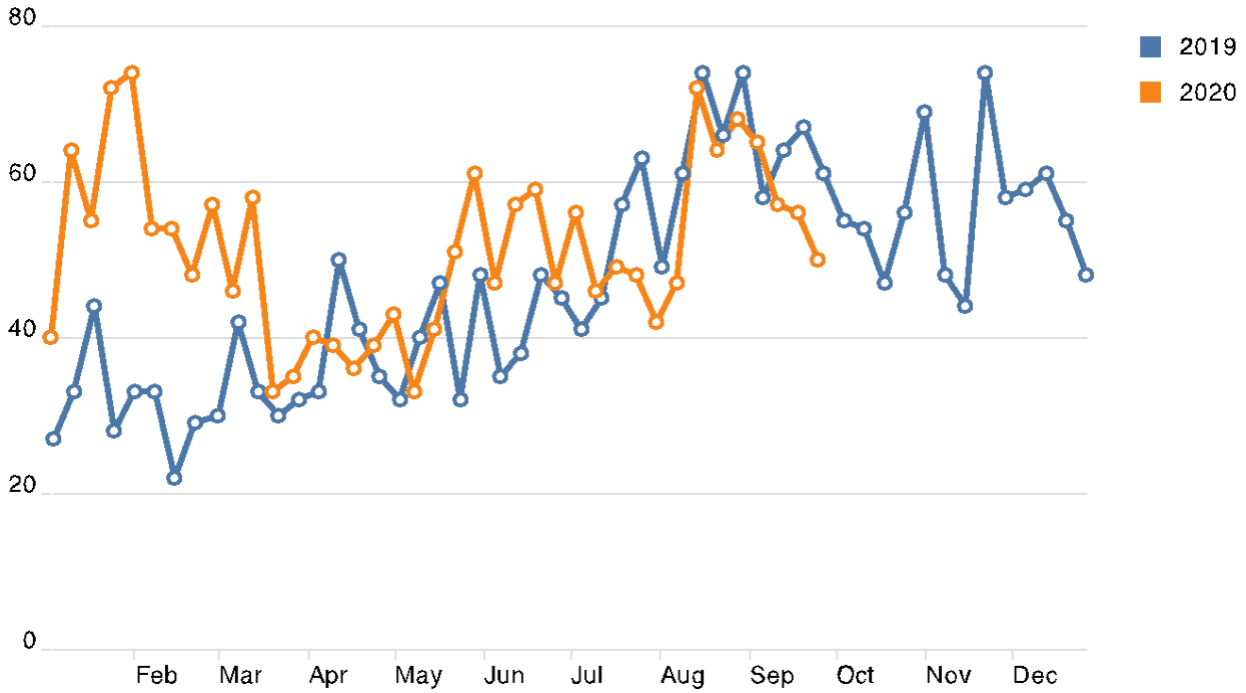
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for nausea or vomiting decreased after mid-March. This may indicate patients seeking other options for treatment, such as telehealth, or foregoing treatment in the emergency department altogether for nausea and vomiting.

Includes primary diagnosis codes in the "Nausea and Vomiting" Clinical Classification Software Refined (CCSR) category.[24]

[24] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Opioid-related Disorders — Emergency Department Weekly Totals



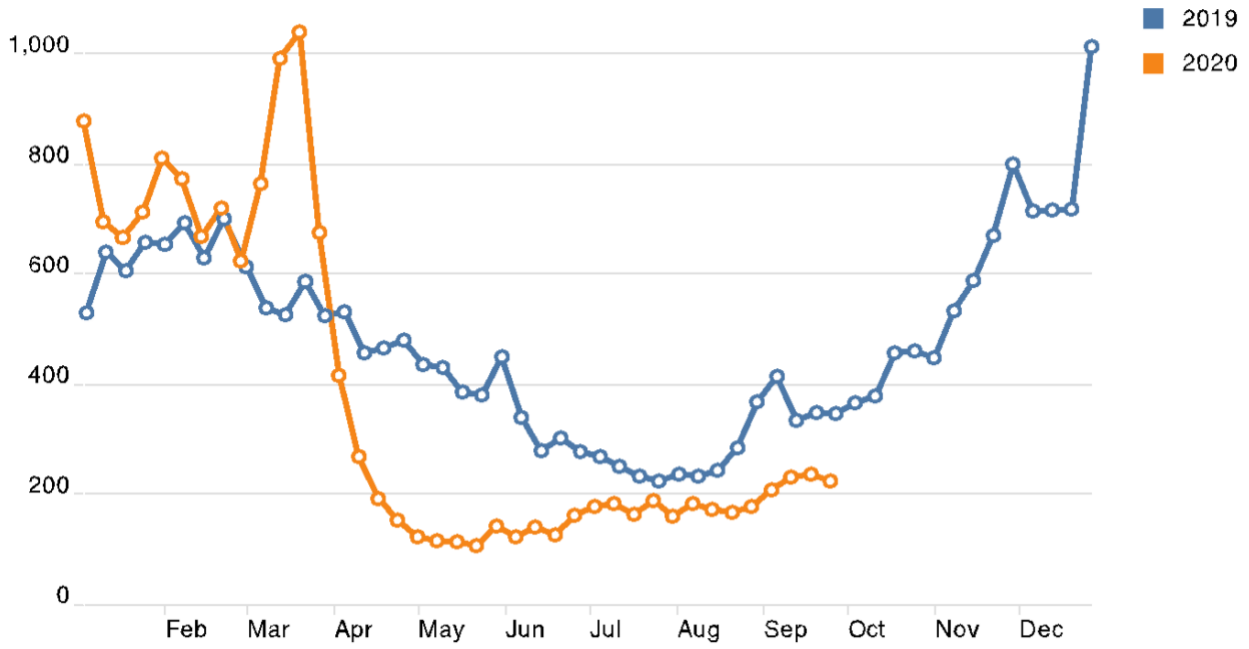
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for an opioid-related disorder was higher from January through mid-March of this year compared with the same weeks last year. After mid-March 2020, there does not appear to be any substantial increase or decrease when compared with the same weeks in 2019.

Includes primary diagnosis codes in the "Opioid-related Disorders" Clinical Classification Software Refined (CCSR) category.[25]

[25] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Other Specified Upper Respiratory Infections — Emergency Department Weekly Totals



Source: Utah Healthcare Facilities Database (HFD)

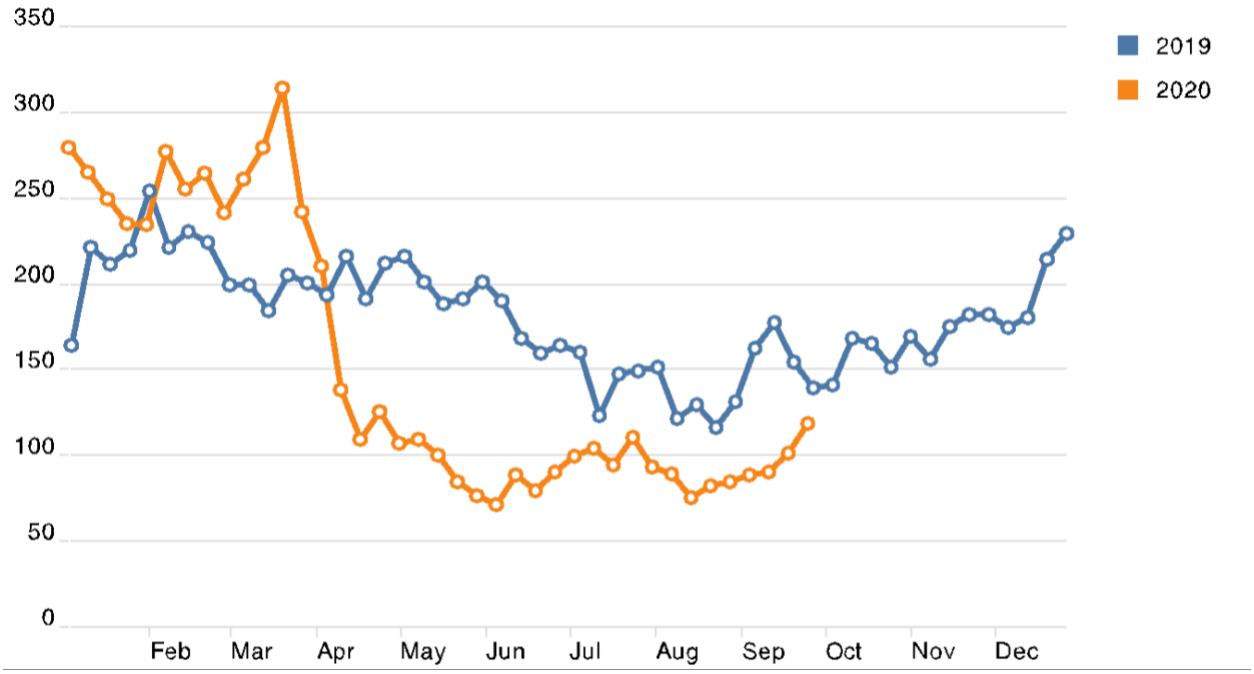
The number of emergency department encounters with a primary diagnosis for an "other specified upper respiratory infection" (defined below) increased during March 2020 compared with the same weeks last year. After the last week of March 2020, the number of claims decreased to below 2019 levels, when comparing the number of encounters for the same weeks.

Other specified upper respiratory infection includes pharyngeal diphtheria, nasopharyngeal diphtheria, laryngeal diphtheria, enteroviral vesicular pharyngitis, acute nasopharyngitis (common cold), streptococcal pharyngitis, acute pharyngitis, acute laryngitis, acute tracheitis, acute laryngotracheitis, supraglottitis, acute obstructive laryngitis (croup), acute epiglottitis, acute laryngopharyngitis, retropharyngeal and parapharyngeal abscess, other abscess of pharynx, and unspecified acute upper respiratory infection.

Includes primary diagnosis codes in the "Other Specified Upper Respiratory Infections" Clinical Classification Software Refined (CCSR) category.[26]

[26] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Pneumonia (Except that Caused by Tuberculosis) — Emergency Department Weekly Totals



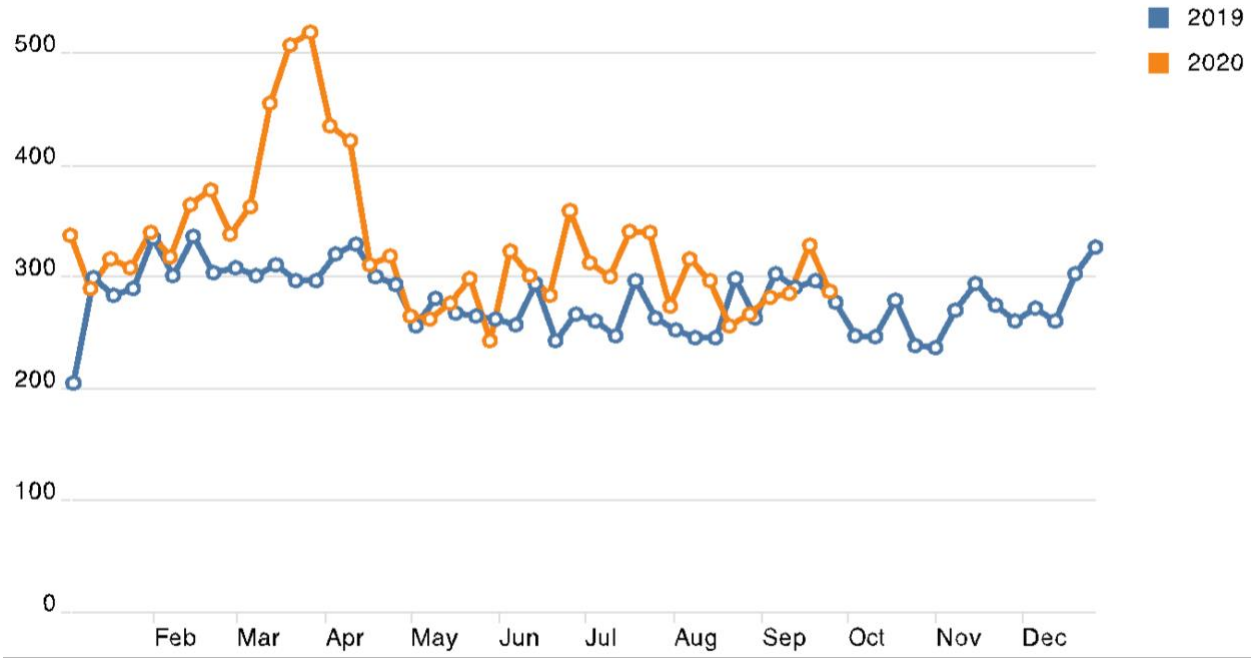
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of pneumonia (except those caused by tuberculosis) decreased mid-March and continued to fall through April and May. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Pneumonia (Except that Caused by Tuberculosis)" Clinical Classification Software Refined (CCSR) category.[27]

[27] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Respiratory Signs and Symptoms — Emergency Department Weekly Totals



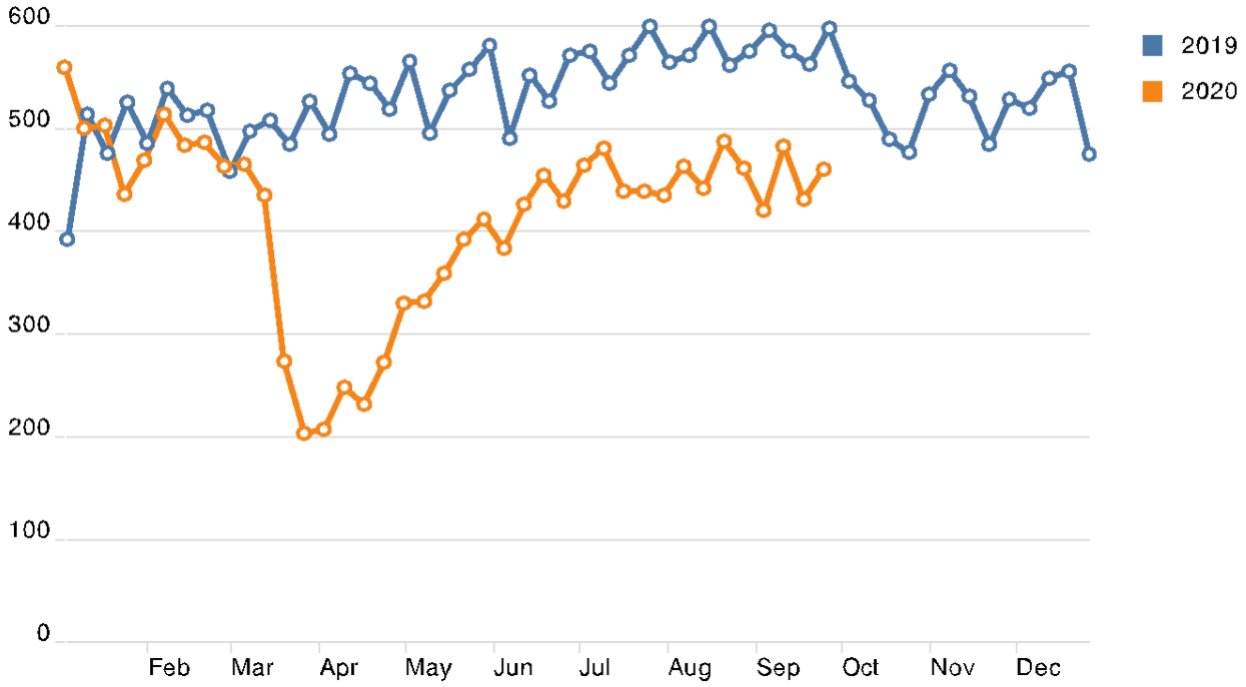
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of "respiratory signs and symptoms" increased throughout March and then decreased to levels consistent with 2019 trends. The notable increase in March may be the result of more patients presenting due to concerns of symptoms similar to that of COVID-19.

Includes primary diagnosis codes in the "Respiratory Signs and Symptoms" Clinical Classification Software Refined (CCSR) category.[28]

[28] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Sprains and Strains, Initial Encounter — Emergency Department Weekly Totals



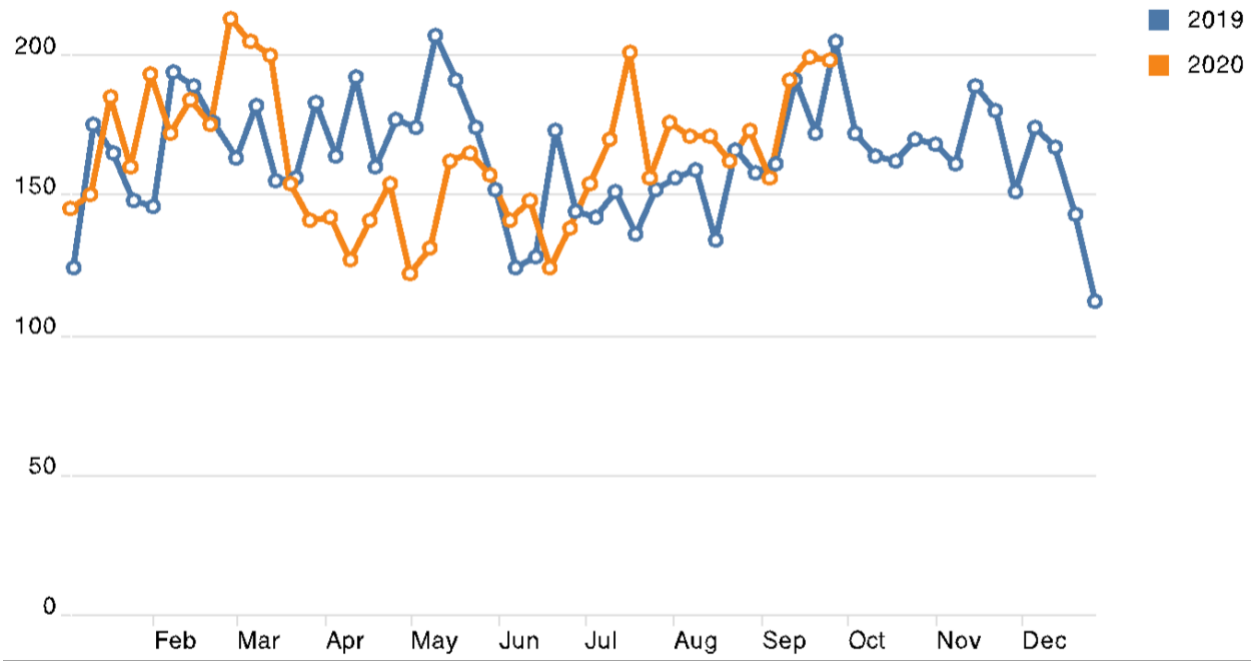
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of sprain or strain decreased during March. In April, the trend reversed course and increased throughout the period of observation, but still remained below the number of encounters for 2019. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Sprains and Strains, Initial Encounter" Clinical Classification Software Refined (CCSR) category.[29]

[29] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Suicidal Ideation/Attempt/Intentional Self-harm — Emergency Department Weekly Totals

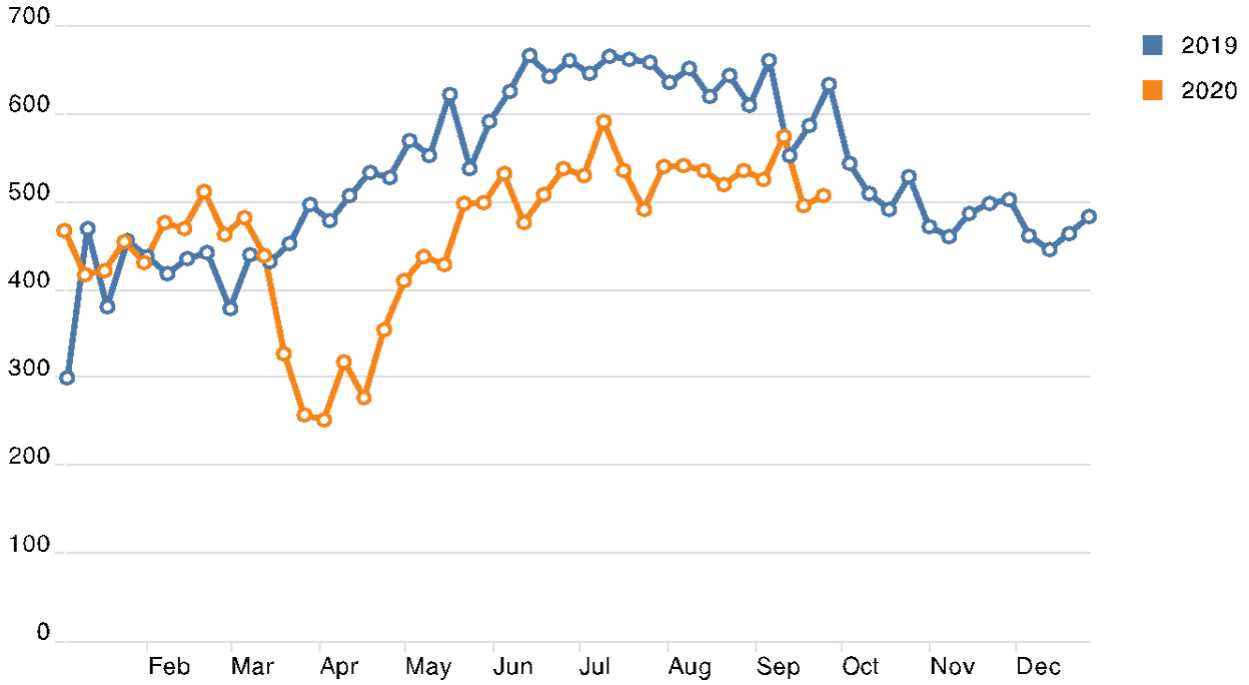


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters for intentional self-harm decreased in mid-March and remained slightly below the number of encounters when compared with the same weeks in 2019, until July, when there was a higher number of encounters compared with last year. In August 2020, the trend regresses approximately to 2019 numbers. *Includes primary diagnosis codes in the "Suicidal Ideation/Attempt/Intentional Self-harm" Clinical Classification Software Refined (CCSR) category.*[30]

[30] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Superficial Injury; Contusion, Initial Encounter — Emergency Department Weekly Totals



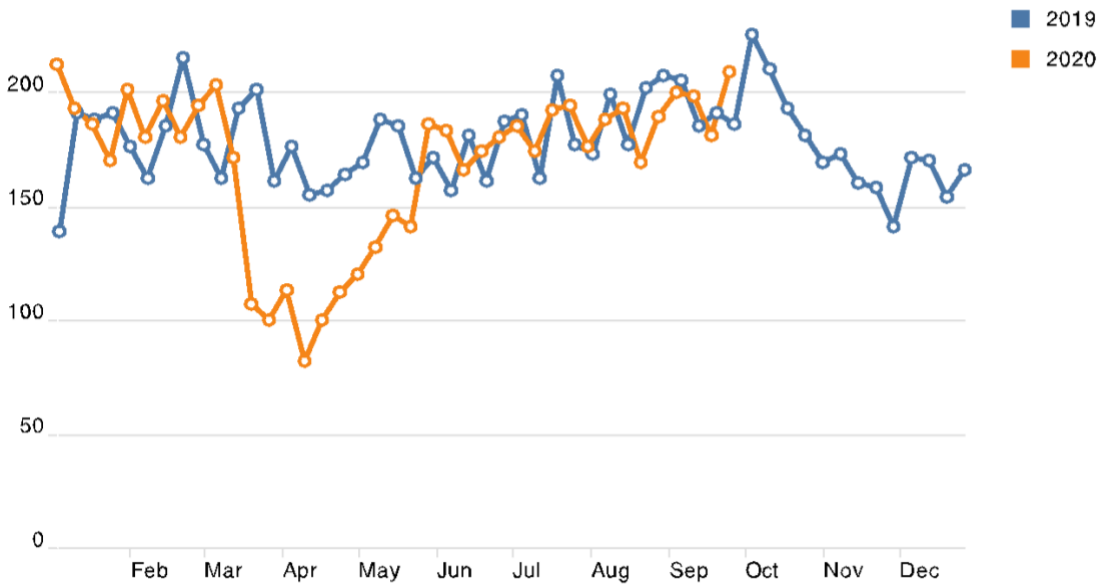
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of a superficial injury or contusion decreased in March 2020. The number of encounters increased throughout April and May 2020, nearly reaching 2019 levels by mid-September. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Superficial Injury; Contusion, Initial Encounter" Clinical Classification Software Refined (CCSR) category.[31]

[31] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Traumatic Brain Injury (TBI); Concussion, Initial Encounter — Emergency Department Weekly Totals



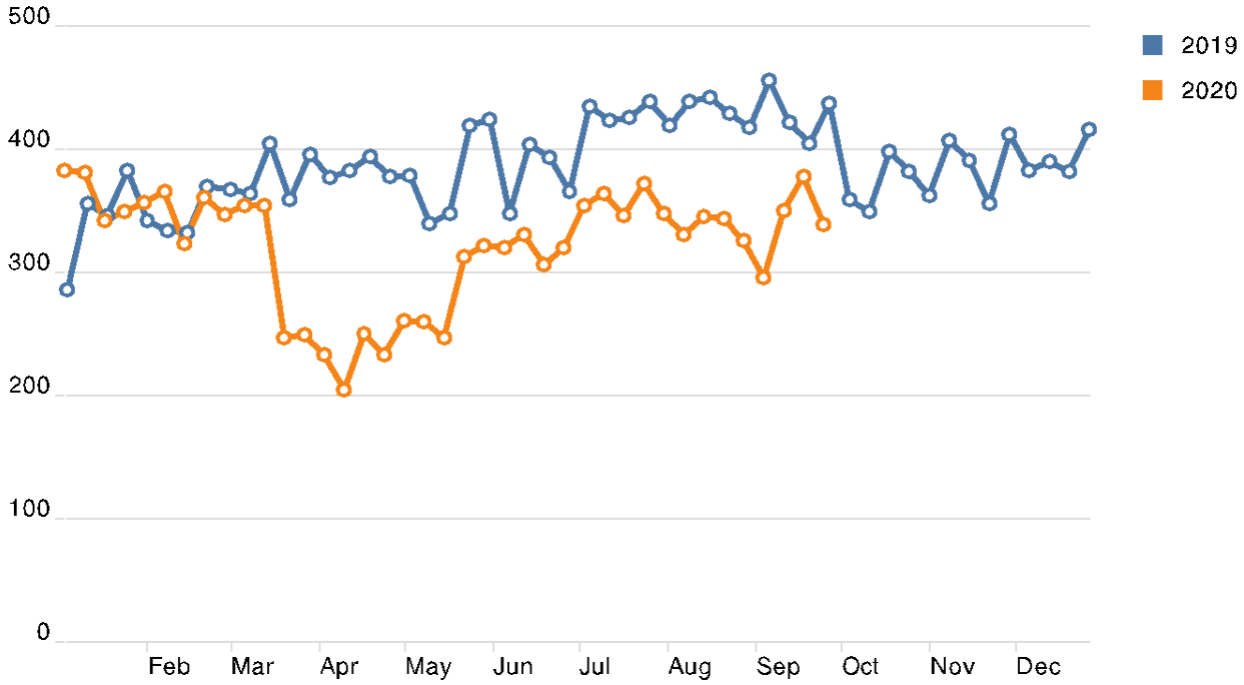
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of traumatic brain injury (TBI) or concussion fell in mid-March 2020. Numbers began to increase in April and regressed in May 2020 when compared with the prior year's numbers.

Includes primary diagnosis codes in the "Traumatic Brain Injury (TBI); Concussion, Initial Encounter" Clinical Classification Software Refined (CCSR) category.[32]

[32] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Urinary Tract Infections — Emergency Department Weekly Totals



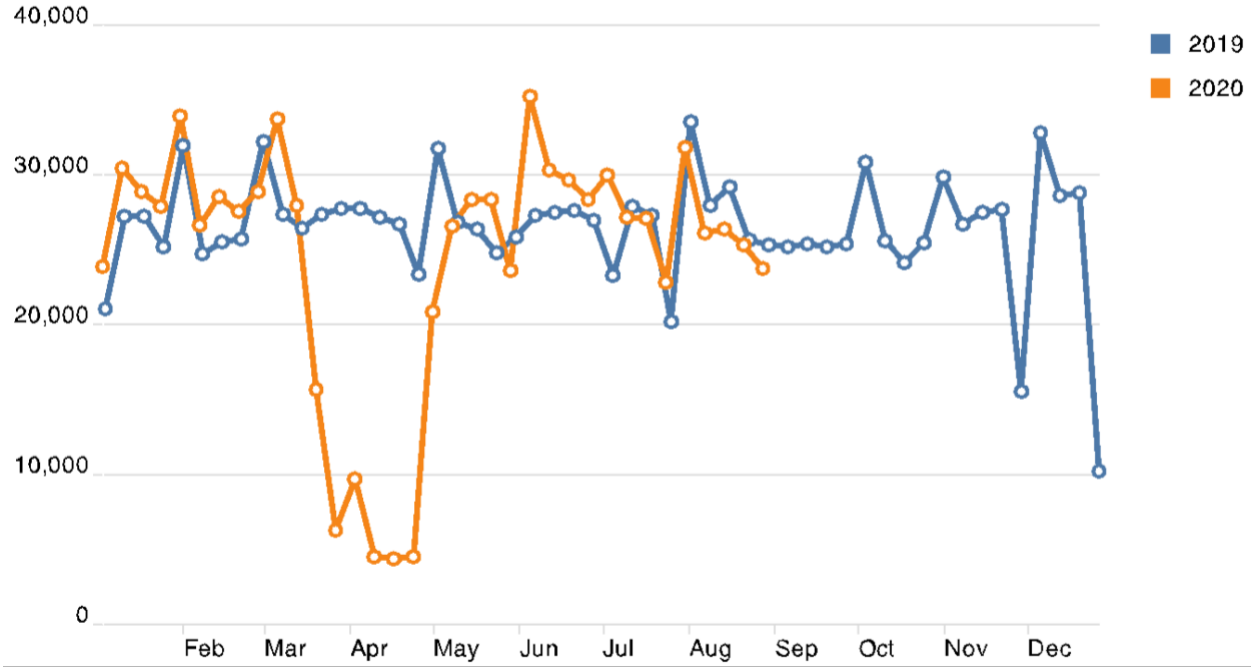
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of urinary tract infection declined mid-March and remained at lower-than-expected levels throughout the period of observation. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Urinary Tract Infections" Clinical Classification Software Refined (CCSR) category.[33]

[33] https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp

Dental Procedures - Weekly Totals



Source: Utah All Payer Claims Database (APCD)

The number of dental procedures for the first quarter of 2020 resembled the number of dental procedures for 2019. Consistent with many other trends discussed in this report, the number of dental procedures decreased substantially in March 2020. The trend turns around May, where dental procedures reach 2019 levels, and exceeded 2019 levels during June 2020.

Includes all CDT codes (D-series) reported on professional claims.