



APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business [REDACTED]	First [REDACTED]	Middle [REDACTED]
Claimant ID	[REDACTED]	Claim ID	[REDACTED]
Claim Type	Business Economic Loss		
Law Firm	[REDACTED]		

II. DECISION

Select the Compensation Amount set forth in either BP's Final Proposal or the Claimant's Final Proposal as the final outcome on the claim and check the appropriate box to signify your decision.

<input type="checkbox"/> BP's Final Proposal	Compensation Amount	\$240,757
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$325,140.78
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0

III. PRIMARY BASIS FOR PANELIST DECISION

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

- Error in documentation review.**
- Error in calculation.**
- Error in RTP multiplier.**
- Error in Prior Spill-Related Payment Amount.**
- No error.**

Comment (optional):

██████████ – Mississippi, Inc. filed this Business Economic Loss claim under the Settlement Agreement. The Settlement Program awarded ██████████ \$325,140.78, pre-RTP. BP appeals.

BP raises a single point: Medical providers like ██████████ receive insurance payments on a staggered, delayed basis and, therefore, have a revenue stream that is mismatched to its expenses.

The Claims Administrator recognizes that sufficient matching of revenue to expenses is required. Policy 495 represents the culmination of efforts amongst interested parties and articulates the Claims Administrator’s approach to the underlying problem. BP objects in this matter to the Claims Administrator’s application of Policy 495.

BP suggests that the proper methodology under Policy 495 in matters where revenue is delayed is the Professional Services Methodology as opposed to the AVM Methodology applied by the Claims Administrator.

BP concedes that the Professional Services Methodology applies specifically to businesses with certain NAICS codes. Businesses providing medical services do not have one of the designated codes to which the Professional Services Methodology applies. BP notes, however, the Claims Administrator has discretion to apply a methodology if it is more appropriate. The issue then becomes whether the Claims Administrator should exercise that discretion.

In reviewing the Claims Administrator’s determination, some deference must be given to the judgment of the accounting professional charged with making the decisions. Likewise, consistency of approach across many thousands of claims is also important. The goal is to achieve a reasonable level of matching rather than perfect matching. The AVM is designed to accomplish this.

The Claims Administrator applied the AVM methodology and reached the award made the basis of ██████████ Final Proposal.

This is a “baseball” appeal, meaning the Final Proposal closest to the correct number prevails. Given that I uphold the judgment of the Claims Administrator in applying the AVM methodology in this case, I believe ██████████ Final Proposal is closest to being correct.

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