



APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business [REDACTED]	First	Middle
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	\$0
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$180,780.33
	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):

BP appeals the BEL award to claimant, a fertility center in [REDACTED], Alabama. BP presents two issues for review: the revised accounting protocol under policy 495 was not followed because revenues were not attributed to periods when procedures were performed; and an improper industry-appropriate standard was used. The eligibility notice issued acknowledged the claim was not sufficiently matched and used the Annual Variable Margin Methodology (AVMM) to calculate the award. BP contends revenue spikes noted in the benchmark and

compensation periods are caused by delayed insurance reimbursements or by pre-payments from patients for procedures to be performed the next month. BP cites these variances as examples of misattributed revenues. As a threshold matter BP erroneously asserts the Claims Administrator should have first corrected any misattribution of revenue. Panel decisions reject this interpretation of policy 495. The program accountants first examined the records for entry or calculation errors and then determined if any of the seven criteria were triggered. The record discloses necessary adjustments were made. The Claims Administrator was satisfied the receipt of revenues was temporally connected to the performance of services and was sufficiently matched. Exact matching is not required. Any imbalance in monthly revenues and expenses is best adjusted using AVMM. See page 3, paragraph 6, policy 495. Neither the award calculation nor the causation determination was flawed by this process. Finally application of the AVMM as the industry-appropriate methodology was correct as borne out by recent panel decisions. Remand is not warranted. The award is affirmed and the appeal of BP is denied.