

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	\$86.525
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$97.464.54
	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)*:

[REDACTED]

This is another BP appeal of a BEL award in which the Claims Administrator's application of Policy 495 is challenged. A surgeon in [REDACTED] Mississippi was awarded \$97,464.54, pre-RTP. Once again, BP joins issue with the Administrator, arguing that it failed to attribute Claimant's revenue to the months in which it was also earned. The Administrator's unwillingness to apply the Professional Services Methodology is also once more assailed.

The Claimant utilizes the cash basis of accounting. Because he receives compensation from insurance after his services are provided, BP urges that there is a timing disconnect between the receipt of Claimant's revenue and when the services were provided. The record, however, shows that the accounting vendor appropriately filtered the financials through the criteria of Policy 495 which resulted in three of them being triggered. The AVM methodology was then utilized to restate the revenue and variable expenses. The record reveals nothing unusual or untoward about the vendor's matching analysis.

BP argues stridently that it was error for the vendor to apply the AVM rather than the Professional Services Methodology and that the AVM does not resolve revenue timing problems. Although acknowledging that 495 does not include NAICS codes for physicians or surgeons among those required for the PSM, BP argues that the vendor should nevertheless have applied the PSM as an alternative methodology. The problem with this argument is that Policy 495 has been adopted by the District Court without inclusion of NAICS codes for physicians or medical providers. Moreover, BP fails to demonstrate how the Claims Administrator was incorrect in choosing the AVM methodology given the non-inclusion of NAICS codes for medical providers.

There is nothing in the record suggesting that the Claims Administrator erred in the application of Policy 495. The Claimant's financials were properly restated utilizing the AVM methodology. Accordingly, BP's appeal is denied.