

## Appendix B Format for submissions

|   |  |
|---|--|
| <b>Submitter</b>  | <b>Buller Electricity Limited</b>  |
| <b>Questions</b>  | <b>Comments</b>  |
| Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?   | Yes, but the question must be asked as to why the Authority does not simply consider regulating EIEP4.   |
| Q2. If you are a retailer or distributor, does limiting the data provided in the proposed EIEP4A to only medically dependant status at the ICP level meet your operational needs? If not, what additional data would you suggest? | Partially. Having the name and contact details of the medically dependent customer would also be useful if the customer needs to be contacted in the event of emergency or prolonged unplanned outages. This information could of course be the same as the last EIEP4 update (usually received monthly), but it also could have changed. If an ICP changes to a medically dependent status then customer name/contact information should also be provided to the Distributor. |
| Q3. Should the use of the EIEP transfer hub be mandatory?   | Yes  |
| Q4. Do you agree with the objective of the proposed form? If not, why not?  | Unsure as to reasons why customer name/contact information is being excluded from the proposed EIEP4A transfer.  |
| Q5. Have we identified all the main costs and benefits? If not, what are we missing?  | The cost of the daily transfer of EIEP4A and the updating of a Distributors systems (if this is not a fully automated process) is not considered. This could be circumvented by making this a Retailer to Registry Data to Distributor data transfer e.g. the data is held on the Registry as explained in detail in the response to Q8.   |
| Q6. Do you agree the benefits of the proposed amendment outweigh its costs?   | Partially. Costs could be reduced by making this a Retailer to Registry Data to Distributor data transfer as explained in the response to Q8.  |
| Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?   | Not sure as to why privacy is a concern given that customer information is routinely shared as part of EIEP4 CUSIN data which is usually sent by Retailers to Distributors on a monthly basis.   |

Q8. Do you foresee any practical or technical challenges with implementing ICP-only data exchanges? If so, what mitigations would you propose?

The Authority has proposed a Retailer to Distributor data transfer for medically dependent customer information. A possibly better method is to make this a Retailer to Electricity Registry Data transfer where the medically dependent ICP status is held as additional Electricity Registry Data fields. Distributors would then be free to download the medically dependent status when deemed necessary or appropriate (the same method as Distributors use to access all other Registry Data to update their systems). This approach would have the following major benefits:

- Limited the amount of direct Retailer to Distributor data transfer – ideally this should be limited to monthly billing information & one-off requests only e.g. Price Category & Address change
- Avoid the addition cost for Distributors of processing EIEP4A data from all Retailers e.g. this would be reduced to a Registry to Distributor data transfer (one data file transfer)
- Avoid the possibility of Distributors receiving conflicting medical dependent information data from different Retailers
- Allow the Authority to monitor Retailer compliance with the customer care obligations through analysis of the medically dependent customer Registry Data field updating and regular Retailer Audits
- Medically dependent information would be made available to other parties e.g. MEP's

Q9. Do you agree the proposed amendment is preferable to the other options? If you disagree, please explain your preferred option in terms consistent with the Authority's statutory objective in section 15 of the Electricity Industry Act 2010.

No. It is the best interests of medically dependent customers that Distributors have their contact information (it can be argued this is the case for all customers). Regulating EIEP4 or implementing medically dependent fields as Registry Data have the potential to be more cost-effective solutions than the EIEP4A being proposed.