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**Proposed Electricity Information Exchange Protocol – EIEP4A: Medically Dependent  
Consumer Information consultation paper 10 December 2024**

1. This is Vector's ("our", "we") response to the Electricity Authority's ("Authority") proposed EIEP4A Medically Dependent Consumer Information consultation paper dated 10 December 2024 ("Consultation"). This submission is not confidential and can be published on the Authority's website.
2. Vector appreciates our engagement with the Authority last year on the Consumer Care Obligations consultation. We are pleased to see this associated consultation on the EIEP4A file, addressing some of the concerns we raised in relation to the EIEP4 file.
3. Although we support a separate exchange file for medical dependency (EIEP4A), we think there are still improvements that need to be made so that the Authority's overall objectives and intentions can be achieved with this proposed change.
4. As the Authority notes, a number of EDBs have elected under their Default Distributor Agreements ("DDAs") to notify customers directly of planned outages on their networks ("Notifying Distributors"). These distributors therefore also receive EIEP4 files from retailers, which contain the customer details needed for Notifying Distributors to send outage communications to impacted customers. Most EDBs have elected not to directly notify customers but rather to have retailers communicate planned outages on their behalf ("Non-notifying Distributors"). These distributors do not receive the EIEP4 file unless they have agreed with retailers' other purposes for which they might need customer information.
5. Notifying Distributors need timely and up to date customer details (via the EIEP4 file) to communicate planned outages to customers. It is crucial the EIEP4 files are sent regularly and at a cadence that matches the EIEP4A file. Otherwise, the customer information in the distributor's system will not be as current and up to date as it is in the retailers' systems. This is even more important for medically dependent customers, who might otherwise miss critical communications. An example of this might occur as follows:

Date	Event	Notifying Distributors Information
1 January 2025	Mr Smith resides at 10 Downing St	EIEP4 file received 1 Jan 2025 confirming Mr Smith is customer (non-MD)
2 Jan 2025	<i>Outage is planned for 20 Jan 2025. Outage communication goes to customer on EIEP4 file – to Mr Smith</i>	
3 Jan 2025	Mr Jones – medically dependent customer moves into 10 Downing St.	EIEP4A file received – ICP is flagged MD. Notifying Distributor does not know if: (a) Mr Smith is now MDC at the address or (b) Mr Smith now has an MDC living at the address e.g. parent or child or (c) a new MD customer has moved in. Unclear who the MDC is – as no new EIEP4 has been received.
19 Jan 25	Vector outage reminder (via email or text) goes out 24 hours prior to Mr Smith as customer on record (EIEP4 record).	Vector could consider sending a “Dear Household” postal letter (time permitting) to the ICP only, where MDC is registered but if scenario (c) above applies – then high chance letter may not be read.
20 Jan	<i>Planned Outage occurs</i>	<i>Reasonable risk that Mr Jones (MDC) has not read comms and is not expecting the planned outage</i>
1 February	Vector receives EIEP4 file from Mr Jones’s retailer. Vector becomes aware of change in customer at the ICP	EIEP4A & EIEP4 records now match, and customer details can be updated in Notifying Distributor’s systems. <b>This is too late for the outage on 20 January.</b>

6. The example demonstrates the importance of ensuring Notifying Distributors have up to date customer information via EIEP4 files. Otherwise, outage communications may not reach the end customer, may go to the wrong customer (raising privacy concerns) and potentially put medically dependent customers at risk (such as Mr Jones in the example above).
7. Vector receives the “voluntary” EIEP4 file daily from two retailers, weekly from two retailers, monthly from most retailers and infrequently or not at all from nine small retailers. Vector acknowledges the two retailers who provide Vector with daily incremental or replacement EIEP4 files, notifying us of changes to their customers details. This ensures the customer information in our systems is as up to date as it is in the retailers’ systems.
8. Given there are only a handful of Notifying Distributors, Vector urges the Authority to mandate the EIEP4 file, such that retailers must send Notifying Distributors the EIEP4 file at the same

daily cadence as the EIEP4A file. Ensuring daily delivery of both files will achieve the full intent and objectives of the Authority as stated in the consultation paper and will ensure that **all** customers, not just the medically dependent, are as informed as they should be about planned outages. Otherwise, customers on a Non-notifying Distributor network will be better informed (because retailers are handling their notifications with current customer information), than customers on a Notifying Distributor's network because of the ad hoc and irregular receipt of the EIEP4 files – as the example above illustrates.

9. In terms of the EIEP4 and EIEP4A files, we suggest the following changes, particularly if the cadence of EIEP4 files is not increased to Notifying Distributors mandatorily:
  - a. The medical dependency fields in the EIEP4 need to match and be consistent with the corresponding fields in the EIEP4A. Currently these are different or inconsistent and will create system integration issues for Notifying Distributors. The terminology in the EIEP4A file is preferred. We ask that the EIEP4 protocol be updated to contain the same consistent fields and terminology for medical dependency from 1 April 2025, when the EIEP4A becomes mandatory, regardless of whether the cadence changes or not.
  - b. The start and end dates for medical dependency status should be added to EIEP4A – this would enable the retailers to notify distributors of medical dependency changes in advance, rather than on the exact date the medical dependency at an ICP changes.
  - c. A field should be added to indicate whether the ICP has become MDC as a result of a switch, move or other. Knowing if a medically dependent customer is changing retailers avoids any risk of a “gap” in the medical dependency records we hold for the customer. This keeps the medically dependent customer flagged at the ICP if the customer is only switching retailers, versus moving to a new ICP. This will ensure our systems better integrate the customer information under EIEP4 so that correct notification can be sent to medically dependent customers. Our example above helps illustrate this point.

10. Our response to the specific questions in the consultation paper follows:

Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?

11. We think it will address some, but not all of the issues described at clause 2.6. Whilst privacy concerns may be addressed, the issues with delayed updates via EIEP4 files to Notifying Distributors, as we have noted above, remain. This is because EIEP4A will only contain ICP information and not customer details. Without the corresponding data in the EIEP4, which is “voluntary” and sent ad hoc by retailers to Notifying Distributors, communications to some medically dependent customers (see example at paragraph 5) may be inaccurate or even worse, not sent.

12. For Notifying Distributors the cadence of the EIEP4 file needs to match the cadence of the EIEP4A, otherwise the Authority's objectives with the EIEP4A risk failing, at least on these networks. Medically dependent customers will not receive appropriate care and consideration in these circumstances because their retailers have not been obligated to send their most current customer information to the Notifying Distributor.

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?

13. No, it does meet the operational needs of a Notifying Distributor as described above. Notifying Distributors need EIEP4 and EIEP4A concurrently or a separate file that contains or merges both sets of information (an EIEP4B file potentially).

14. In terms of additional fields, please see our response at paragraph 6 above.

Q3. Should the use of the EIEP transfer hub be mandatory?

15. Yes, we support the transfer hub being made mandatory for consistency and security reasons.

Q4. Do you agree with the proposed form, If not, why not?

16. As outlined at paragraph 9, the MDC fields in the EIEP4A need to be consistent with fields in EIEP4. In addition, we suggest the additional fields outlined at paragraph 9 of our submissions. We ask that further fields be added to EIEP4A and that appropriate corresponding changes be made to the EIEP4 protocol at the same time as the EIEP4A is introduced. Some of these additional fields may not be needed if the EIEP4 is mandated and the file frequency sending cadence is increased to daily for Notifying Distributors. We consider this won't be too onerous since there are only a small number of Notifying Distributors.

Q5. Have we identified all the main costs and benefits? If not, what are we missing?

17. Some of the benefits of EIEP4A are incorrectly stated for Notifying Distributors:

- a. Retailers and distributors will not have consistent information re medically dependent consumers. A retailer's information will be more current than the corresponding information in a Notifying Distributor's system for the reasons noted above relating to the ad hoc sending of EIEP4 files. This is an issue only for Notifying Distributors who are sent the EIEP4 file. Non-notifying Distributors are not affected.
- b. Data quality will not be enhanced without the latest corresponding customer data as discussed above.

Q6. Do you agree the benefits of the proposed amendment outweigh its costs?

18. Yes, we agree that it probably does.

Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?

19. Yes, we consider it does.

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

20. Yes, as discussed above it is problematic for Notifying Distributors unless the exchange of EIEP4 information is similarly addressed. Ad hoc receipt of EIEP4 information puts medically dependent consumers at risk.

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.

21. Yes, overall, we agree the proposed amendment is preferable to other options and addresses the needs of Non-notifying Distributors and medically dependent consumers on these networks.

22. However, there are still issues and concerns for Notifying Distributors who may be missing vital customer information needed for accurate and timely communications. Please see our suggestions above on changes we consider should be made.

Vector would welcome the opportunity to discuss this further with the Authority, along with other Notifying Distributors if preferred, at any time.

Yours Sincerely

For and on behalf of Vector Limited,



**Monica Choy**  
**Senior Regulatory and Pricing Partner**

