

ATTACHMENT 1

STAKEHOLDER FEEDBACK TEMPLATE

The template below has been developed to enable stakeholders to provide their feedback on the questions posed in this paper and any other issues that they would like to provide feedback on. The AEMC encourages stakeholders to use this template to assist it to consider the views expressed by stakeholders on each issue. Stakeholders should not feel obliged to answer each question, but rather address those issues of particular interest or concern. Further context for the questions can be found in the consultation paper. Stakeholders are also encouraged to provide evidence to support claims where possible.

SUBMITTER DETAILS

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Maintaining life support customer registration when switching
6 August 2020

CHAPTER 5 – SECTION 5.1 – ISSUE IDENTIFIED BY EWON

1. Do stakeholders agree that requirements for medical confirmation to be resubmitted deter life support customers from changing premises or retailer? If so, what are the main barriers or costs that may deter switching activity by life support customers?	<p>We have no evidence to suggest that this is an issue. ERM Power retails only to business customers and commonly the sites that require life support are those such as nursing homes and long term stay hospitals. The Rules currently do not contemplate the requirement for multiple life support equipment users at the one site, typical of these businesses. Although we have not had issues with customers unwilling to supply medical confirmation forms due to switching and cost of gaining medical confirmation, we have experienced issues with customers unwilling to provide completed forms as it is deemed the process is unsuitable for them. This is because at these businesses, the residents who require life support may change frequently, and the need for medical confirmation is seen as superfluous when it for a medical facility.</p> <p>Customers typically do not switch less than annually, and it would be reasonable to assume that customers would be in contact with a medical practitioner within that period to obtain the required confirmation.</p>
2. What is the appropriate allocation of responsibility between life support customers and businesses with respect to the resubmission of medical confirmation?	<p>It is our view that customers are best placed to manage the submission of life support medical confirmation and use that opportunity to ensure that all details are up to date and accurate. It should remain the customers responsibility to ensure that the site is registered through confirming the requirement via the form and that the information that substantiates the life support is accurate and complete.</p> <p>We have a concern that customers' privacy, including the disclosure of sensitive information would be at risk by sending Medical Confirmation forms between Retailers.</p>
3. How do retailers and DNSPs record, share, use and maintain life support information in practice?	Through B2B processes.
4. Are there any other obligations imposed on retailers, DNSPs or customers relating to life support outside of the NERR (for example under jurisdictional concession schemes)? If so, what are those obligations and how do they interact with the obligations under the NERR?	N/A ERM Power retails to business customers only
5. Do stakeholders agree with the Commission's description of scenarios where life support customers may be required to resubmit	

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medical confirmation? Should additional scenarios be contemplated?	
6. What are the costs and benefits of rule 125(14) relating to life support deregistration? Are there risks that life support customers will be deregistered inadvertently?	Under rule 125(14), a DNSP may initiate a deregistration process for life support customers that have switched retailers but have not moved premises where the retailer is the RPO. We suggest that the DNSP should keep the life support registration open and active rather than deregister.

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CHAPTER 5 – SECTION 5.2. – ISSUE MATERIALITY

1. What are the short and long term impacts (financial and other) on life support customers of higher barriers for engagement in the retail market?	We do not consider that the requirement for providing a medical confirmation would be a material barrier. We have no evidence of complaints to suggest that this is an issue.
2. What are stakeholder views with respect to the difficulty and costs of customers securing medical confirmation when they change premises or retailer?	
3. What quantitative or qualitative evidence do stakeholders have with respect to the issue raised by EWON that may clarify its materiality?	We do not consider that the requirement for providing a medical confirmation would be a material barrier. We have no evidence of complaints to suggest that this is an issue. We believe EWON should substantiate the number of complaints per year that pertains this issue.
4. Do stakeholders think there are any risks that customers may be incorrectly deregistered with switching or moving? What processes are in place to reduce any risks?	

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CHAPTER 5 – SECTION 5.3 – PROPOSED SOLUTIONS

<p>1. What are stakeholder views on sharing of medical confirmation forms between businesses as proposed by EWON? Would this solution address the issue raised by EWON?</p>	<p>If the Rules are changed to make retailers responsible for sending a customer's completed form to another retailer, the risk of missing the registration may be heightened – we strongly believe customers need to take responsibility for submitting a completed form to their new retailer. It will also add complexity to the process, when forms may be incomplete or missing and incoming retailers not having any control over the quality of information exchanged.</p> <p>Note some customers never return a completed medical form albeit numerous reminders and prompts from the retailer. It is up to the retailer as to whether a deregistration occurs, or the retailer may minimise the risk of deregistration by keeping the customer as life support albeit whilst a medical form remains pending in the longer term. This situation makes the proposed rule unworkable and heightens retailer's risk when there is no medical confirmation form to provide to the new retailer. The retailer's discretion to keep a customer register for life support albeit without receiving the medical confirmation must be maintained so that retailers can adequately manage any risks around deregistration.</p>
<p>2. What are the costs and benefits of the solution proposed by EWON?</p>	<p>We expect the costs to be high due to:</p> <ul style="list-style-type: none">• System changes to support B2B confirmation of medical forms• Additional processes to ensure form information is exchanged• Additional correspondence to cover Privacy obligations for collection of information (note retailers have an obligation to notify a customer of APP matters – currently this may be disclosed on the retailer's own form).• Dealing with exceptions - such as information/content missing etc <p>It is our view that the costs will greatly outweigh the benefits given the materiality of the issue to us is extremely low (no incidents of complaints)</p>
<p>3. What life support information should be shared between businesses as part of EWON's solution? How could this information be most efficiently shared?</p>	<p>We suggest that information exchanged should not be relied upon and customers should be obliged to submit forms confirming the most up to date and accurate information.</p>
<p>4. What are stakeholder views on the two alternative pathways proposed by EWON? Would these address the issue raised by EWON?</p>	<p>The proposal of a universal medical confirmation form which is accepted by all businesses and that can be re-utilised without it being necessary to visit a medical practitioner may be impractical and lead to greater costs as retailers must meet compliance with Privacy obligations when collecting information – this presently may be detailed on the current form and bespoke to the individual retailer. The current process also ensures that the details are up to date and accurate.</p>
<p>5. Are there additional solutions that the Commission should consider to in order to address the issue?</p>	<p>Customers may currently be utilising telehealth which is in place to minimise the risk from the COVID pandemic. We suggest that this has reduced the costs for accessing medical appointments at present. It would seem reasonable the medical</p>

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	practitioners may confirm customer requirements based on medical records and without the need for physical appointments even if telehealth is unavailable.
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CHAPTER 5 – SECTION 5.4 – IMPLEMENTATION

1. What are the system and policy changes required for each of EWON's proposed solutions to be implemented? What are the potential costs and benefits of these changes?	Depending on the system changes required – the costs could be substantial. If the solution is a manual requirement, the risks of manual error could be high.
2. What are the potential privacy issues related to EWON's proposed solution? How could those privacy issues be overcome?	Retailers must notify customers APP 5 matters and comply. Compliance may currently be managed with information on the retailer's medical form. If the EWON's rule is made – retailers will need to comply through other forms of notice, and this will come with additional costs.
3. What are stakeholder views on the compatibility of forms currently used by retailers and distributors between other retailers and distributors? Would these forms be mutually acceptable to businesses?	Privacy notices are bespoke to complying entities and this makes the sharing of information difficult. Further if there is information missing or inaccurate, the risk then sits with the new retailer, although the collection was not in this retailer's control.
4. Are there any other issues the Commission should consider in relation to sharing life support information?	There is an obligation to ensure that private information is accurate, up to date and complete (see APP). Customers are best placed to manage this risk and provide information to a new retailer that ensures the information is accurate, up to date and complete. Retailers can currently accept previously obtained medical confirmation forms but assume the risk of doing so (acquired by the customer for the previous retailer). However, the practice should not be mandated as the retailer should be permitted to have its own processes to manage compliance risk.
5. Should medical confirmation provided to the RPO "expire" after a certain period? What are the costs and benefits of this approach, particularly if new medical confirmation was not required when a customer changes premise or retailer?	There is an obligation to ensure that private information is accurate, up to date and complete (see APP). Customers are reminded that they are to provide any updated information to a retailer, should information change. The current processes prompt customers to ensure that old information is not being relied upon.