Rx: Rapid Response

A blueprint for utility, provider and advocate collaboration.

National Energy and Utility Affordability Conference
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Session 5F: “Show Me You Care: How Utilities Work With Vulnerable Customers”

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Key Players

Cancer Support Foundation

The Cancer Support Foundation, Inc. (CSF), a non-profit 501(c)(3) organization, provides quality-of-life help and services to cancer survivors and their caregivers. It was founded by two cancer survivors in 2005 and now has hundreds of volunteers.

Our mission is to ensure that everyone undergoing cancer treatment in the State of Maryland is able to maintain stability in all areas of their lives. The types of services we provide, as funds allow, include:

- Referral to existing programs
- Eviction prevention
- Car payments
- Utilities
- Transportation
- Payment (or co-payments) for medicine and medical supplies
- Food and clothes
- Emotional support
Maryland Office of People’s Counsel

The Maryland Office of People’s Counsel (OPC), created in 1924, is the oldest utility consumer advocacy office of its kind in the United States. The People’s Counsel is appointed by the Attorney General, with the advice and consent of the Senate, and acts independently of the Maryland Public Service Commission (PSC) and the Office of Attorney General.

OPC is a State of Maryland agency, yet works independently to represent Maryland’s residential consumers of electric, natural gas, telecommunications, private water and certain transportation matters before the PSC, federal regulatory agencies and the courts.
BGE

BGE, headquartered in Baltimore, is Maryland’s largest natural gas and electric utility. BGE’s more than 3,200 employees deliver power to more than 1.25 million electric customers and more than 650,000 natural gas customers in central Maryland.

BGE is a subsidiary of Exelon Corporation (NYSE: EXC), a Fortune 100 company with the largest number of utility customers in the U.S. Exelon does business in 48 states, the District of Columbia and Canada and had 2016 revenue of $31.4 billion.
WINNING AT RED TAPE!

Woman falls in hospital, told to call ambulance

LAURA STONE
AND THERESA BOYLE
STAFF REPORTERS

When Doreen Wallace fell and broke her hip in the lobby of a Niagara Falls hospital, she figured at least she’d get help — and fast.

But that’s not what happened.

Instead, the 82-year-old Wallace — who was leaving with her son after visiting her dying husband at Greater Niagara General Hospital on Oct. 8 — was told by staff no one could help her until an ambulance was called.

To a hospital everybody who walked through the door stopped and stared at me,” said Wallace, who already had a broken arm from a previous fall. She ended up spending almost 30 minutes on the ground.

HOSPITAL continued on A17

FULL INDEX PAGE A2

Store and box price Monday to Friday $1.00 including tax (prices higher outside the GTA)
Solution: “Critical Medical Needs Pilot”

The problem:

- Cut the red tape of large, busy organizations
- Get needed help to seriously ill people ...
- Do it in a hurry.

The goals:

- Protect utility service for medically needy customers;
- “Fast-track” available energy assistance benefits.
**Before the pilot ....**

**Good news:**

- Grants are available
  - State OHEP, Fuel Fund, DSS, others
- Utilities offer support
  - 30-day extensions for certified medical needs
  - Payment arrangements to pay debt in installments

**Bad news:**

- Accessing all this can be hard for people with critical medical needs.
Obstacles:
Conflicting interests:

Can't we all just get along?
Shared interests

• Need to keep customers on service

• Desire not to exacerbate medical conditions

• Need for bills to be paid, avoid long-term debt

• Desire to streamline processes, reduce red tape
Step by step (ideal)

1. Client in need
2. Make contact with medical "navigator"
3. Solicit account info. from BGE
4. Request service extension
5. Submit referral to OHEP
6. OHEP determine eligibility
7. Client receives grant
8. Utility service protected/restored
All’s well?
Not so fast....
Challenges

System Changes Create Challenges for Partners

• Change in Practices
• Human Resources Allocation
• Division of Responsibility
• Commitment to New Systems
• Regulatory and legislative interpretations
Response

Meeting the Challenges

• Ongoing Dialogue
• Honesty
• Flexibility
• Clear Focus on Client
• Responsibility of various partners
Critical Medical Needs Pilot 2.0

- Recruit more “navigators”
- Proactive outreach/education for prevention
- Expansion to other utilities
- Continued “fine-tuning”
Critical Medical Needs Pilot 3.0

Results

One-month experience (96 customers)

- 54% higher accounts receivable
- 46% lower accounts receivable

However...

- The 54% had ~$15,000 higher A/R
- The 46% had ~$33,000 lower A/R
- Total aggregate A/R decrease: $17,941.

Beginning A/R was ~$145,000

* Four customers, or about 6% of the total, had either no change or there were no discernible records for them.

Two months’ experience (78 customers):

- 35% higher accounts receivable
- 65% lower accounts receivable

had ~$3,500 higher A/R
had ~$41,000 lower A/R
total aggregate A/R decrease: $37,236.
Appendix
Obstacles:

• Many customers with critical medical needs lack:
  ų Money needed for household essentials, including utilities
  ų Time and attention to manage through crises
  ų The information to know where to go for utility bill help

• Utilities find it challenging to provide specialized care:
  ų Sometimes are not informed of customers’ special needs
  ų Deal with more than 1 million customers, in BGE’s case

• Government agencies are overwhelmed:
  ų Short-staffed, high turnover, aging equipment
  ų Many clients in great need, difficult to prioritize
Conflicting interests:

• Utilities required to treat all customers equally
  – *With some exceptions*

• Utilities’ need to have bills paid
  – *All other customers pay for “bad debt”*

• Assistance agencies need to process applications fairly and quickly
  – *Triage is necessarily limited*

• Advocates need to get immediate help for clients in crisis
  – *Work to prevent and avoid future crises*
Overcoming obstacles

• Recruiting key players
  Ÿ Utility – BGE at first, hopefully others later
  Ÿ Advocates/”navigators”
  Ÿ Assistance agencies

• Developing a process
  Ÿ Need to work within existing personnel structures
  Ÿ Balance complicated process with need for simplicity
  Ÿ Flexible enough to address emergencies, varied customer circumstances

• Getting the word out
Step by step: roles

1. “Navigators”
   - Enroll in the program, receive training
   - Identify clients/patients with utility payment need
   - Fill out referral form
     - Help clients complete OHEP application, if able
   - Send to BGE for additional account information
     - Request service extension, if needed
   - Return completed form and refer to OHEP agency for expedited application processing
   - Follow up with utility, OHEP agency as needed
Step by step: roles

2. Utility

- Complete navigator intake forms w/in two hours
  - Fill in account status, amount owed, etc.
- Grant service extension if permitted
  - Some accounts are too close to severance to withdraw
- Respond to escalated requests for extensions
  - within two days if service on;
  - within one day if service off
Step by step: roles

3. OHEP agency
   - Respond to Navigator-referred clients quickly:
     - Within two days if service on
     - Within one day if service off
   - Assess client’s eligibility for assistance
   - Complete referral form and return to Navigator:
     - With certification decision, or
     - Request for additional forms/information
Step by step: roles

4. Office of People’s Counsel
   - Intervene with the toughest cases
   - Help navigators find additional sources of bill payment
   - Work with BGE to address hard-to-resolve customer circumstances
Partner Agency Application Cover Sheet

### Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>E-Mail Address:</td>
</tr>
</tbody>
</table>

### Application Documents

#### Mandatory Materials

- Application
- SS Cards
- Utility Bill
- Application
- Source of Income Form

#### Optional Materials

- Photo ID
- Proof of Income
- Proof of Residency
- Declaration of Zero Income
- Household Worksheet
- Wage Verification Form
- Resource Provider Statement
- Proxy Authorization
- Landlord Agreement

### Case Status

- Service Disconnected
- Out of Heating Fuel
- Turn-Off Notice

### Additional Funds Available if OHEP Grant Does Not Cover Full Bill?

- Yes
- No

### Consent to Share Application Information

I confirm that the named client has provided permission for public utilities and social welfare agencies to release information in this form, including benefit amounts, to the organization stated on this Cover Sheet for the limited purpose of facilitating delivery of energy assistance benefits.

| Signature: | Date: |

### For Office Use Only

| OHEP Agency Representative: | Denied | Certified |

| Reason for Denial: | EUSP: | MEAP: | Arrearage: |
Client Utility Intake Form
Critical Needs Process - BGE

Critical Needs Customers “Fast Track” Process

1. Medical needs advocate (“Navigator”) sends partially completed Client Intake form, by secure Cisco email process, to Internet team on CRCC (email: agency@bge.com).
   - A list of authorized Navigators will be submitted to Internet team, and kept up to date.

2. Internet team completes remainder of form and returns it to Navigator, within 2 hours – barring weather or other emergency conditions.
   - With each submitted intake form, a Customer Contact will be created in CC&B.
   - Internet team will issue Med. Cert. form if requested, initiating 30-day extension if available;
   - If not available, Internet team will issue longest extension available and notify Navigator accordingly.

3. Based on completed intake form, Navigator submits form and email with full offer/request to Collections unit, via new email address: NavigatorInquiryMailbox@exeloncorp.com.
   - Navigator notes in subject line whether customer’s power is on or off.
   - A list of authorized Navigators will be submitted to Collections team, and kept up to date.

4. Collections team will issue a Medical Certification form, as appropriate, which triggers the 30-day extension if the customer is not already a confirmed Special Needs customer.
   - If customer is already off service the form will be sent but a 30-day extension will not apply.

5. Collections team will make it a top priority to respond, barring any company emergencies:
   - to on-service requests within 48 hours;
   - to off-service customer requests within 24 hours; and
   - to off-service requests on Fridays by COB if submitted by 1:00 p.m., barring weather or other emergency conditions.