



414 Nicollet Mall
Minneapolis, MN 55401

October 12, 2017

Daniel P. Wolf
Executive Secretary
Minnesota Public Utilities Commission
121 7th Place East, Suite 350
St. Paul, Minnesota 55101

—Via Electronic Filing—

RE: SUPPLEMENTAL REPLY COMMENTS
MEDICAL AFFORDABILITY PROGRAM
DOCKET NO. E002/M-17-629

Dear Mr. Wolf:

Northern States Power Company, doing business as Xcel Energy, submits to the Minnesota Public Utilities Commission this supplement to our October 5, 2017 Reply Comments filed in response to the September 25, 2017 Comments of the Minnesota Department of Commerce in the above-referenced docket.

We noted in the October 5th filing we would supplement our Reply with a modified Medical Affordability enrollment form that clarified applicants do not need to be receiving Low Income Home Energy Assistance (LIHEAP) to be eligible for the new program. Since our Reply, we have also worked with the Energy CENTS Coalition (ECC) on revising the form to allow for collecting the more detailed income information needed to qualify customers who fall in the 50%-60% state median income (SMI) range.¹ Please see Attachment A to this filing for the updated form.

We provide here brief additional comment concerning the Medical Affordability program enrollment process. For customers with the medical needs designation on their account, the Company conducts an annual medical re-certification process beginning 30 days prior to the expiration of the current form on file.² When providing

¹ Customers with income up to 50% SMI are eligible to receive LIHEAP assistance. Because customers receiving LIHEAP assistance have already been income-qualified through that application process, the Company will not need to collect income-level information from such customers in order to enroll them in the Medical Affordability program.

² *Medical Affordability Program Petition*, Attachment A: Critical Life-Sustaining Medical Equipment and Medical Emergency Form, MPUC Docket No. E002/M-17-629, (August 24, 2017).

customers with the medical-needs designation, our representatives do not refer to any income information.

Going forward, we will contact each customer whose medical certification is up for renewal who is not currently receiving LIHEAP to encourage them to enroll in the Medical Affordability bill payment assistance program. The Medical Affordability application will determine if the customer is either below 50% of the state median income (SMI) or in the 50%-60% SMI range. ECC will process Medical Affordability program applications in the same manner as the Power ON and Gas Affordability program applications, except for applying different income guidelines. Customers below 50% SMI and not already receiving LIHEAP will also be referred to that program when the federal funding is available, typically October 1st through May 31st each year, subject to the Department's communications about LIHEAP funding. ECC will income-qualify customers during the period when LIHEAP is not available. Customers with medical equipment needs and past-due balances who are new to the certification process will automatically be sent the Critical Life-Sustaining Medical Equipment and Medical Emergency Form.

Again, we appreciate the Department's review of our Petition and recommendation that the Commission approve our proposed Medical Affordability program as a modification to the Company's electric Low Income Energy Discount Program, effective January 1, 2018.

We have electronically filed this document with the Commission, which also constitutes service on the Department of Commerce and the Office of the Attorney General – Antitrust and Utilities Division. A copy of this filing has been served on all parties on the official service list in this docket.

Please contact me at (612) 330-6935 or gail.baranko@xcelenergy.com or Pat Boland at (651) 639-4407 or patrick.j.boland@xcelenergy.com if you have questions regarding this filing.

Sincerely,

/s/

GAIL A. BARANKO
MANAGER, REGULATORY PROJECT MANAGEMENT
NSPM REGULATORY

Enclosures
c: Service List

Application

Minnesota



Medical Electric Affordability Program Application
Offered by Xcel Energy and administered by the Energy CENTS Coalition



You must sign and complete this form in full to apply for this program.

Section I. Requestor information

Please check appropriate box for service provided by Xcel Energy [] Electricity [] Natural gas [] Both

Name on account _____

Contact phone _____ Cell phone _____

Email _____

Address _____ Apartment/unit number _____

City _____ State _____ ZIP _____

Do you own or rent your home? (Check one) [] Own [] Rent

Check the box that best describes your home:

[] House [] Townhouse [] Duplex [] Triplex [] Fourplex [] Apartment [] Condominium [] Mobile home

[] Other _____

Xcel Energy account number _____

Your account number can be found on the top of your bill. We cannot process your application without your account number.

If you do not know your account number, call us at 800.895.4999.

Section II. Energy assistance

Did you receive a grant from the Low Income Home Energy Assistance Program (LIHEAP) this heating season? [] Yes [] No*

If "yes," proceed to Section IV. If "no," proceed to Section III.

It is not necessary that you be receiving LIHEAP assistance to be eligible for the Medical Affordability Program.

*If you answered "no" in Section II, above, you must provide proof of your income. (A copy of your most recent tax return, copies of your check stubs for one month's earnings or proof of public assistance or Social Security payments, etc.)

Please see the back of this application for important program information.

Section III. Income information

Check all boxes that apply and write in total monthly amount received by all household members. We do not include child support, food support or earned income from K-12 students. No proof of income is needed if you received a LIHEAP grant this heating season.

How many people live in your household? _____ How many people in your household have income? _____

Table with 2 columns: Type (check all that apply) and Monthly total (for all household members). Rows include Gross wages, Social Security benefits, Supplemental Security benefits, Minn. Family Investment Program, General Assistance, Diversionary Work, Veterans' benefits, and Self employment.

Table with 2 columns: Type (check all that apply) and Monthly total (for all household members). Rows include Workers' Compensation, Unemployment compensation, Retirement income, Long/short term disability, Alimony/spousal support, and Other.

Section IV. Signature

Signature _____ Date _____

Medical Electric Affordability Program**Application**Personal Accounts Department **800.331.5262**

Minnesota

By signing this document, I am giving Energy CENTS Coalition and Xcel Energy permission to obtain information about me and I am agreeing to the following:

- I agree to allow Xcel Energy to use payment information in the evaluation of the program.
- I agree to allow the Energy CENTS Coalition to obtain account information, including LIHEAP status, from Xcel Energy necessary to process this application.
- I understand I must make my monthly bill payment in order to stay in the program, to receive credit toward past due amounts and to prevent service disconnection.
- I understand that enrollment for the program is based on a first come, first served basis.
- I agree to notify Xcel Energy and Energy CENTS Coalition if there are changes in my income, household size or if I move.
- I understand that enrollment in this program will automatically cancel my averaged monthly payment enrollment or any other previously agreed upon payment plan.
- I agree to allow the Energy CENTS Coalition to share any of the above information with other organizations that provide energy assistance, conservation and other services.
- I agree to allow heating and electricity companies to give data about my account and energy use to the Energy CENTS Coalition for the Medical Affordability program and any Energy CENTS Coalition conservation programs.

Questions?

Call the **Energy CENTS Coalition** at **888.774.9070**.

Fax your application to **651.774.0445**.

Email to **Energy CENTS Coalition** at **ecc@energycents.org**.

Mail your application to:

Energy CENTS Coalition
823 E. 7th Street
Saint Paul, MN 55106

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