



EDI Testing Policy – Supplemental

EDI Phase III testing is required of all new ESCOs and ESCOs who change their Federal Tax ID, DUNS number or make other material changes.

Whether an ESCO's change is "material" is due to the sole discretion of the Utility. We will attempt to treat this in a not unduly discriminatory manner.

EDI Phase III testing will be done in compliance with the NE State EDI Collaborative (EBT and in accordance with the various EDI Implementation Guides)

There are certain circumstances under which parties who would normally have to test EDI will now have to only do a limited EDI test (EDI connectivity into production testing). Those circumstances are:

- 1) If a new ESCO, or an existing ESCO who is switching 3rd party EDI providers ("Providers"), decides to use a Provider who has already successfully Phase III tested with Rhode Island Energy at least 2 times previously with other ESCOs.
- 2) An ESCO is doing in-house testing but they are adding:
 - a. Another fuel type (e.g. they already supply electricity but are now adding gas)
 - b. Another utility (e.g. they served Rhode Island Energy customers and want to be qualified in the Rhode Island Energy electric service).
- 3) For a simple name change for the ESCO and there is no change in Federal Tax ID or DUNS number.
- 4) For a change in a Federal Tax ID or DUNS number.
- 5) Where one ESCO (ESCO A) is purchased by another ESCO (ESCO B) and ESCO B will perform EDI in-house

Limited Test:

We define a limited test including, but not being limited to the following:

- 1) EDI connectivity testing.
- 2) EDI connectivity into production.

I agree to waive EDI Phase III Functional testing for the Rhode Island Energy service territory under the circumstances outlined above and proceed accordingly with EDI connectivity into production testing; if a new ESCO or an existing ESCO who is switching 3rd party EDI providers (“Providers”), decides to use a Provider who has already successfully completed EDI Phase III Functional test with National Grid at least 2 times previously with other approved ESCOs.

Name of Entity: _____

By: _____

Title: _____

Date: _____