Change Request Form

Maryland Health Bene	fit Exchange						
Change Request Title: Pricing Proposal - Maximus				Change Control # : 1-X			
MHBE Change Request Owner: Tony Armiger				Change Control Status:			
Date Requested: 2/9/2022				Presented at PMO Meeting In Review			
Requested Priority: Low	v Medium High Emergency	Change Order F	Required	Change Control Board Approval			
Reason for Change:							
	Missed Requirement		Ві	Business Requested Change			
	New Requirement			Other			
	Estimate Adjustment			Note: If "Other" is selected, explain			
Demissad Din	Change Assumption						
Requested By:							
Name:	Lee Ann Sapp	Title:	Manage	er, Consolidated Services Center			
Phone:		Email:	<u>le</u>	eann.sapp@maryland.gov			
Description of Change:							
The purpose of this mo	dification is to:						
MHBE has requested the BATPhone Program be extended for OE 9 (January 16, 2022 - February 28, 2022. MHBE has identified primary Brokers to participate in the OE 9 program. MHBE understands that VDI Desktop and Amazon Workstations (AWS) licenses will be required to grant Brokers the capability to work the BATPhone Program.							
	this is detailed in the Financial Fin. The Board approved NTE for	•		s change order as Attachment B ,256.00 remains unchanged.			

Depende	ncies on Oth	er Changes, Releases,	and/or System Function	ality:			
N/A							
Reason fo	or Change						
	J						
Impact A	nalvsis						
mpacere	11014313						
Estimate	d Hours to			Estimat	ed Cost to		
Conduct Analysis				Conduc	t Analysis		
Known W	orkarounds/	(Systemic or Process):					
Status	Approved	Х					
Status	Denied	Reason for Denial					
	Deferred	Reason for Defferal					
Sig	nature		I		Date		
Jig	nature				Date		
SI Change	e Request An	nalysis;					
Conducte	ed hv.						
Conducto	.a sy.						
Impact o	n Project: (bo	old all that apply)					
	Scope Critical Path Resc		Resources	5	Benefit		
	Quality		Schedule		Budget/Cost		
		on Project (Scope, Sch	edule, Quality, Critical Pa	ith):			
Schedule	(days):						
Scope:							
Quality							
Critical Pa	ath						

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Budget/Cost (\$):					
Benefit	1.				
Stakeholder Impacted (bold all that apply)	р:		In all a		
MHBE Operations			MIA		
MHBE CIO	DHR		CCIIO		
MHBE Plan Management	MXIMUS		CMS		
MHBE Finance	Call Center		IRS		
MHBE Legal & Policy	DOL		DMV		
Applications Impacted: (bold all that apply					
MHBE	Informatica		CRM		
MMIS/CARES	ISIM/ISAM	T			
Time to Complete Analysis:	Hours	Date Comp	oleted		
Maryland Health Benefit Exchange Projec	ct Management Change Re	quest Analysis:			
Conducted by:					
LeeAnn Sapp					
Impact on Project: (bold all that apply)					
Scope	Critical Path	Budget/Cost			
Quality	Schedule	Resources	Benefits		
Description of Impact on Project (Scope, S					
Stakeholder Impacted (bold all that apply)):				
MHBE Operations	DHMH		DMV		
MHBE CIO	DHR		MIA		
MHBE Plan Management	XEROX		CCIIO		
MHBE Finance	Call Center		CMS		
MHBE Legal & Policy DOL			IRS		
Time to Complete Analysis: Hours	501	Date Completed:			
Resolution & Approvals:		Date completed.			
MHBE:	SI: Maximus	<u> </u>			
Approved:		Approved: X			
Denied		Denied			
Deffered		Deffered			
		Signature: John Palumbo			
Signature Tony Armiger Anthony Arm	riger Signature	: John Palum	<i>></i> 0-		
Name/Title Tony Armiger		tala Balanda /Basis			
	Name/Title:	John Palumbo/Proje	ect Director		
Date:	Name/Title: Date: 2/14/2		ect Director		