



Le Sueur County, MN

Tuesday, December 20, 2016

Board Meeting

Item 5

4:40 p.m. Human Services (35 min)

Staff Contact:

**Human Services Board Agenda
December 20, 2016 @ 4:35 p.m.**

100- INFORMATION/PRESENTATIONS:

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200- CHARTS/GRAPHS:

- 210- Finance Graphs/Report;
- 220- Income Maintenance/Child Support Graphs;
- 230- Family Services Graphs-
 - 231- Social Services Team
 - 232- Child Services Team
 - 232.1- Out Of Home Placement Report
 - 232.2- In-Home Family Therapy Report;
 - 233- Behavioral Health Team

300- BOARD APPROVAL ITEMS:

- 310 - Advanced Billing Svc, LLC Contract
- 320 - Aging Services for Communities Contract
- 330 - Minnesota Valley Action Council Contract
- 340 - Electronic Data Management System - Child Support
- 350 - Commissioner's Warrants



14041 Burnhaven Drive Suite 151
Burnsville MN 55337
Phone 952-469-4351
Fax 952-898-4391
advancedbillingservices@frontier.com

This Service Agreement is entered into between Advanced Billing Svc LLC, (hereinafter "Billing Center") a Medical Billing company and Le Sueur County Mental Health Services, (hereinafter "Client"), a healthcare provider.

WHEREAS, Billing Center is a healthcare billing and service company which provides computerized claims, billing and collection services to healthcare providers and which files medical insurance claims on behalf of healthcare providers with government and commercial companies by electronic and paper means, and which also provides for billing services directly to patients or for patient's portion of healthcare provider fees not covered by insurance; and

WHEREAS, the Client desires to retain Billing Center to provide it with claims and billing services whereby Billing Center will file insurance claims with government and commercial companies by electronic and paper means on behalf of Client;

NOW, THEREFORE, in consideration of the promises and covenants contained herein and for other valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. Commencing on 1/1/17, Billing Center will process all the Client's medical/mental health insurance claims for payment by government and commercial companies by either electronic or paper means. The Client agrees to make available to Billing Center all information necessary to properly process the Client's claims and to submit all such billing and insurance information to Billing Center Weekly/Monthly (Daily, MWF, Weekly). In return, Billing Center will process and submit all Client's claims within seventy-two (72) hours by electronic means wherever possible, and by paper means otherwise.
2. Billing Center will provide to Client a Pick-up Service (Daily, MWF, Weekly), through which the Client will provide to Billing Center claims and billing information necessary for Billing Center to properly process the Client's claims. This information can also be sent by fax or mail.
3. All patient information and data provided by the Client to Billing Center shall be kept confidential and shall not be disclosed to anyone outside of Billing Center other than to the extent necessary for Billing Center to process and submit claims for the Client. In addition, the Client will not divulge the contents, terms or conditions of this Service Agreement to any third party without the express written consent of Billing Center.

4. The Client will pay Billing Center a one-time setup fee of N/A to cover the cost of gathering information from the Client and setting up the Client's files for entry into computer system. The information and initial setup covered by this initial fee includes, but is not limited to: Doctor Profile; Listing of Current Insurance Companies Used; Referring Physicians; Facilities at Which Doctor is Accepted or Transfers Work; Diagnostic Codes; Procedure Codes and Fees; Signed Patient Registration Forms (to be kept in Client's office); Registration with Clearing House which will distribute claims to the carriers.

5. The Client will pay to Billing Center **3% for targeted case management services** of the total (gross) amount collected from ALL insurance companies and ALL patients as a result of the billing services performed by Billing Center for Client and a monthly software fee of **\$55.00**. The Client agrees to provide copies of all remittance/EOB forms received from insurance payors (not sent electronically) to Billing Center as well as records of payments received directly from patients (Daily, MWF, Weekly). Billing Center shall post the take backs and payments received from the insurance payors to the patient's file, shall file any secondary or tertiary claims, and shall bill the patient directly when necessary in order to secure full payment for the Client. If no payment is received after 3rd statement is sent to patient the Billing Center will call patient to make payment arrangements.

6. Billing Center shall provide to Client management reports regarding the practice on a monthly basis. The types of Monthly Management Reports shall be as follows:

- Patient Billing
- Monthly Statements
- Activity Reports
- Insurance Aging Reports
- Patient Aging Reports
- Practice Analysis

7. Billing Center will close its books for billing purposes on the last day of each month and will bill the client for its services on the 5th day of each succeeding month for the previous month's processing. The Client will pay Billing Center for its services within thirty (30) days after receiving Billing Center's invoice. If the Client fails to submit payment within the time set forth in this paragraph, the Client will be responsible for paying, in addition to the principal amount billed, a 1% per month late charge for each month or any portion thereof payment of the billing is late.

8. During the term of this Service Agreement, the Client will not use the services of any other claims processing companies and will allow Billing Center to process all of the Client's medical insurance claims with the government and commercial companies.

9. **By signing this Service Agreement the client is committing to a 12 month term of billing services. If the client terminates this Service Agreement prior to the expiration date the client agrees to pay Advanced Billing Services the monthly fee of \$55.00 for the remainder of the 12 month term. After the 12 month term a sixty (60) day written termination notice is required.**

10. Billing Center will be serving as a conduit of information and claims data between Client and many insurance payers, both government and commercial. Client will be providing all such claims information and data to Billing Center, including but not limited to procedure codes, identifying the exact procedures Client has performed on patients. Client verifies that all such procedures were in fact performed on the patients as specified. Billing Center has no authority to and will not change any of these procedure codes without the express permission and direction of Client.

11. Client understands that Billing Center is relying entirely on the claims and billing information supplied to Billing Center by Client in preparing and submitting insurance claims for payment on behalf of Client. Client warrants and represents that all such claims and billing information is entirely accurate and truthful. If any investigation is initiated or if any action is brought by any individual, company or entity whatsoever regarding any of the claims filed by Billing Center on behalf of Client, then Client agrees to cooperate fully in any such investigation or action and shall provide all relevant supporting documentation to support the claim(s) filed.

12. INDEMNITY, AND INSURANCE

Indemnity. The Billing Center does hereby agree that it will defend, indemnify, and hold harmless the Department and the County against any and all liability, loss, damages, costs, and expenses which the Department or County may hereafter sustain, incur, or be required to pay:

- (1) By reason of any applicant or eligible recipient suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving the care and services to be furnished under this Agreement, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or
- (2) By reason of any applicant or eligible recipient causing injury to, or damage to, the property of another person during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the care and services called for under this Agreement; or
- (3) By reason of any negligent act or omission or intentional act of the Provider, its agents, officers, or employees which causes bodily injury, death, personal injury, property loss, or damage to another during the performance of purchased services under this Agreement.

agreement provision hereinabove set forth, it will at all times during the term of the Agreement have and keep in force:

The Provider shall require that each independent professional/contractor rendering counseling and/or health care services on a regular basis to recipients under this Agreement furnish the following proof of professional liability insurance in the following manner:

A professional liability insurance policy covering said independent professional/contractor, its agents, or employees while performing services under this Agreement in the following amounts: \$300,000 per claimant for personal injuries, bodily injuries, death, and/or damages, and \$1,000,000 for total personal injuries, bodily injuries, death, and/or damages arising from one occurrence.

Prior to the effective date of this Agreement, the Billing Center will furnish the County, through the Department, with certificates of bonding and insurance.

The County, through the Department, may withhold payment for failure of the Billing Center to furnish certificates of bonding and/or insurance as required above.

In the event that claims or lawsuits shall arise jointly against the Billing Center and the County, and the County elects to present its own defense, using its own counsel, in addition to or as opposed to legal representation available by the insurance carriers providing the coverage as stated above, then such legal expense shall be borne by the County.

Any policy obtained and maintained under this clause shall provide that it shall not be cancelled, materially changed, or not renewed without thirty (30) days' prior notice by the insured to the County, through the Department.

13. Should any of the provisions of this Service Agreement be found to be invalid by any court of competent jurisdiction, the remainder of this Service Agreement shall nonetheless remain in full force and effect.

14. This Service Agreement shall be interpreted under the laws of MN and any disputes between the parties concerning the validity, interpretation or performance of any of the terms or provisions of this Service Agreement or of any rights or obligations of the parties hereto shall be resolved in Le Sueur County, MN.

15. Any notices or communications anticipated by this Service Agreement shall be directed to the parties, as follows:

BILLING CENTER:
Advanced Billing Svc, LLC
14041 Burnhaven Dr. Suite 151
Burnsville, MN 55337

CLIENT:
Le Sueur County
88 South Park Ave
Le Center, MN 56057

16. This Service Agreement represents the entire agreement between the parties and shall not be modified unless done so in writing signed by or on behalf of both parties.

17. This Service Agreement shall be binding upon and inure to the benefit on the heirs, legatees, successors, and assigns of each of the parties.

Executed this _____ day of _____, _____.

Client / County of Le Sueur

BY: _____

Chairperson of Its County Board

ATTEST: _____

Clerk of the County Board

Billing Center

BY: Mary Feth

Billing Svc. President

Title

Approved as to legality, form, and execution.

BY: _____
County Attorney

DATE: _____

COUNTY OF LE SUEUR
STANDARD AGREEMENT

THIS AGREEMENT, by and between the County of Le Sueur, Minnesota, hereinafter referred to as "County", and Aging Services for Communities, 212 1st Street South, PO Box 7, Montgomery, Minnesota, hereinafter referred to as "Provider".

RECITALS:

- a. Provider is qualified for the purpose of providing transportation; and
- b. The County seeks to enter into an agreement for the provision of transportation through the volunteer drivers program.

NOW THEREFORE, in consideration of the mutual undertakings and agreement contained within this agreement, the County and Provider hereby agrees as follows:

1. **Compensation and Terms of Payment**

a. Compensation

Provider shall be compensated at an administrative rate of \$17.00 per trip.

Provider shall be reimbursed for "no-show" pick-ups and cancellations at the above rates and are reviewed on a case-by-case basis.

Volunteer drivers shall be reimbursed a stipend of \$6.00 for trips 10 miles and under and \$12.00 for trips 11 miles or more, plus the current IRS mileage reimbursement and approved meals and parking expenses.

b. Terms of Payment

- 1) Provider shall submit original invoices on a bi-weekly basis to the authorized agent of the County for payment of work completed. The authorized agent shall have the authority to review the invoices, and no payment shall be made without the approval of the authorized agent. The authorized agent of the County shall make payments within thirty (30) days after receipt of invoices for services performed and acceptance of such services.

2. **Condition of Payment**

All services provided by Provider pursuant to this agreement shall be performed to the satisfaction of the County, and in accordance with all applicable federal, state and local laws, ordinances, rules and regulations. Payment shall be withheld for work found by the County to be unsatisfactory, or performed in violation of federal, state and local laws, ordinances, rules or regulations.

3. Scope of Services

Provider agrees to furnish the following services during the term of the agreement:

Provider will provide transportation services for County identified clients through their network of volunteer drivers.

Responsibilities of Provider:

1. Make transportation arrangements with drivers upon request from the County.
2. Conduct criminal background checks on each driver and provide verification to the County upon request.
3. Ensure that the drivers meet minimum insurance requirements as set out below and provide verification to the County upon request.

Responsibilities of County:

1. Verify that no other means of transportation is available.
2. Contact Provider with request information.
3. Assess the client's potential for dangerous behavior prior to transport occurring. If the client is determined unsafe to transport, the County will not refer the client to the Provider.

4. Effective Date of Contract

This agreement shall be effective January 1, 2017

5. Term of Contract

This agreement shall remain in effect until December 31, 2017 or until all obligations set forth in this agreement have been satisfactorily fulfilled or unless earlier terminated as provided, whichever occurs first.

6. Authorized Agents

Le Sueur County shall appoint an authorized agent for the purpose of administration of this agreement. Provider is notified of the authorized agent of Le Sueur County as:

Deb Serich, Financial Assistance Supervisor
Le Sueur County Human Services
88 South Park Avenue
Le Center, MN 56057
507-357-8514
507-357-6122 FAX
dserich@co.le-sueur.mn.us

The County is notified the authorized agent for the Provider is as follows:

Karen Hiscox, Executive Director/CFO
Aging Services for Communities (ASC)
212 1st Street South
PO Box 7
Montgomery, MN 56069
507-364-5663, Ext. 22
507-364-5454 FAX
karen@aging-services.org

7. County and State Audit

Pursuant to Minn. Stat. Section 16C.05, Subd. 5 (2007), the books, records, documents, and accounting procedures and practices of Provider relative to this agreement shall be subject to examination by County and the State Auditor. Complete and accurate records of the work performed pursuant to this Agreement shall be kept by Provider for a minimum of six (6) years following termination of this Agreement for such auditing purposes. The retention period shall be automatically extended during the course of any administrative or judicial action involving the County regarding matters to which the records are relevant. The retention period shall be automatically extended until the authorized agent of the County notifies Provider in writing that the records need no longer be kept.

8. Indemnity

Provider agrees to defend, indemnify, and hold the County, its employees and official harmless from any claims, demands, action or causes of action, including reasonable attorney's fees and expenses resulting directly or indirectly from any negligent act or omission on the part of the provider, its volunteers, or its subcontractors, partners or independent contractors or any of their agents or employees, in the performance of or with relations to any of the work or services to be performed or furnished by the vendor, its volunteers, or the subcontractors, partners or independent contractors or any of their agents or employees under the Agreement.

Provider shall be responsible for the professional quality, technical accuracy, and the coordination of all services furnished by Provider under this Agreement. Provider shall, without additional compensation, correct or revise any errors or deficiencies in Provider's final reports and services.

9. Insurance

Provider shall not commence work under this Agreement until it has obtained, at its own cost and expense, all insurance required herein. All insurance coverage is subject to approval of the County and shall be maintained by Provider until final completion of the work.

a. Workers' Compensation

1. State: Minnesota – Statutory
2. Employer's Liability with minimum limits of:
Bodily Injury by Accident: \$100,000 each Accident
Bodily Injury by Disease: \$100,000 each Employee
Bodily Injury by Disease: \$500,000 policy limit
3. Benefits required by union labor contracts: as applicable

In the event Provider is a sole proprietor and has not elected to provide workers' compensation insurance, Provider shall be required to execute and submit an affidavit of sole proprietorship in a form satisfactory to the County before entering into the Agreement.

b. Commercial General Liability

Including Premises, Operations, Products, Completed Operations, Advertising and Personal Injury Liability, with the following minimum limits of liability:

- \$2,000,000 Aggregate
- \$2,000,000 Products & Completed Operations Aggregate
- \$1,000,000 Personal Injury & Advertising Injury
- \$1,000,000 Occurrence
- \$ 100,000 Fire Damage Limit
- \$ 5,000 Medical Expense

Policy should be written on an occurrence basis and include explosion, collapse and underground. The County shall be named as an additional insured.

c. Proof of Insurance

Insurance certificates evidencing that the above insurance is in force with companies acceptable to County and in the amounts required shall be submitted to County for examination

d. Insurance Verification:

Provider will be responsible to verify that the volunteer maintains adequate auto insurance coverage on the vehicle used in transporting clients, in accordance with the requirements of the Provider. Provider will maintain copies of each driver's auto liability insurance and provide copies to the County upon request.

10. Subcontracts

Provider shall not subcontract any portion of the work to be performed under this agreement nor assign this agreement without the prior written approval of the authorized agent of the county. Provider shall ensure and require that any

subcontractor agrees to and complies with all of the terms of this agreement. Any subcontractor of Provider used to perform any portion of this agreement shall report to and bill Provider directly. Provider shall be solely responsible for the breach, performance or nonperformance of any subcontractor.

11. Host County Contract

This agreement may be accessed as a Host County Agreement under applicable law and rules of the Minnesota Department of Human Services. All local agencies that purchase services from Provider shall abide by the terms of this Agreement. Such local agencies shall be financially under the terms of this Agreement for those clients they refer to Provider for services. County shall monitor the terms of this Agreement and shall make available, upon request of other local agencies, copies of this Agreement.

12. Force Majeure

County and Provider agree that Provider shall not be liable for any delay or inability to perform this agreement, directly or indirectly caused by, or resulting from, strikes, labor troubles, accidents, fire, flood, breakdowns, war, riot civil commotion, lack of material, delays of transportation, acts of God or other cause beyond reasonable control of Provider and the County.

13. Data Practices

Provider, its agents, employees, volunteers, and any subcontractors of Provider, in providing all services hereunder, agree to abide by the provisions of the Minnesota Data Practices Act., Minn. Stat. Ch. 13, as amended, and Minn. Rules promulgated pursuant to Ch. 13. Provider understands that it must comply with these provisions as if it were a government entity. Provider agrees to indemnify and hold the County, its officers, department heads and employees harmless from any claims resulting from the Provider's unlawful disclosure or use of data protected under state and federal laws.

14. Health Insurance Portability And Accountability Act Of 1996

Both parties are covered entities under the Health Insurance Portability and Accountability Act (HIPAA). Provider agrees to treat all Personal Health Information in a confidential and private manner and to comply with all applicable requirements of this Act. Failure to comply with HIPAA standards may result in the termination of this Agreement.

15. Termination

This agreement may be terminated by either party, with or without cause upon 30 days written notice to Provider or the Authorized Agent of the County.

16. Independent Contractor

It is agreed that nothing contained in this agreement is intended nor should be construed as creating the relationship of a partnership, joint venture, or association with the County and Provider. Provider is an independent

contractor, and it, its employees, agents, subcontractors, and representatives shall not be considered employees, agents or representatives of the County. Except as otherwise provided herein, Provider shall maintain, in all respects, its present control over the means and personnel by which this agreement is performed. From any amounts due Provider, there shall be no deduction for federal income tax, FICA payments, state income tax, or for any other purposes which are associated with an employer/employee relationship unless otherwise required by law. Payment of federal income tax, FICA payments, state income tax, unemployment compensation taxes, and other payroll deductions and taxes are the sole responsibility of Provider.

17. Notices

Any notices to be given under this agreement shall be given by enclosing the same in a sealed envelope, postage prepaid, and depositing the same with the United States Postal Service, addressed to Provider at its address stated herein, and to the authorized agent of the County at the address state herein.

18. Controlling Law

The laws of the State of Minnesota shall govern all questions and interpretations concerning the validity and construction of this agreement, the legal relations between the parties and performance under the agreement. The appropriate venue and jurisdiction for any litigation hereunder will be those courts located within the County of Le Sueur, State of Minnesota. Litigation, however, in the federal courts involving the parties will be in the appropriate federal court within the State of Minnesota. If any provision of this contract is held invalid, illegal or unenforceable, the remaining provision will not be affected.

19. Successors and Assigns

The County and Provider, respectively, bind themselves, their partners, successors, assigns and legal representatives to the other party to this agreement and to the partners, partners, successors, assigns and legal representatives of such other party with respect to all covenants of this agreement. Neither the County nor Provider shall assign, sublet, or transfer any interest in this agreement without the prior written consent of the other.

20. Equal Employment and Americans with Disabilities

In connection with the work under this agreement, Provider agrees to comply with the applicable provision of state and federal equal employment opportunity and nondiscrimination statues and regulations. In addition, upon entering into this agreement, Provider certifies that it has been made fully aware of Le Sueur County's Equal Opportunity and Americans With Disability Act Policy, attached hereto and incorporated hereto and incorporated herein as Exhibit A through both oral and written communications, that it supports this policy and that it will conduct its own employment practices in accordance therewith. Failure on the part of the

Provider to conduct its own employment practices in accordance with County Policy may result in the withholding of all or part of regular payments by the County due under this agreement unless or until Provider complies with the County policy, and/or suspension or termination of this agreement.

21. Changes

The parties agree that no change or modification to this agreement, or any attachments hereto, shall have any force or effect unless the change is reduced to writing, dated, and made part of this agreement. The execution of the change shall be authorized and signed in the same manner as for this agreement.

22. Severability

In the event any provision of this agreement shall be held invalid and unenforceable, the remaining provision shall be valid and binding upon the parties unless such invalidity or non-enforceability would cause the agreement to fail its purpose. One or more waivers by either part of any provision, term, condition or covenant shall not be construed by the other parts as a waiver of a subsequent breach of the same by the other party.

23. Entire Agreement

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the County and Provider relating to the subject matter hereof.

IN WITNESS WHEREOF, the parties have caused this agreement to be duly executed intending to be bound thereby.

LE SUEUR COUNTY

AGING SERVICES FOR COMMUNITIES

By _____
John King, Chair

By Karen S. Hiscox
Karen Hiscox, Executive Director/CFO

Date _____

Date 12-5-2016

Attest _____
Darrell Pettis
County Administrator

Approved as to form: _____
Brent Christian
County Attorney

Date _____

Date _____

To: Kandi Larson, Le Sueur County Human Services
From: Wayne Altenbernd
Date: December 7, 2016
Subject: ApplicationXtender Document Management System for Le Sueur County Human Services

Le Sueur County Human Services has indicated a desire to implement an Electronic Document Management System to be used by the Child Support unit. Information Systems Corporation is proposing the following to software and hardware products to meet this objective.

- **Document Management and Workflow Software**

EMC ApplicationXtender is core product of the proposed electronic document management system. ApplicationXtender provides immediate access to virtually any type of data file, by integrating data generation, management and access into a single comprehensive solution. ApplicationXtender enables access through a universal interface for virtually any type of document by intelligently indexing, organizing and storing business information to improve employee productivity and provide a quick return on investment (ROI).

EMC ApplicationXtender Workflow Manager offers advanced capabilities for creating departmental and horizontal solutions to common business challenges. With ApplicationXtender Workflow Manager, you can improve business performance and reduce costs within and across functional business units. You can also maximize investments in your organization's current and future IT infrastructure.

- **Enhanced Document Capture using Captiva Capture and EMC ApplicationXtender Capture Package**

Enhanced document scanning incorporates Captiva Capture and ApplicationXtender Document Capture Package to improve the process of document scanning and indexing. Enhanced document scanning includes the following features and benefits.

Feature	Benefit
Integrated with Minnesota DHS Shared Master Index (SMI)	Improves document index accuracy by getting the most current client information from MAXIS, MMIS, PRISM, and SSIS systems
Automatic Document Separation	Splits documents automatically when a barcode is found on the document page
Automatic Document Identification	Documents can fully indexed by recognizing and reading barcodes contained on selected document pages
Scan Document Once and Index to Different Cases	Allows documents to be scanned once and indexed to multiple client cases including between different systems (i.e. MAXIS to PRISM or PRISM to MAXIS)
Distributed Document Scanning and Indexing	Different workers can be involved in the document scanning and indexing process to distribute the workload among multiple staff to improve document processing productivity

- **Document Scanners**

Canon DR-M160II Color Duplex Document Scanner

Specifications:

- Recommended Scanning Volume – 7,000 Scans per Day
- Grey Scale: 8-Bit maximum, 256 levels
- Color: 24-Bit maximum
- Built-in 50-sheet capacity automatic document feeder
- **Scan speed – 60 letter size pages per minute @ 200dpi**
- Maximum document size of 8.5" x 14"
- Minimum document size of 2.0" x 2.1"
- Scan resolutions of 100 to 600 dpi



Cost to Implement the Proposed System for Le Sueur County Human Services

For Child Support Unit with Enhanced Document Capture

Product or Service Description	Quantity	Cost	Total cost
Document Management and Workflow Software			
ApplicationXtender Workflow Manager Server Client License	5	\$5,500.00	
Captiva Capture Attended Client License	1	\$3,500.00	
ApplicationXtender Capture Package	1	<u>\$700.00</u>	
Total for Software Licenses			\$9,700.00
Professional Services			
Workflow Business process analysis and development.	1	\$4,000.00	
Captiva Capture Software Installation and Training	1	<u>\$1,500.00</u>	
Total for Professional Services			\$5,500.00
Annual Maintenance Agreements			
ApplicationXtender Workflow Manager Server Client License	5	\$1,320.00	
Captiva Capture Attended Client License	1	\$840.00	
ApplicationXtender Capture Package	1	<u>\$168.00</u>	
Total for Annual Maintenance Agreements			\$2,328.00
Document Scanners			
Canon DR-M160II Duplex Color Document Scanner	1	<u>\$949.00</u>	
Total for Document Scanners			<u>\$949.00</u>
Total*			\$18,479.00

**Note: Additional costs may be incurred when implementing or expanding ApplicationXtender Workflow Manager. Additional costs may include, but not limited to, purchasing additional ApplicationXtender licenses and Professional Services for business process analysis and workflow development.*