

Contract Review Permanent Legislative Oversight Committee  
Alabama State House --- Montgomery, Alabama 36130



**CONTRACT REVIEW REPORT**

(Separate review report required for each contract)

Name of State Agency: Alabama Medicaid Agency

Name of Contractor: Gulf Coast Total Care

2451 Fillingim Street, Mastin 617 \_\_\_\_\_ Mobile \_\_\_\_\_ AL  
Contractor's Physical Street Address (No P.O. Box Accepted) \_\_\_\_\_ City \_\_\_\_\_ ST

Is Contractor a Sole Source? YES \_\_\_\_\_ NO X (IF YES, ATTACH LETTER)  
Is Contractor organized as an Alabama Entity in Alabama? YES X NO \_\_\_\_\_  
Is Contractor a minority and/or woman-owned business? YES \_\_\_\_\_ NO X  
If so, is Contractor certified as such by the State of Alabama? YES \_\_\_\_\_ NO X  
Check all that apply: ALDOT \_\_\_\_\_ ADECA \_\_\_\_\_ OTHER (Name) N/A  
Is Contractor Registered with Alabama Secretary of State to do business as a Corporation in Alabama? YES X NO \_\_\_\_\_  
IF LLC, GIVE NAMES OF MEMBERS: N/A  
Is Act 2001-955 Disclosure Form Included with this Contract? YES X NO \_\_\_\_\_  
Does Contractor have current member of Legislature or family member of Legislator employed? YES \_\_\_\_\_ NO X  
Was a lobbyist/consultant used to secure this Contract OR affiliated with this Contractor? YES \_\_\_\_\_ NO X  
IF YES, GIVE NAME: N/A

Contract Number: C1900000069 (See Fiscal Policies & Procedures Manual, Page 5-8)

Contract/Amendment Total: \$14,398,525 (PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY)

% State Funds: 28 % Federal Funds: 72 % Other Funds: \_\_\_\_\_ \*\*

\*\*Please Specify Source of Other Funds (Fees, Grants, etc.) \_\_\_\_\_

Date Contract Effective: 10/01/2019 Date Contract Ends: 09/30/2021

Type Contract: NEW: X RENEWAL: \_\_\_\_\_ AMENDMENT: \_\_\_\_\_  
If Renewal, was it originally Bid? YES \_\_\_\_\_ NO \_\_\_\_\_

If AMENDMENT, Complete A through C:  
[A] ORIGINAL contract amount \$ \_\_\_\_\_  
[B] Amended total prior to this amendment \$ \_\_\_\_\_  
[C] Amended total after this amendment \$ \_\_\_\_\_

Was Contract Secured through Bid Process? YES \_\_\_\_\_ NO X Was lowest Bid accepted? YES \_\_\_\_\_ NO \_\_\_\_\_  
Was Contract Secured through RFP Process? YES X NO \_\_\_\_\_ Date RFP was awarded: 04/17/2019  
Posted to Statewide RFP Database at <http://rfp.alabama.gov> Login: \_\_\_\_\_? YES X NO \_\_\_\_\_  
If NO, give a brief explanation as to why not: \_\_\_\_\_

Summary of Contract Services to be Provided: The contract provides care coordination services for the general, maternity, and family planning populations that will be in the Alabama Coordinated Health Networks. Through this coordinated approach to provide care coordination services the Agency expects improved health outcomes for all of its Recipients.

Why Contract Necessary AND why this service cannot be performed by merit employee: It is more cost effective to contract services out to an entity with the capability of hiring licensed care coordinators located across the state, who are easily accessible within the community, to assist EIs and providers with the coordination of care and services.

I certify that the above information is correct.

\_\_\_\_\_  
Signature of Agency Head

Stephanie McGee Azar  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Contractor

Danny Rickert  
Printed Name of Contractor

Agency Contact: Stephanie Lindsay Phone: 334 242 5833  
Revised 8/2/2017

GOVERNOR'S ADDITIONAL CONTRACT QUESTIONS

FOR PERSONAL AND PROFESSIONAL SERVICES CONTRACTS

PART I. Mark the statutory basis for the claimed exemption from the requirement of "competitive bidding, on sealed bids, to the lowest responsible bidder," Ala. Code § 41-16-20, and any applicable requirements relating to procurement of professional services. See Ala. Code §§ 41-16-72 to -79. Then check all boxes that apply beneath the claimed exemption(s).

- § 41-16-20
- § 41-16-21(a)
- § 41-16-21(b)
- § 41-16-21.1
- § 41-16-21.2
- § 41-16-72(1) (attorneys)
  - Litigation (Hourly)
    - DAG appointment letter attached
    - Governor's rate approval letter attached
  - Litigation (Contingency Fee)
    - DAG appointment letter attached
    - Written determination attached as required by § 41-16-72(1)f.2.
    - Fee within limits prescribed by § 41-16-72(1)f.3. or AG's written authorization for exceeding limits is attached
    - AG's standard contract addendum attached per § 41-16-72(1)f.7.
  - Non-litigation - Justification letter attached for not using in-house counsel or AG
- § 41-16-72(1)(d) (experts)
- § 41-16-72(2) (physicians) – Provider selected from AMLC list
- § 41-16-72(3) (architects, engineers, etc.)
  - RFP or other notice of need for professional services was widely disseminated to the professional community in a full and open manner
  - The contract fees are within the approved fee schedule
- § 41-16-72(4) (other professional: Consultancy Services & Medical/Human Services)
  - Proposals were solicited from providers on list obtained from Purchasing Division
  - Fees of selected provider do not exceed lowest qualified proposal by 10% or more
  - If fees exceed lowest qualified proposal by 10%, justification letter is attached
- § 41-16-72(7) (exempted agencies)
- § 41-16-74 (GSA provider)
- § 41-16-75 (sole source provider)
  - No other goods or services can meet the needs of the agency, and no other vendor offers substantially equivalent goods or services that can accomplish the purposes of this contract
  - Detailed justification/explanation letter attached
  - Written approval from Purchasing Director or Finance Director attached
- § 41-16-78 (other exemptions/exceptions)

Questions about this form and any suggestions for revisions may be sent to the Governor's Legal Office

(334) 242-7120 or [teresa.lee@governor.alabama.gov](mailto:teresa.lee@governor.alabama.gov)

**PART II.** Complete this section ONLY if contract was awarded by RFP or RFQ. Check all that apply.

- Solicitation was posted to online database as required by § 41-4-66.
- The solicitation was distributed to how many providers? 428
- The agency received responses/proposals from how many providers? 11
- Explanation of how proposals were evaluated:  
The proposals were evaluated by internal staff from the Alabama Medicaid Agency, who had no prior involvement with the development or implementation of the Alabama Coordination Health Network Program. The evaluation committee reviewed and scored the proposals based on the 2019-ACHN-01 RFP requirements.

**PART III.** Complete this section ONLY if contract is for IT (Information Technology) related services.

- Contract is for professional services such as IT consulting or custom software/system design and development, not for off-the-shelf software or off-the-shelf cloud-based product.
- Written approval of OIT attached per § 41-4-285

If exemption from OIT approval is claimed, please explain basis:

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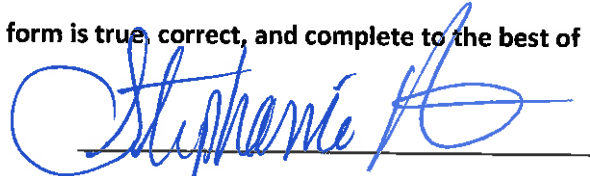
**PART IV.** Complete this section ONLY if contract is for **personal services** (employer-employee relationship).

- Approved by State Personnel Department or its Board in accordance with Section 5-5 of the State of Alabama Fiscal Policy and Procedures Manual

**PART V. COMPLETE THIS SECTION FOR ALL CONTRACTS.**

- Contract is limited to personal/professional services; any goods provided in conjunction with contract have been purchased by competitive bid in accordance with § 41-16-20.
- Contract does not contain a waiver of sovereign immunity.
- Contract does not require the state to indemnify.
- Contract contains all required clauses:
  - Early termination clause on page: RFP Pg 85-86
  - Alternative Dispute Resolution clause on page: RFP Pg 89 and Contract Pg 3
  - Merit System Exclusion clause on page: RFP Pg 89
  - Beason-Hammon (immigration) clause on page: Contract Attachment
  - No-boycott (i.e. free trade) clause on page: Contract Pg 3
- Disclosure statement required by § 41-16-82 is attached (or contract is for \$5,000 or less).

I certify that all the information provided on this form is true, correct, and complete to the best of my knowledge.



Agency/Department Head

CONTRACT  
BETWEEN  
THE ALABAMA MEDICAID AGENCY  
AND  
GULF COAST TOTAL CARE

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and Gulf Coast Total Care, Contractor, agree as follows:

WHEREAS, Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP) Number 2019-ACHN-01, dated February 25, 2019, strictly in accordance with the requirements thereof and Contractor's response thereto.

NOW THEREFORE, let it be known that the Alabama Medicaid Agency and Contractor do hereby agree as follows:

1. Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is October 1, 2019, to September 30, 2021.

2. Contractor shall be compensated for performance under this contract in accordance with the provisions of the RFP, in an amount not to exceed \$14,398,525.

3. Contractor and the Alabama Medicaid Agency agree that no work is to be performed under this contract and no payments will be made to the Contractor until the Contractor completes, to the Alabama Medicaid Agency's satisfaction, the Readiness Assessment as required under 42 C.F.R. § 438.66(d). Contractor's failure to demonstrate readiness to the satisfaction of and within the timeframe set by the Alabama Medicaid Agency shall make this contract voidable at the sole discretion of the Alabama Medicaid Agency.

4. This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor's response. Because the subject matter of this contract is within the scope of authority of the Centers for Medicare and Medicaid Services (CMS) and CMS has directed the Alabama Medicaid Agency to make certain contract amendments and/or additions as a condition of approval, the following provisions shall be incorporated into and/or amended in the RFP:

- Section II.I.4.x on pages 29-30 shall be deleted in its entirety and replaced with the following:

x. Coordinate and make appropriate referrals including, but not limited to:

- (1) Plan First/family planning services;
- (2) Face-to-face tobacco cessation counseling;
- (3) ADPH Quitline; and
- (4) Screening, Brief Intervention and Referral to Treatment (SBIRT).

= The following language shall be added to Section II.I.4:

w. The PCCM-E must demonstrate network adequacy to meet the medically necessary maternity needs of eligible individuals (EIs) in their contracted Region. The Provider network shall include delivering obstetricians/gynecologists, or other physicians with credentials to perform prenatal, delivery, and postpartum care within fifty (50) miles of all areas of the contracted Region.

(i) The PCCM-E must:

- (1) Identify, develop, and maintain a Delivering Healthcare Professional (DHCP) Network report proving network adequacy to include the DHCP's delivering hospitals;

(2) Continually monitor the provider network to ensure capacity is sufficient to meet the needs of EIs, ensuring accessibility to maternity services are not hindered; and

(3) Submit documentation to the Agency when there are changes in the provider network or changes in the provider's hospital delivering privileges.

(ii) The PCCM-E must develop, implement, and maintain policies and procedures addressing network adequacy for the Agency's approval.

(iii) The PCCM-E shall:

(1) Comply with the network adequacy requirements;

(2) Submit a Network Adequacy Report to include the name of DHCP and group practice (if applicable), provider specialty, location of practice address, county of practice, telephone number, email address, fax number, and delivering hospital;

(3) Monitor participating providers regularly to determine compliance with the Participation Agreement and the requirements of this Contract; and

(4) Take corrective action if there is a failure to comply with this Contract.

(iv) The PCCM-E must submit the documentation of network adequacy no less frequently than the following:

(1) At the time of Readiness;

(2) On an annual basis; and

(3) At any time there is a change in the PCCM-E's DHCP provider network.

- The following language shall be added to Section II.W:

10. The EI shall be informed that the information described in this subsection is available in paper form without charge and the PCCM-E shall provide the information to the EI upon request within five (5) Business Days.

- The following definitions shall be added to Exhibit A of the RFP:

**DHCP Network** – Those Participating Delivering Health Care Professionals (DHCPs) affiliated or contracted with the ACHN who are authorized to provide services to EIs.

**Non-Participating Provider** – Any Provider that is not part of the ACHN's Provider/DHCP Network.

**Specialist** – A Physician or doctor of osteopathic medicine that has obtained the education and qualifications, as well as the authority under the laws and regulations of the applicable licensure state or the State of Alabama, to hold himself or herself out as such.

5. The parties hereby agree to amend the RFP as follows:

- The following language shall be added to the end of Section II.U.1.a on page 58:

i. The PCCM-E shall submit complete and accurate maternity delivery data for each EI who delivers under the ACHN program. The data shall be submitted to the Agency or the Agency's designee in the format specified in the Maternity Data Field form. All delivery data must be submitted within 90 Calendar Days of the delivery date.

The second and third paragraphs of Section IX.BB (Disputes and Litigation), on page 89 of the RFP shall be deleted in its entirety and shall be replaced with the following.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all other disputes arising under the terms of this contract which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center For Dispute Resolution of the Alabama State Bar.

6. Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

7. In compliance with Act 2016-312, the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this State can enjoy open trade.

8. Failure to comply with these requirements may result in termination of the agreement or subcontract.

GULF COAST TOTAL CARE

ALABAMA MEDICAID AGENCY

This contract has been reviewed for and is approved as to content.



Contractor Signature

Tax ID: 47-1450279

Date Signed: 8/8/2019



Stephanie McGee Azar  
Commissioner

Date Signed: 8-14-19

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

APPROVED:



Kay Ivey  
Governor, State of Alabama



Legal Counsel

Reviewed by Contract Review Committee  
Contract # C1900000069

SEP 05 2019

Alabama Legislature  
  
Megan Statom, Clerk



# State of Alabama Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

Gulf Coast Total Care

ADDRESS

2451 Fillingim Street, Mastin 617

CITY, STATE, ZIP

Mobile, AL 36617

TELEPHONE NUMBER

(251) 471 7392

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency

ADDRESS

501 Dexter Avenue, Post Office Box 5624

CITY, STATE, ZIP

Montgomery, Alabama 36103-5624

TELEPHONE NUMBER

(334) 242-5833

This form is provided with:

Contract  Proposal  Request for Proposal  Invitation to Bid  Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes  No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Alabama Medicaid Agency	Case Mngt / Health Home Since 4/2015	Approx \$14,000,000

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes  No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
N/A		

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
N/A		

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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N/A

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

N/A

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

N/A

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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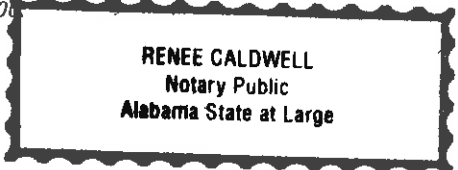
N/A

**By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.**

*[Signature]* \_\_\_\_\_ Date 8/8/2019

*[Signature]* \_\_\_\_\_ Date 8/8/2019 Date Notary Expires 8/19/2020

Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.





**IMMIGRATION STATUS**

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

  
Signature of Contractor

  
Witness

**Instructions for Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion**

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.

State of ALABAMA )

County of MOBILE )

**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

DATE: 8/8/2019

**RE Contract/Grant/Incentive (describe by number or subject):** The provision of coordination of care for general, maternity, and family planning populations for the improvement of health outcomes **by and between Gulf Coast Total Care (Contractor/Grantee) and Alabama Medicaid Agency (State Agency or Department or other Public Entity)**

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of CEO with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER.** Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

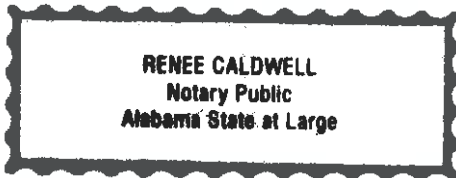
- (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
- (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.
3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
  4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this 8 day of AUGUST 2019.

GULF COAST TOTAL CARE  
Name of Contractor/Grantee/Recipient  
By: [Signature]  
Its CEO

The above Certification was signed in my presence by the person whose name appears above, on

this 8 day of August 2019.



WITNESS: Renee Caldwell  
Renee Caldwell  
Print Name of Witness

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Gulf Coast TotalCare**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any): \_\_\_\_\_  
 Exemption from FATCA reporting code (if any): \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**2451 Fillingim St Mastin 614**

**6** City, state, and ZIP code  
**Mobile AL 36617**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

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OR

**Employer identification number**

4	7	-	1	4	5	0	2	7	9
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶ *[Handwritten Signature]*

Date ▶ *2/2/18*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-ED (employee wages, tips, and other compensation)
- Form 1099-NEC (non-employee compensation)
- Form 1099-C (cancellation of debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Company ID Number: 847327

Approved by:

<b>Employer</b> Gulf Coast Regional Care Organization	
<b>Name (Please Type or Print)</b> Danny Rickert	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 01/25/2015
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 01/25/2015



Company ID Number: 847327

<b>Information Required for the E-Verify Program</b>	
<b>Information relating to your Company:</b>	
Company Name	Gulf Coast Regional Care Organization
Company Facility Address	2451 Fillingim Street, Mastin 617 Mobile, AL 36617
Company Alternate Address	
County or Parish	MOBILE
Employer Identification Number	471450279
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	1 to 4
Number of Sites Verified for	1