

EXHIBIT B

**SELECTION CRITERIA
HIDALGO COUNTY
HEALTH & HUMAN SERVICES DEPARTMENT
REQUEST FOR QUALIFICATIONS**

**“Primary Care Provider Network for the Hidalgo
County Indigent Health Care Level 2 Pilot Program”**

RFQ# 2017-188-07-19-HGO

EVALUATION CRITERIA

In the following criteria for minimum and preferred qualifications, one year, two years, etc. experience need not consist of continuous work but may be made up of discontinuous periods of full-time work adding up to the equivalent years of full-time experience.

RFQ Evaluation Criteria

The respondent's RFQ will be evaluated based on the criteria presented below. These criteria will be scored on the scales shown on the enclosed "RFQ Evaluation Form."

- | | |
|--|-------------|
| 1. Qualifications of Provider | (25) |
| 2. Experience of Provider/Ability to Commit Resources | (25) |
| 3. Understanding of Services requested | (25) |
| 4. Familiarity with Applicable Rules and Regulations | (25) |

RFQ EVALUATION FORM

SELECTION CRITERIA		TOTAL SCORE
1	Qualifications of Provider	
2	The experience of Provider/Ability to Commit Resources	
3	Understanding of Services being requested	
4	Familiarity with Applicable Rules and Regulations	
	TOTAL	

COMMENTS:

Project Name: _____

Department: _____

Firm/Participant: _____

Evaluator: _____

Date: _____