

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	25
2	The experience of Provider/Ability to Commit Resources	25
3	Understanding of Services being requested	25
4	Familiarity with Applicable Rules and Regulations	25
	TOTAL	

COMMENTS:

PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: LOWER RIO GRANDE VALLEY CHM CORP (EL MILAGRO)

EVALUATOR: 

DATE: 8-1-17

EVALUATION CRITERIA

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RFO Evaluation Criteria

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RFQ EVALUATION FORM

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2	The experience of Provider/Ability to Commit Resources	25
3	Understanding of Services being requested	25
4	Familiarity with Applicable Rules and Regulations	25
TOTAL		100

COMMENTS:

PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: LOWER RIO GRANDE VALLEY CHM CORP (EL MILAGRO)

EVALUATOR: MARIA DE LOURDES M AGUIAR

DATE: 8-1-17

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.

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RFQ EVALUATION FORM

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PROJECT NAME: "PRIMARY CARE PROVIDER NETWORK FOR THE HIDALGO COUNTY INDIGENT HEALTH CARE LEVEL 2 PILOT PROGRAM"

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: LOWER RIO GRANDE VALLEY CHM CORP (EL MILAGRO)

EVALUATOR: C. J. Lopez

DATE: 8-1-17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Frost Insurance - Victoria 6835 N Main Victoria TX 77904	CONTACT NAME: PHONE (A/C, No, Ext): 361-580-9057 E-MAIL ADDRESS: jhall@frostinsurance.com	FAX (A/C, No): 361-580-9065
	INSURER(S) AFFORDING COVERAGE	
INSURED ELMLAG-01 El Milagro Clinic- L R G V Community Health 901 East Vermont Avenue McAllen TX 78503	INSURER A :Hartford Lloyds Insurance Company	38253
	INSURER B :Admiral Insurance Company	24856
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 260132864

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			65WBCZU9701	5/31/2017	5/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Professional Liability			EO00001763-17	5/31/2017	5/31/2018	Occurrence 1,000,000 Aggregate 3,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Purchasing Department
 2812 S Business Hwy 281
 Edinburg TX 78539

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PROVIDER ONLINE ACCESS REQUEST FORM

Providers can access the County Indigent Health Care Pilot Program and must check for patient eligibility and claim status through our website. In order to use the online service you must fill out this form and sign and fax it to 956-318-2019.

Once we receive this form, we will set up a user name and temporary password. We only provide one user account per provider. Should you have any questions please call 956-318-2011. Thank you.

REGISTRATION:

Provider Name: Lower Rio Grande Valley Community Health Management Corp. Inc
dba El Milagro Clinic Fed ID# 74-2784427


Person requesting access: Marisol Resendez Title: Interim Ex. Director

Address: 901 E. Vermont Ave. McAllen, TX 78503

Telephone #: 956-664-9416 Fax #: 956-661-0367

ACKNOWLEDGEMENT

The undersigned organization by executing this acknowledgment certifies and agrees that in applying and utilizing the Online Services, the undersigned organization will utilize this online service only for its intended purpose and only for verification of patients the undersigned is providing medical services and for no other purpose. Any other use of this online service may terminate the use of this service by the undersigned organization and may submit the undersigned organization to civil and/or criminal penalties.


Signed Name of authorized person

7/19/17
Date

PROVIDER CONTACT INFORMATION

Facility Name: Lower Rio Grande Valley Community Health Management Corp., Inc. dba El Milagro Clinic
 Facility Address: 901 E. Vermont Ave. McAllen, TX 78503
 Facility Telephone # 956-664-9416 Facility Fax # 956-661-0367

Facility Tax ID # 74-2784427 Service Type: Primary Care Provider or LAB
 Group TPI # 0800286 01 Group NPI # 1114130218

Facility Contact Marisol Resendez Email Address mresendez@milagroclinic.org
 List all physicians practicing under the above tax ID#, their credentials, TPI# and NPI#

	Title	Name	TPI	NPI
1	Dr.	Roberto Gonzalez, MD	0926248 03	1780662288
2				
3				
4				
5				
6				
7				
8				
9				
10				

Billing Address 901 E. Vermont Ave. McAllen, TX 78503
 Billing Telephone # 956-664-9416 Billing Fax # 956-661-0367

Billing Contact Margarita Alvarez Email Address malvarez@milagroclinic.org

Other Clinic Locations under the same Tax ID #

Clinic Address N/A
 Clinic Phone # _____ Clinic Fax # _____

Clinic Address _____
 Clinic Phone # _____ Clinic Fax # _____

Clinic Address _____
 Clinic Phone # _____ Clinic Fax # _____

Clinic Address _____
 Clinic Phone # _____ Clinic Fax # _____

If additional lines are needed please use another sheet.

SAM Search Results
List of records matching your search for :
Record Status: Active
DUNS Number: 827632832
Functional Area: Entity Management, Performance Information

ENTITY	Lower Rio Grande Valley Community Health Management	Status:Active
DUNS: 827632832	+4:	CAGE Code: 7FPQ9 DoDAAC:
Expiration Date: Jun 20, 2018	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 901 E Vermont Ave		
City: McAllen	State/Province: TEXAS	
ZIP Code: 78503-1729	Country: UNITED STATES	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-245310

Date Filed:
08/03/2017

Date Acknowledged:
08/04/2017

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

LRGV Community Health Management Corporation, Inc. dba El Milagro Clinic
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Health & Human Services Dept

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2017-188-07-19-HGO
Primary, preventive and behavioral healthcare services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	LRGV Community Health Management Corporation, Inc. dba	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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			Controlling	Intermediary
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5 Check only if there is NO Interested Party.



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARISOL RESENDEZ, this the 04 day of August, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature] DORA M. RESENDEZ NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath