

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		100

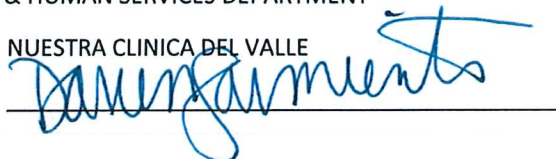
COMMENTS:

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

DEPARTMENT: HEALTH & HUMAN SERVICES DEPARTMENT

FIRM/PARTICIPANT: NUESTRA CLINICA DEL VALLE

EVALUATOR:



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.

RFO 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	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: NUESTRA CLINICA DEL VALLE

EVALUATOR: MARIA DE LOURDES M. ACEVEDO

DATE: 8-1-17

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: Nuestra Clinica del Valle, Inc. Fed ID# 74-1721807

Person requesting access: Lazaro Gonzalez Title: Billing Supervisor

Address: P.O. Box 1689, Pharr TX 78577

Telephone #: (956) 787-8915 Fax #: (956) 787-2021

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.

Lucy Ramirez Torres
Signed Name of authorized person
Lucy Ramirez Torres, CEO

7/19/2017
Date

PROVIDER CONTACT INFORMATION

Facility Name: Nuestra Clinica del Valle, Inc.
 Facility Address: 801 W. 1st Street, San Juan TX 78589
 Facility Telephone # (956) 787-0787 Facility Fax # (956) 781-4384

Facility Tax ID # 74-1721807 Service Type: Primary Care Provider or LAB
 Group TPI # 092951501 Group NPI # 1891793246

Facility Contact Yadira Castillo Email Address admin.ncdv@tachc.org
List all physicians practicing under the above tax ID#, their credentials, TPI # and NPI #

	Title	Name	TPI	NPI
1	Physician	Antonia M. Hernandez, MD	324964101	1184884694
2	Physician	Marisol Benavidez, MD	297333101	1891983888
3	Physician	Manika Jha, MD	322061801	1275785271
4	Physician	Carlos A. Medina, MD	363334901	1487092508
5	Physician	Anna L. Alquiza, MD	173024401	1639177850
6	Physician	Patricia Zapata, MD	111914104	1558500157
7	Physician	Brian Wickwire, MD	154778801	1184622573
8	Physician	Ventzislav D. Vanguelov, MD	173021001	1457359333
9	Physician Assistant	Jessena Falcon, PA-C	332343801	1437399243
10	Physician Assistant	Karina Pena, PA-C	365699301	1104275502

Billing Address P.O. Box 1689, Pharr TX 78577
 Billing Telephone # (956) 787-8915 Billing Fax # (956) 787-2021

Billing Contact Lazaro Gonzalez Email Address lgonzalez.ncdv@tachc.org

Other Clinic Locations under the same Tax ID #

TPI#288560002 NPI#1053728360
 Clinic Address 806 W. 3rd Street, San Juan TX 78589
 Clinic Phone # (956) 787-0787 Clinic Fax # (956) 781-4384

TPI#019058901 NPI#1235267949
 Clinic Address 1500 First Street, Mercedes TX 78570
 Clinic Phone # (956) 565-3191 Clinic Fax # (956) 565-6485

TPI#019057101 NPI#1861829079
 Clinic Address 1518 E. Santa Rosa, Edcouch TX 78538
 Clinic Phone # (956) 262-1363 Clinic Fax # (956) 262-1840

TPI#160133801 NPI#1073940987
 Clinic Address 300 N. 86th Street, Edinburg TX 78542
 Clinic Phone # (956) 287-8850 Clinic Fax # (956) 287-8853

If additional lines are needed please use another sheet.

PROVIDER CONTACT INFORMATION

Facility Name: Nuestra Clinica del Valle, Inc.
 Facility Address: 801 W. 1st Street, San Juan TX 78589
 Facility Telephone # (956) 787-0787 Facility Fax # (956) 781-4384

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 Group TPI # 092951501 Group NPI # 1891793246

Facility Contact Yadira Castillo Email Address admin.ncdv@tachc.org
List all physicians practicing under the above tax ID#, their credentials, TPI # and NPI #

	Title	Name	TPI	NPI
11	Physician Assistant	Juan Carrales, PA-C	365268701	1023564531
12	Physician Assistant	Marisol Benavidez, MD	297333101	1891983888
13	PNNP	Kenia Victoria Lee, PNNP	320648401	1598763450
14	FNP	Sr. Anne J. Wojtowicz, MD	090028404	1316929185
15	Physician Assistant	Andrew McNeely, PA-C	330456001	1801225032
16	Physician Assistant	Anna Munoz, PA-C	365485701	1730632084
17	Physician Assistant	Christopher Schofield, PA-C	155370301	1134127285
18	Physician Assistant	Raven E. Chavez, PA-C	339990901	1912315979
19	Physician Assistant	Monica Javier-Reyna, PA-C	333496301	1962845685
20	Physician Assistant	Timothy Peterson, PA-C	354895001	1992887376

Billing Address P.O. Box 1689, Pharr TX 78577
 Billing Telephone # (956) 787-8915 Billing Fax # (956) 787-2021

Billing Contact Lazaro Gonzalez Email Address lgonzalez.ncdv@tachc.org

Other Clinic Locations under the same Tax ID #

TPI#019056301 NPI#1699803312
 Clinic Address 611 N. Bryan Rd., Mission TX 78572
 Clinic Phone # (956) 580-3303 Clinic Fax # (956) 580-1505

TPI#092951504 NPI#1316374556
 Clinic Address 201 S. Los Ebanos Blvd., Alton TX 78574
 Clinic Phone # (956) 519-1800 Clinic Fax # (956) 519-9360

TPI#019059701 NPI#1932516242
 Clinic Address 2900 N. Raul Longoria Rd., San Juan TX 78589
 Clinic Phone # (956) 781-6077 Clinic Fax # (956) 781-4275

TPI#160132001 NPI#1881021541
 Clinic Address 301 S. 17th Street, Donna TX 78537
 Clinic Phone # (956) 464-5809 Clinic Fax # (956) 464-5816

If additional lines are needed please use another sheet.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/19/2017

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 Higginbotham Insurance Agency, Inc. 1400 N. McColl Rd. #105 McAllen TX 78501	CONTACT NAME: Martha Guerrero
	PHONE (A/C, No, Ext): 956-668-3509 FAX (A/C, No): 956-687-1286
	E-MAIL ADDRESS: mguerrero@higginbotham.net
INSURER(S) AFFORDING COVERAGE	
INSURER A: Texas Mutual Insurance Company	NAIC # 22945
INSURER B: The Travelers Lloyds Insurance Co	41262
INSURER C: Security National Insurance Co	33120
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
NUEST
Nuestra Clinica Del Valle Inc.
P.O. Box 1689
Pharr TX 78577

COVERAGES CERTIFICATE NUMBER: 1440471039 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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6806C7662001642	12/21/2016	12/21/2017	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SPP111196901	10/26/2016	10/26/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input 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	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0001093256	12/2/2016	12/2/2017	<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

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

CERTIFICATE HOLDER Hidalgo County Attn: Purchasing Department 2812 S Highway Bus. 281 Edinburg TX 78539	CANCELLATION 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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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:
2017-238418

Date Filed:
07/18/2017

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.

Nuestra Clinica del Valle, Inc.
Pharr, 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

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.

RFQ No. 2017-188-07-19-HGO
Medical Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ramirez Torres, Lucy	Pharr, 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

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:
2017-238418

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07/18/2017

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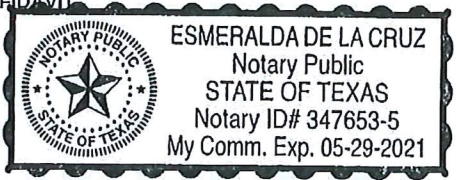
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RFQ No. 2017-188-07-19-HGO
Medical Services

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			Controlling	Intermediary
	Ramirez Torres, Lucy	Pharr, 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.

Lucy Ramirez Torres
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lucy Ramirez Torres, this the 19 day of July, 2017, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Esmeralda del Cruz Printed name of officer administering oath
Notary Public Title of officer administering oath