



Request for Application: Participating Provider Network

Please complete the application request below to be considered for the AsOne Provider Network.

AsOne Health Care IPA, LLC's ("AsOne") is a network of behavioral health, primary care, and social service providers that seeks to address the need for family-focused care as the context in which sustainable health, wellness and recovery can occur. Our commitment is based on the synonymous approach to ensuring service delivery is family centered within the context of the larger community. We expect that all current and future partners will agree to collaborate around the following Mission and Vision:

Mission Statement

AsOne's mission is to provide primary care, mental health services, substance abuse treatment, care management, and social determinants of health assistance in a unified family-based treatment approach aimed at servicing intergenerational and complex health needs. Anchored in community-based providers, evidence-based care, and a population health approach, AsOne delivers sustainable improved health outcomes for children, adults, and families. AsOne defines family through the eyes of the patient or client as it aims to drive population health improvements across our communities.

Vision Statement

AsOne ultimately seeks to reshape the future of healthcare by establishing family as the nexus for health, not only addressing the health and lives of one client or patient at a time, but entire families at once, in an effort to break the cycle of co-occurring illness and ailment that often afflicts high-risk families and communities. Our vision is of an evidence-based healthcare treatment system that acts "as one" in delivering whole-person care to all.

If you are interested in applying to be part of the AsOne IPA network of participating providers, please provide the below information to the AsOne Manager of Program Operations, McKenzie Pickett, mckenzie.pickett@myasone.org. Upon receipt of this information an internal review process will evaluate the submission and respond in a timely manner.

- Name of Organization:
- Contact person's name and information:
- Year of establishment:
- Approximate number of employees:
- Mission and vision of the organization:
- Approximate number of patients/clients/consumers served:
- Describe the target population served:
- Describe programs and services provided (Please see attached spreadsheet):

Program Name	Does program/service have an end date?
Service Provided	Address of program
Evidence Based Model	Catchment area/Borough(s)/Community District
Program/Service Webpage	List languages spoken
Program Type	Hours of operation
Licensing Agency/Funding Source	

- Provide your approximate payer mix (for organization providing insurance billable services):
- Are you considered "in-network" for any health insurance companies or currently have a contract with a Medicaid Managed Care Provider? (For organizations providing insurance billable services)
If yes, please list:
- Please list any child or adult health homes that you are a member of:
- Describe any internal data analytics, quality oversight, and improvement activities that your organization has in place:
- List any other IPAs, ACOs or other collaborative networks your organization is currently a member:
- Electronic Health Record(s) used:
- Most recent certified audited financial statements