Fees and Commercial Insurance Frequently Asked Questions

NJ Children's System of Care
Contracted System Administrator — PerformCare®

Q. Is there a cost for services provided by the New Jersey Children's System of Care(CSOC)/PerformCare?

You will not be charged for calling PerformCare. PerformCare is the Contracted System Administrator for the New Jersey Children's System of Care (CSOC). We help families by making recommendations and connections to services that will best meet the needs of your youth. You will be asked to provide your insurance information as part of this process.

Q. What types of services can I get through CSOC/PerformCare?

Your youth can be assessed to determine their needs. They may be approved to receive services from a Care Management Organization (CMO) and/or from Mobile Response and Stabilization Services (MRSS), or to get access to various treatment programs. We consider your youth's needs and the best type of service for them. We make decisions after a clinician speaks to the family on the phone or a face-to-face assessment is held with the youth.

Q. Are the services recommended and authorized by PerformCare free?

Services recommended and authorized by PerformCare are paid for by a variety of sources. These include public funds (Medicaid/NJ FamilyCare), commercial insurance, or self-pay. Although you may not be charged for certain services, they are not free. You will be asked to provide insurance information when contacting us. If you are referred to services through PerformCare and are not already qualified for Medicaid/NJ FamilyCare at that time, you will need to fill out a Medicaid/NJ FamilyCare application.

Q. I do not have insurance or Medicaid/NJ FamilyCare. How can I apply?

You can visit **www.NJHelps.gov** for more information; contact your local County Welfare Agency to get an application for Medicaid/NJ FamilyCare; or fill out an online application at **https://njfamilycare.dhs.state.nj.us/**.

If your youth is assigned a CMO or MRSS, you can fill out the Medicaid/NJ FamilyCare application when you meet with those providers. The CMO/MRSS staff will have the application on hand and can help you fill it out.

Q. Why am I being asked for my insurance information?

We must collect insurance information to see what health benefit resources you have and get funding for the best services for your youth's needs.

We store insurance information in your youth's file. Service providers use this to find out who will pay for services and treatment options. We strongly encourage you to use any commercial health insurance you have. These plans typically offer more behavioral health treatment choices.

Q. What will you do with my insurance information?

We will store it in your youth's electronic record and use it to find out what health coverage and resources you can get. We also give your insurance information to Medicaid/NJ FamilyCare. They use it to coordinate benefits if your youth has Medicaid/NJFamilyCare or becomes eligible.

Q. What does coordination of benefits mean?

Coordination of benefits is when we figure out who will pay for each service. Some services may be covered mostly by your commercial insurance carrier. Others are covered through Medicaid/NJ FamilyCare or other public funding if you are eligible. NJ regulations require us to bill commercial insurance first if your youth is covered by both Medicaid/NJ FamilyCare and commercial insurance.

Q. Can I still get services if I don't give you my insurance information?

We can refer you to access services, but we need your insurance information if your services are provided by public funds. If your youth does not have Medicaid/NJ FamilyCare coverage, you will need to apply for Medicaid/NJ FamilyCare and/or other state benefits in order to get services. These applications will need you to give income and insurance information. If you are referred to CMO or MRSS services, they will help you fill out the applications. Any delay in completing them could result in delayed access to services provided through CSOC.

Q. Why do I have to complete an application for Medicaid/NJ FamilyCare when I have commercial insurance?

Your family may qualify for Medicaid/NJ FamilyCare as secondary insurance. Your youth may be able to get other public funds to help pay for CSOC health care services to add to your commercial insurance benefits.

Q. Why do I have to apply for Medicaid/NJ FamilyCare to get CSOC services?

Medicaid/NJ FamilyCare pays for most CSOC services that are not usually covered by commercial insurance. If you qualify for Medicaid/NJ FamilyCare, you may get coverage for these services. If your family does not qualify for Medicaid/NJ FamilyCare, your youth may qualify for other public funds to cover the cost of certain behavioral health services.

Q. Will my insurance be billed?

PerformCare does not bill for the services for which we refer. Some service providers you are referred to may bill your insurance company if the service is covered. They may also ask your insurance company to pay them back as part of the coordination of benefits.

Q. Does PerformCare accept commercial insurance?

PerformCare is an information and referral resource for families. We are responsible for authorizing services covered by Medicaid/NJ FamilyCare and other public funds. We do not actually provide billable services. The providers who offer the services may bill your insurance company if the services are covered by your health benefit plan.

Q. How do I find an outpatient counseling therapy provider when I have commercial insurance?

Call the number on the back of your insurance card to find a provider and learn about your behavioral health coverage.

Q. How can I get outpatient counseling/therapy services for my youth when I don't have commercial insurance, and I don't qualify for Medicaid/NJ FamilyCare?

Many community mental health centers provide services on a sliding fee scale.

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