

Fees and Commercial Insurance - Frequently Asked Questions

Is there a fee for services provided by the New Jersey Children's System of Care/PerformCare?

We do not charge you for calling us. PerformCare is the Contracted System Administrator for the New Jersey Children's System of Care (CSOC), and helps families by making service recommendations and linkages that will best meet the needs of your child and family. Families will be asked to provide insurance information as part of this process.

What kind of services can I access through the New Jersey Children's System of Care?

Youth can receive needs assessments, Care Management, Mobile Response services, and various treatment programs based upon a decision by PerformCare that considers the youth's needs and most appropriate type of service. That decision may be made after a clinician speaks with you over the telephone or after your child has received a face-to-face assessment.

Are services that I am referred to by PerformCare free?

Services recommended and authorized by PerformCare are paid by a variety of sources, such as public funds including Medicaid and NJ FamilyCare, and commercial insurance or self-pay. Although families may not be charged for certain services, they are not free and families will be asked to provide insurance information as part of their contact with PerformCare. All families referred for service that are not already Medicaid or NJ FamilyCare eligible will be required to complete an eligibility application.

My family or child does not have insurance or Medicaid. How can I apply for Medicaid?

For questions about Medicaid/NJ FamilyCare you can get information online at www.NJHelps.org. To request applications for Medicaid/NJ FamilyCare you may contact your local County Welfare Agency, or you can complete an application online at www.njfamilycare.org/apply.aspx or oneapp.dhs.state.nj.us.

If your child is assessed as requiring Mobile Response and Stabilization Services or Care Management, the Medicaid/NJ FamilyCare application can be completed when you meet with them. The Mobile Response/Care Management staff will have the application available and will assist you in completing it.

Why am I being asked for my insurance information?

It is necessary to collect all information about health benefit resources available to the family in order to coordinate all available services across funding sources which best suit the needs of the youth.

Your insurance information is recorded in your child's file so that our service providers have all the information necessary to identify services and treatment options for which your child is eligible, and to determine who will be responsible for funding those services. We strongly encourage families to use their commercial health insurance as there may be more behavioral health treatment options available through the commercial insurance plan.

What will you do with my insurance information?

Your insurance information will be stored in your child's electronic record that is maintained by PerformCare as a part of the identification of available health coverage and resources. Your insurance information is transmitted to NJ Medicaid where it is centralized and used for coordination of benefits if your child has or becomes eligible for Medicaid/NJ FamilyCare.

What does coordination of benefits mean?

Coordination of benefits identifies the primary payer for each service. Some services may be covered primarily by your commercial insurance carrier, while others are covered if you are found eligible for Medicaid, NJ FamilyCare or other public funding. NJ regulations require commercial insurance to be billed first if a youth is covered by both Medicaid and commercial insurance.

Can I still get services if I don't give you or I don't have my insurance information?

We can refer you to access services but you will have to give your insurance information for actual delivery and continuation of any services provided with public funds. If the youth does not have Medicaid or NJ FamilyCare, you will be required to complete applications for Medicaid/NJ FamilyCare and/or other state benefits as a condition for receipt of continued services. These applications will require you to provide income and insurance information. If you are referred to Mobile Response Stabilization Services or Care Management Services, the service providers will assist you in completing the applications. Any delay in completing the application could result in delayed access to services provided through the New Jersey Children's System of Care.

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

Your family may be found to qualify for Medicaid/NJ FamilyCare as secondary insurance or your child may be approved for other public funds that will cover the cost of certain healthcare services accessed through CSOC to supplement your commercial insurance benefits.

I don't understand why I have to apply for Medicaid/NJ FamilyCare in order to receive your services?

Medicaid/NJ FamilyCare is the primary funding source for most of our services that are traditionally not covered by commercial insurance. Qualifying for Medicaid/NJ FamilyCare provides access to and coverage for these services. If your family does not qualify for Medicaid, your child may qualify for other public funds to cover the cost of certain behavioral health services.

Will my insurance be billed?

PerformCare does not bill for the services we refer you to. Some service providers we refer you to may bill your insurance company if the service is covered or reimbursement may be sought from your insurance company as part of coordination of benefits.

Do you 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, but we do not actually provide billable services. The service providers who actually provide the service may bill your insurance company if the services are covered by your health benefit plan.

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

You can contact the telephone number on the back of your insurance card to find a provider and determine your behavioral health coverage.

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

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