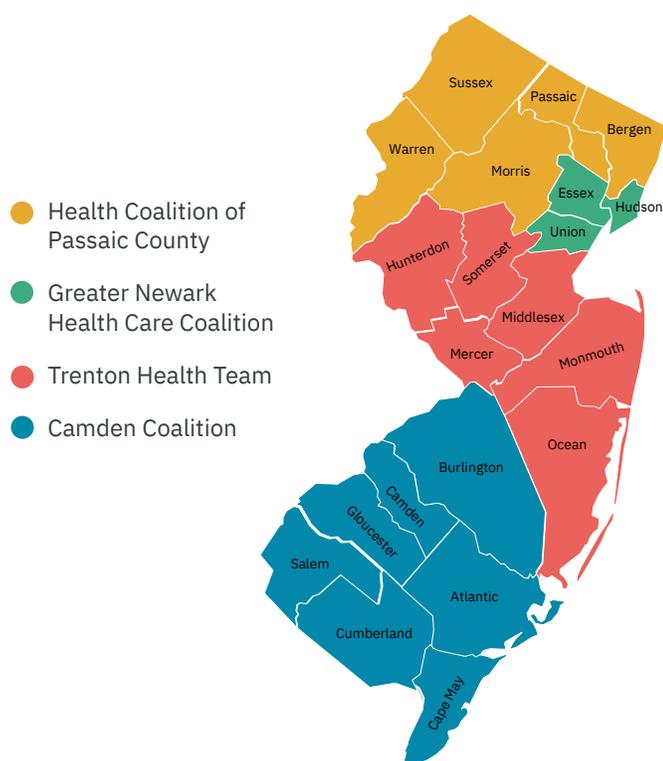




AUGUST 2025

Camden Coalition Regional Health Hub

In 2020, the Camden Coalition’s regional planning and coordination role was codified in state statute ([P.L. 2019, c.517 \(A5977 2R\)](#)). The Camden Coalition and non-profit organizations in three other New Jersey cities — Newark, Paterson, and Trenton — were designated “Regional Health Hubs” (RHHs), making New Jersey one of the first states to codify a “backbone model” into law as part of its [Medicaid program](#) (called NJ FamilyCare). The RHHs are designed to serve as a bridge between the state Medicaid office and Medicaid stakeholders and beneficiaries. To guide their work, the RHHs operate health information exchanges (HIEs) that securely collect health and other data, helping them to identify patterns and serve unmet needs. The RHH designation supports an infrastructure for convening local health providers, social service agencies, community organizations, and residents to identify problems, demonstrate new approaches, and determine how to sustain long-term improvements to care delivery. The [RHH model was featured in the Milbank Quarterly](#) in February 2023. Each RHH has a targeted service catchment focused on the largest city in their region, as well as a broader data catchment as seen on the map below.



Nationally, New Jersey’s RHH model is part of a larger trend of designating or creating backbone organizations (sometimes called “[community care hubs](#)”) that facilitate communication, data collection, billing, and strategic planning among partners and other stakeholders to optimize their contributions and maximize impact. Several Medicaid 1115 waivers include the use of such entities to coordinate between managed care organizations (MCOs) and community-based organizations (CBOs), in states like North Carolina (Community Care Hubs), New York (Social Care Networks), and Washington (Accountable Communities of Health).

A brief history of NJ Regional Health Hubs: From Medicaid ACO to RHH

The RHHs grew out of an accountable care demonstration launched by New Jersey after it expanded Medicaid eligibility in 2014. At the time, the state certified three coalitions — the [Camden Coalition](#), [Trenton Health Team](#), and [Greater Newark Healthcare Coalition](#) — as accountable care organizations (ACOs) for a demonstration that ran from 2015 to 2018. Like many accountable care initiatives across the country, the goals were to promote collaboration across health care providers and payers, better target services to high-need patients, and control the rate of cost growth. The New Jersey-based [Nicholson Foundation](#) was an early supporter of this model and funded a fourth coalition in 2020, the [Health Coalition of Passaic County](#), that became an RHH.

Camden’s RHH activities for 2025-2026

The RHHs are funded, in part, through the state’s Medicaid program. Each RHH works on a set of priorities designated by the state, in addition to other regional work funded by other sources. Today, the Camden RHH FY26 work is focused on the following state-approved priorities:

Community Advisory Committee meetings and outreach

Each month, the Camden Coalition brings together community members through its Community Advisory Committee (CAC) to support Medicaid-related outreach, assist with implementation of services under its Medicaid 1115 waiver, and gather feedback on NJ FamilyCare member experiences. Most CAC members are Medicaid consumers, and they play a crucial role in ensuring that strategies to improve health outcomes and reduce disparities are grounded in lived experience. Many CAC members also serve as Community Ambassadors, trusted community members who share important public health information and answer questions from neighbors and peers. Their efforts have included distributing flyers to local businesses, participating in community events, and raising awareness about the NJ FamilyCare programs.

Medicaid Redetermination outreach

The Camden Coalition helps NJ FamilyCare members keep their coverage by conducting direct outreach to people at risk of disenrollment. Additional outreach strategies are supported by broader community education, collaboration with community-based organizations (CBOs) and providers, and the use of data analytics, including A/B testing to see if sending a text informing individuals that they are at risk of losing coverage improves engagement and reduces coverage loss from missed renewals.

For more information, please contact Camden Coalition Regional Health Hub key staff:

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Medicaid 1115 Waiver CBO recruitment for Housing Supports Program (HSP) benefit

The New Jersey Medicaid 1115 waiver includes a [new benefit for housing supports new benefit for housing supports](#). Through monthly “Macrosummit” meetings (launched by Cooper University Health Care during the COVID crisis to bring regional providers together), we convene diverse stakeholders including CBOs from across the seven South Jersey counties. We use these meetings to raise awareness about Medicaid’s new HSP benefit and related grant opportunities and to help CBOs through the process of becoming an approved Medicaid provider through the HSP.

Statewide 1115 role

To support a coordinated, statewide rollout of the HSP, the Camden Coalition plays a lead role working closely with the state Medicaid program. As part of this role, we meet with all five of New Jersey’s Medicaid MCOs to support alignment, acting as a bridge between the provider community and state agencies. We’ve created a dedicated [Camden Coalition HSP website](#) that houses all of our materials including slide decks, training recordings, written resources, and links to our newsletter, training registration, and help desk in order to ensure providers have timely and accessible information. In partnership with the other RHHs, we also coordinate provider and member outreach to maintain a consistent statewide approach in messaging and engagement strategies.

HIE activities

Through the [Camden Health Information Exchange](#) (HIE) we support Medicaid innovation through real-time data sharing, care coordination, and targeted outreach. Recent enhancements such as redesigned forms, beacon reports, and Medicaid renewal flags have helped all four RHHs identify at-risk members, document outreach more effectively, and reduce coverage disruptions. We also piloted outreach to recently disenrolled members and integrated that data into clinical and social service workflows to support proactive, person-centered care. Our HIE also supports coordination in correctional health settings, helping county jails manage treatment, medications for opioid use disorder, and reentry planning.