House of Representatives

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STANDING
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AGRICULTURE & CONSUMER AFFAIRS
APPROPRIATIONS
HEALTH
RETIREMENT

August 10, 2026

Dean Burke, M.D.
Commissioner
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE, East Tower
Atlanta, Georgia 30334

Re: Concerns regarding Medicaid CMO parity reporting and DCH's published "no violations" conclusions

Dear Commissioner Burke:

As a member of the Georgia House Health Committee, I am writing about concerns in the mental-health-parity reports submitted by Amerigroup, CareSource, and Peach State Health Plan, and DCH's public statement that the reports identified no violations. I raised the issue of mental health parity law compliance at the Committee's June 30, 2026 meeting, while asking about rate reductions by CMOs (often referred to nationally as MCOs) for behavioral services provided to children with intellectual or developmental disabilities. I was told DCH had found no violations. Since then, I have reviewed discrepancies that are concrete and visible in the reports themselves: for example, missing standards, undisclosed definitions, and definitions that does not match Georgia law.

Though the remainder of this letter focuses on mental health parity – an issue of particular significance to the Georgia House, where our state's parity law originated – the concerns I raise must extend to DCH's regulation of CMOs more broadly. That includes the recent CMO rate reductions, regarding which DCH has stated that its authority to prevent mid-contract reductions is limited. Be that as it may, the immediate question I have across these issues is not what additional authority DCH may need. It is whether DCH has sufficiently and correctly exercised the authority it already has.

The reports raise two basic questions:

- Did each CMO accurately identify and analyze the standards it actually uses?
- Did DCH independently review those submissions before telling the public that no parity violations were identified?

While DCH's public wording suggests that the agency independently found no violations, the reports submitted by CMOs, as described below, leave basic information missing or provide information in conflict with Georgia law. A meaningful parity review cannot be completed without first knowing the standard being applied. Whether this resulted from oversight or something else, DCH should explain the basis for its public conclusion. If the agency had information beyond the public reports that resolved these apparent defects, that information should be identified.

I. Governing reporting and review duties

CMO operational duty. Georgia law requires Medicaid CMOs to use the statutory definitions of "medically necessary" and "generally accepted standards of mental health or substance use disorder care" when making MH/SUD medical-necessity, prior-authorization, and utilization-review decisions.[1]

CMO reporting duty. Each CMO must submit the comparative analysis required by federal parity law. The analysis must identify the standards and processes used to design and apply an NQTL and explain how they work on paper and in practice.[2]

DCH review duty. Georgia law separately requires the Commissioner to conduct an annual parity-compliance review, with particular attention to NQTLs, and publish the results and any corrective action. That is an independent DCH responsibility and requires more than relying on the CMOs' own conclusions about compliance.[3]

DCH's published conclusion. For SFY 2024, DCH said that it and Myers and Stauffer analyzed the submitted reports. It then stated: "The reports do not identify any instances of non-compliance with federal or state mental health parity requirements for any of the CMOs." DCH used materially the same language for SFY 2025.[4]

II. Amerigroup: criteria named, governing definition omitted

What Amerigroup reported. Amerigroup's FY 2024 workbooks say it primarily uses Medical Policies, Clinical Utilization Management Guidelines, InterQual Level of Care, and MCG criteria to review medical necessity for physical and behavioral health services. It describes the tools. It does not provide the full medical-necessity definition that governs their use.[5]

What is missing. The report does not identify several parts of Georgia's statutory standard, including the patient-specific requirements, management and prevention of progression, the

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[1] O.C.G.A. § 33-21A-13(a)(2)–(3), (b)(2); When "Medically Necessary" Means Something Else, pp. 4, 7.
[2] O.C.G.A. § 33-21A-13(b)(5); 42 U.S.C. § 300gg-26(a)(8)(A); 29 C.F.R. §§ 2590.712, 2590.712-1.
[3] O.C.G.A. § 33-21A-13(c); Correct the MCO Parity Reports—Then Correct DCH's Public Conclusions, p. 1.
[4] DCH, Mental Health Parity Reporting Memo, SFY 2024, p. 1; DCH, Mental Health Parity Reporting Memo, SFY 2025, p. 1. Both state that the reports identified no CMO noncompliance. Official DCH summaries: https://dch.georgia.gov/2024-mental-health-parity-reports and dch.georgia.gov/mental-health-parity-compliance-reports.
Amerigroup FY 2024 CAR, "Rpt - NQTL 1a," rows 16–17; When "Medically Necessary" Means Something Else, pp. 8, 11–12.

clinical-appropriateness test, and the protection against choosing care primarily for the insurer's economic benefit. It also does not explain how InterQual, MCG, or Amerigroup's own policies are made subordinate to Georgia law. Naming proprietary tools is not the same as identifying the rule that controls the decision.

What DCH's conclusion leaves unanswered. DCH still published that the reports identified no parity noncompliance. How did DCH validate Amerigroup's analysis without the full standard against which the tools had to be compared? If DCH obtained the missing definition or a crosswalk outside the public report, it should produce that material and show where it was reviewed.

III. CareSource: a definition asserted, but not disclosed

What CareSource reported. CareSource's FY 2024 analysis says it "relies upon the same definition of medical necessity for all services without regard to classification." It also points to MCG, CMS guidance, state manuals and contracts, prior-authorization lists, benefit grids, and plan documents. Yet, it never gives the definition it says it uses.[6]

That omission matters. Without the definition, DCH and the public cannot tell whether it includes Georgia's patient-specific requirements, protection against worsening of a condition, independent specialty standards, or the restriction on decisions made primarily for the insurer's economic benefit. The report also does not explain what happens when MCG, state materials, and internal policies conflict. Saying that one definition applies is not enough when the definition itself is withheld.

DCH's conclusion therefore raises a basic question. DCH should identify the exact CareSource definition it reviewed. If DCH never obtained it, then DCH should explain how it reached or published its conclusion. If it did obtain it, DCH should produce the definition and the comparison it performed.

IV. Peach State: a materially different definition disclosed

What Peach State reported. Peach State's FY 2024 analysis did provide a definition, but only in a pharmacy or medical-policy context. It used "generally accepted standards of medical practice," required that a service not cost more than an alternative expected to produce the same result, and allowed exclusion of experimental or investigational technologies.[7]

The definition does not match Georgia's MH/SUD standard. It does not expressly include the patient's "specific needs," management of the condition, minimizing progression, or the protection against selecting care primarily for the insurer's economic benefit. It replaces Georgia's separate MH/SUD specialty standard with a general medical-practice standard and adds a least-cost condition that is not in the statute. The report also does not say that this limited

[6] CareSource FY 2024 CAR, "Rpt - NQTL 1a," row 17; When "Medically Necessary" Means Something Else, pp. 9, 11–12.
[7] Peach State FY 2024 CAR, "Rpt - NQTL 1a," row 17, cell K17, and "Rpt - NQTL 4," cell E16; When "Medically Necessary" Means Something Else, pp. 10–12.

definition controls all nonpharmacy MH/SUD decisions. This is more than a missing detail. The definition disclosed on the face of the report differs from the governing law.

DCH's conclusion requires an explanation. DCH should explain how Peach State's added cost restriction and missing statutory protections were reconciled with O.C.G.A. § 33-21A-13. It should also say whether it checked reviewer screens, denial templates, appeals, or actual case files to determine which definition was used in practice.

V. DCH's review and public reporting

DCH's summaries say that the agency analyzed the reports, but the conclusion is framed as what "the reports" or "the health insurers" did not identify. That does not show that DCH independently verified compliance. It also invites the public to read the statement as an agency finding that no violations existed.

The examples above show why this is not a technical objection. Amerigroup named tools but omitted the controlling definition. CareSource said it used a definition but did not disclose it. Peach State disclosed language that differs from Georgia law. In each instance, the missing or conflicting information goes to the heart of the required comparison.

That is the central concern. It is difficult to see how DCH could responsibly publish an unqualified 'no violations' message without first resolving these issues. If DCH had additional information that did so, it should identify that information and explain the analysis.

If DCH knew that material omissions prevented a valid review and nevertheless presented the results publicly as establishing no violations, that would raise a substantially more serious concern, including whether the resulting public reporting was materially false or misleading. DCH should preserve every record concerning the preparation and approval of the 2023, 2024, and 2025 summaries, including communications with Myers and Stauffer and the CMOs.

VI. Requested answers

1. **Definitions and standards**. Identify the exact medical-necessity definition DCH determined governed each CMO's MH/SUD determinations for SFY 2023, 2024, and 2025, and identify where the complete Georgia definitions appear in each submission or provide the statutory-to-operational crosswalk DCH relied upon.

2. **CareSource and Peach State**. Produce the complete definition CareSource stated it used, or confirm that DCH reviewed its submission without obtaining it; and explain how DCH reconciled Peach State's reported definition, including its least-cost condition and omitted statutory protections, with O.C.G.A. § 33-21A-13**.**

3. **DCH's independent review**. Describe what DCH actually did to independently verify compliance, including its methodology, sampling, findings, and the criteria, policies, reviewer materials, or case-level records it reviewed. Identify any corrective action resulting from those reviews.

4. **The omissions and DCH's public conclusions.** Explain whether DCH considered the omissions and discrepancies identified above to constitute incomplete or inaccurate reporting, parity noncompliance, or grounds for corrective action. If DCH nevertheless concluded that the reports supported its published "no instances of non-compliance" statements, explain the factual and legal basis for that conclusion**.**

5. **Correction and retrospective review**. If DCH determines that any submission or public conclusion was incomplete or inaccurate, require the affected CMO to amend its report, correct DCH's corresponding public summary, and determine whether a retrospective review of affected member decisions and appropriate relief is necessary.

6. **Records and preservation**. Preserve and provide the records supporting DCH's review and public conclusions, including relevant communications with the CMOs and Myers and Stauffer, work papers, legal analyses, and records identifying the DCH personnel and contractors responsible for reviewing and approving the reports and published conclusions.

Please provide a substantive written response to these questions, together with the records identified above, within 20 business days. If any requested records cannot be provided, please explain why and provide any portions that can be produced.

Sincerely,

Marvin Lim
State Representative
House District 98