

REPORT BY THE
AUDITOR GENERAL
OF CALIFORNIA

**A REVIEW OF TREATMENT AUTHORIZATION
REQUESTS BEFORE AND AFTER
THE MEDI-CAL REFORMS OF 1982**

REPORT BY THE
OFFICE OF THE AUDITOR GENERAL
TO THE
JOINT LEGISLATIVE AUDIT COMMITTEE

P-444

A REVIEW OF TREATMENT AUTHORIZATION
REQUESTS BEFORE AND AFTER
THE MEDI-CAL REFORMS OF 1982

OCTOBER 1984



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October 18, 1984

P-444

Honorable Art Agnos, Chairman
Members, Joint Legislative
Audit Committee
State Capitol, Room 3151
Sacramento, California 95814

Dear Mr. Chairman and Members:

The Office of the Auditor General presents its report concerning the changes in the numbers of Treatment Authorization Requests received by the Department of Health Services before and after the Medi-Cal Reforms of 1982. The report also contains department explanations for the changes.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Tom W. Hayes".

for THOMAS W. HAYES
Auditor General

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SUMMARY

The Medi-Cal reforms of 1982 greatly affected California's Medi-Cal program. During the 12 months following implementation of the reforms, the number of Treatment Authorization Requests received by the Department of Health Services (department) declined significantly, although the number has increased in recent months. In addition, the percentage of Treatment Authorization Requests that the department approved decreased while the percentage of Treatment Authorization Requests that the department returned to providers increased. The percentage of requests modified or denied experienced only small changes.

The Medi-Cal Reforms of 1982

Medi-Cal, California's version of the federal Medicaid program, provides medical services to over two million beneficiaries who can receive medical services from over 100,000 providers. To reduce Medi-Cal costs, which in the late 1970's increased at an average annual rate of almost 14 percent, the Legislature enacted reforms of the Medi-Cal program. The reform legislation, which was enacted in 1982 and fully implemented on January 1, 1983, transferred to the counties responsibility for providing some medical services and implemented restrictions on other services. One of the restrictions strengthened the "prior authorization" process that requires providers to fully justify the need for certain services before the services are provided.

State law requires that providers of several medical services funded by Medi-Cal submit a Treatment Authorization Request (TAR) to the department before providing the services. The department's Field Services Branch, through its 12 Medi-Cal field offices, reviews the TARs and approves, modifies, or denies them or returns them to providers for additional information. The State's fiscal intermediary

uses the TARs in processing claims from providers. The Medi-Cal reform legislation added three medical services to the number of services for which providers must submit TARs.

Effects of the Medi-Cal Reforms

The total number of TARs that the department received after the implementation of the Medi-Cal reforms of 1982 decreased from a monthly average of 102,985 during 1982 to a monthly average of 89,919 during 1983. However, the number of TARs increased during the first six months of 1984 to a monthly average of 99,112. We also examined the statistics of four Medi-Cal field offices for 16 medical services for which TARs are required. The number of TARs for most of these services also decreased slightly following implementation of the Medi-Cal reforms.

The department cites three factors that contributed to the reduction in the total number of TARs received: the transfer to counties of responsibility for providing services to nearly all medically indigent adults; providers' awareness of the changes imposed by the reform legislation; and the overall deterrent effect of the new requirements for justification of Medi-Cal services. The department has not determined why the number of TARs rose during the first half of 1984.

While the total number of TARs received by the department decreased, the percentage of TARs that the department approved also decreased from an average monthly rate of 68 percent during 1982 to 67 percent in 1983 and 64 percent during the first six months of 1984. Additionally, the rate at which the department returned TARs to providers increased while the rate at which the department modified or denied TARs changed only slightly. The department attributes the changes in the rates of approval, modification, denial, and return of TARs to the new limitations and restrictions imposed by the reform legislation.

INTRODUCTION

Medi-Cal is California's version of the federal Medicaid program. Medi-Cal, which is administered by the Department of Health Services (department), provides medical services to the State's poor and needy. Under Medi-Cal's fee-for-service payment system, medical providers, such as physicians and hospitals that provide medical services to eligible beneficiaries, submit claims for payment to a nongovernmental fiscal intermediary under contract to the State. The fiscal intermediary processes the claims to determine whether the claims are appropriate and sends approved claims to the State for payment. Medi-Cal serves over two million beneficiaries who can receive medical services from over 100,000 providers.

The Treatment Authorization Request System

The State uses a system of prior authorization, called the Treatment Authorization Request system, which requires providers to obtain approval from the department before they provide certain medical services. Prior authorization is intended to prevent beneficiaries from being subjected to possibly harmful procedures such as unnecessary surgery. Furthermore, prior authorization reduces program costs by preventing services that are either not necessary or not cost effective.

Providers obtain department approval to provide these services by submitting a form called a Treatment Authorization Request (TAR). The department's Field Services Branch is responsible for processing the TARs. The Field Services Branch consists of a headquarters unit, which performs central administrative functions, and 12 regional district offices (Medi-Cal field offices) that receive and process the TARs. Providers deliver or mail the TARs to the Medi-Cal field offices. Additionally, providers can request approval by telephone, but they must subsequently submit TARs for the approved services.

Providers prepare the TARs based on guidance provided by the department and the fiscal intermediary. The TAR must contain information on the eligibility of the provider and beneficiary, a description of the requested service, and for some services, detailed justification for the service. Providers must sometimes also submit other medical reports, such as a laboratory blood test, to demonstrate that the service is medically necessary for the patient. Staff of the Medi-Cal field offices review the TARs to assure that the information is complete, that the requested service does not duplicate previously authorized services, that the requested service is a Medi-Cal benefit authorized by law and is the least costly of available options, and finally, that the beneficiary is eligible for and needs the service.

In reviewing the TARs, the field office staff use criteria developed by the department's Benefits Branch. The field office staff may approve the TAR if it meets the criteria, deny the TAR if it does not meet the criteria, modify the TAR if the service requested is justified but a lower cost option is available, or return the TAR to the provider if the TAR is incomplete or needs further documentation. Approved or modified TARs are sent to the State's fiscal intermediary, which uses them in processing claims from providers.

The Medi-Cal Reforms of 1982

According to the Office of the Legislative Analyst, Medi-Cal costs in the late 1970's rose rapidly, growing at an average rate of almost 14 percent annually. In an effort to reduce Medi-Cal costs, the Legislature enacted legislation to reform the Medi-Cal program. The reform legislation, Chapter 328, Statutes of 1982 (Assembly Bill 799), and Chapter 1594, Statutes of 1982 (Senate Bill 2012), made many changes in the Medi-Cal program. For example, responsibility for providing medical services to almost all medically indigent adults was transferred from the State to the counties. (Medically indigent adults are low-income adults who are not members of families with dependent children and are not aged, blind, or disabled.) The transfer removed over 200,000 beneficiaries from the Medi-Cal program.

In addition, the legislation restricted the manner in which providers could render certain services. For example, certain noncritical surgical and medical services must now be provided in an outpatient setting such as a doctor's office instead of in an inpatient setting such as a hospital. Furthermore, the legislation limited the services that providers can render to Medi-Cal beneficiaries to services necessary to protect the life of the beneficiary or prevent significant disability. Previously, providers had more discretion in determining the services that beneficiaries needed.

Finally, the legislation authorized the department to require that providers obtain prior authorization for services that had not previously required such advance approval; outpatient surgery, heroin detoxification, and portable X-ray services were added to the list of services that require the department's advance approval. Although the Medi-Cal reform legislation was enacted in 1982, the reforms were not fully implemented until January 1, 1983.

SCOPE AND METHODOLOGY

This review provides information on the number and types of Treatment Authorization Requests before and after implementation of the Medi-Cal reforms of 1982. The review covers the period from January 1982 through June 1984.

The Department of Health Services' Field Services Branch maintains detailed statistics on the number of TARs it processes. We used the department's statistics to determine the total number of TARs that the department received during the 12 months preceding and the 18 months following implementation of the Medi-Cal reforms. To develop statistics on the services for which TARs are required, we sampled data reported by 4 of the department's 12 Medi-Cal field offices. The 4 field offices are located in Los Angeles, Modesto, San Diego, and San Francisco. For each of the 4 offices, we examined data for the months of January, May, June, and September of each year beginning with January 1982. We thus obtained data for a total of 11 months, one month from each quarter, between January 1982 and June 1984. Four of the months preceded the date on which the Medi-Cal reforms were fully implemented, and 7 of the months followed implementation of the legislation.

In addition, we interviewed department staff in the Field Services Branch and the Benefits Branch. To assess the accuracy of the department's data, we visited the San Francisco Medi-Cal field office to examine the method that the field offices use in reporting statistics on the TARs to the headquarters unit of the Field Services Branch. We also reviewed the methods that the headquarters unit uses in summarizing the statistics reported by the field offices.

ANALYSIS

THE NUMBER OF TREATMENT AUTHORIZATION REQUESTS DECREASED AFTER THE MEDI-CAL REFORMS OF 1982

The number of Treatment Authorization Requests (TARs) received by the Department of Health Services (department) decreased during the first 12 months after the implementation of the Medi-Cal reforms of 1982. However, the number of TARs increased during the first six months of 1984. The department has identified three factors that account for the reduction in the number of TARs in 1983: transfer to the counties of responsibility for aid to medically indigent adults; provider awareness of new restrictions on medical services; and the deterrent effect of new requirements for justification of services. The department has not yet determined the reasons for the rise in the number of TARs in 1984. In addition, since the Medi-Cal reforms became effective, the percentage of TARs that the department approved decreased while the percentage of TARs returned to providers increased. The percentage of TARs that the department modified or denied remained relatively unchanged.

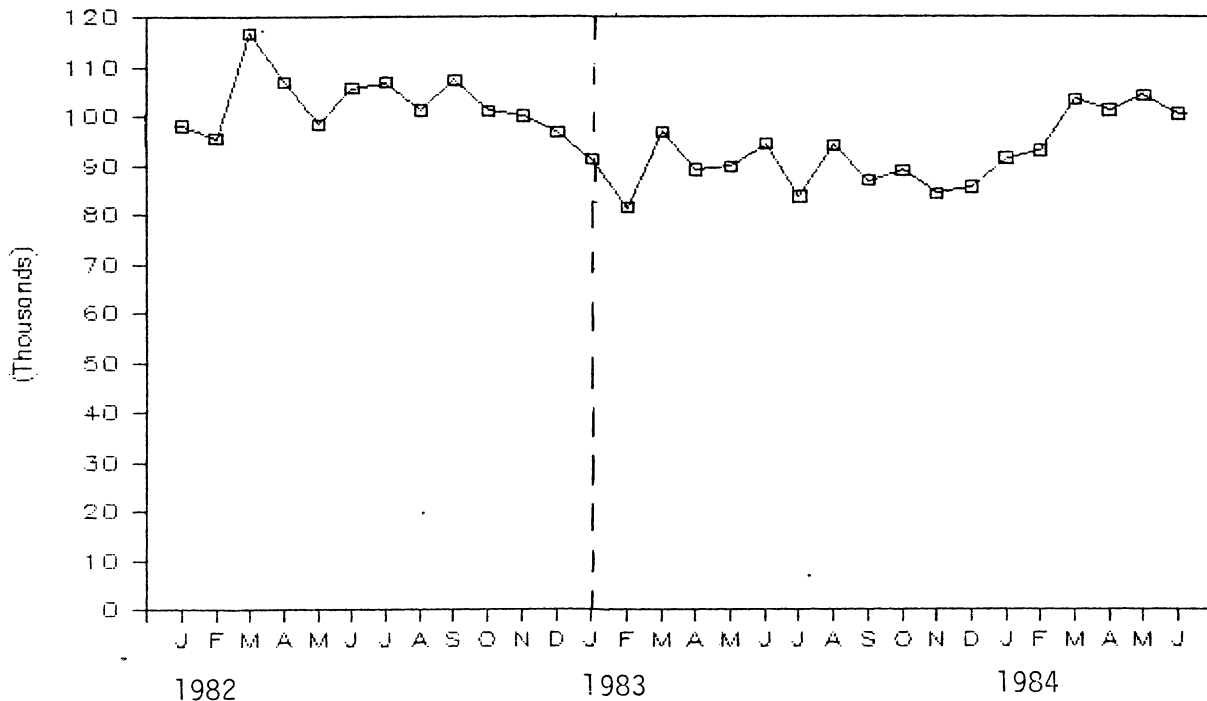
Changes in the Number of TARs

According to department statistics, the average number of TARs that the department received per month during 1982 was 102,985. For 1983, the 12 months after the implementation of the Medi-Cal reforms,

the monthly average declined to 88,919 TARs. During the first 6 months of 1984, however, the monthly average rose to 99,112 TARs. (See Appendix A for the department's statistics on TARs for fiscal years 1981-82 through 1983-84.)

Table 1 depicts the number of TARs that the department received each month for the calendar year before implementation of the Medi-Cal reforms and for the 18 months that followed. The vertical broken line marks the date of implementation of the reforms, January 1, 1983.

TABLE 1
TREATMENT AUTHORIZATION REQUESTS
RECEIVED BY THE DEPARTMENT OF HEALTH SERVICES
JANUARY 1982 THROUGH JUNE 1984



The department cites three factors that helped reduce the number of TARs. First, transferring to the counties the responsibility for providing medical services to nearly all medically indigent adults affected the entire Medi-Cal program. In December 1982, there were 214,621 persons eligible for Medi-Cal under the Medically Indigent Adult category. On January 1, 1983, when the reform legislation was implemented, there were only 13,406 persons eligible for aid under this category. The transfer accounted for a 6.9 percent drop in the total Medi-Cal population.

According to the Acting Chief of the Field Services Branch, the transfer accounts in part for the reduction in the number of TARs. Department staff told us that a typical medically indigent adult received more services and, as a result, accounted for a higher number of TARs than other Medi-Cal beneficiaries. Therefore, removing medically indigent adults from the total Medi-Cal population would yield a disproportionately large drop in the number of TARs. However, because TARs do not contain information concerning the beneficiaries' category of aid, the department is unable to quantify the actual decrease in the number of TARs that is related to the removal of the medically indigent adults from Medi-Cal.

Another factor that the department cites as contributing to the decrease in the number of TARs is provider awareness of the new restrictions and limitations on services. According to testimony given to the Assembly Committee on Health in 1983, the department consulted

with groups of providers while it was formulating the legislative changes and subsequently held extensive public hearings on the changes it was proposing.

Staff of the Field Services Branch also told us that once the changes were finalized, the fiscal intermediary sent to providers "Provider Bulletins" that specifically identified the new restrictions and the limitations on services. Further, the controversial nature of the proposed legislation resulted in provider awareness of the reforms long before they were implemented. As a result, according to the department, the number of TARs decreased because providers were not submitting TARs that they knew would not be approved under the new system.

Finally, the department believes that the deterrent effect of stricter requirements for justification of services contributed to the decrease in TARs. As part of implementing the reform legislation, the department increased the number of services for which it required providers to submit supporting medical reports and detailed written justification. According to the Acting Chief of the Field Services Branch, these new requirements deterred providers from requesting approval of medical services for which they knew they could not provide adequate justification. Therefore, the number of TARs decreased because providers did not submit TARs that they knew the department would reject.

Although the total number of TARs decreased significantly during 1983, the number of TARs increased in the first six months of 1984. The average number of TARs per month during the first half of 1984 was approximately 10,000 TARs higher than the average in 1983. The department has not yet determined the reason for this rise in the number of TARs.

We also analyzed statistics on TARs by type of service. The number of TARs for most services generally followed the same pattern of decrease that we reported for the total of all TARs received. (Appendix B contains statistical information regarding 16 types of Medi-Cal services for which TARs are required.)

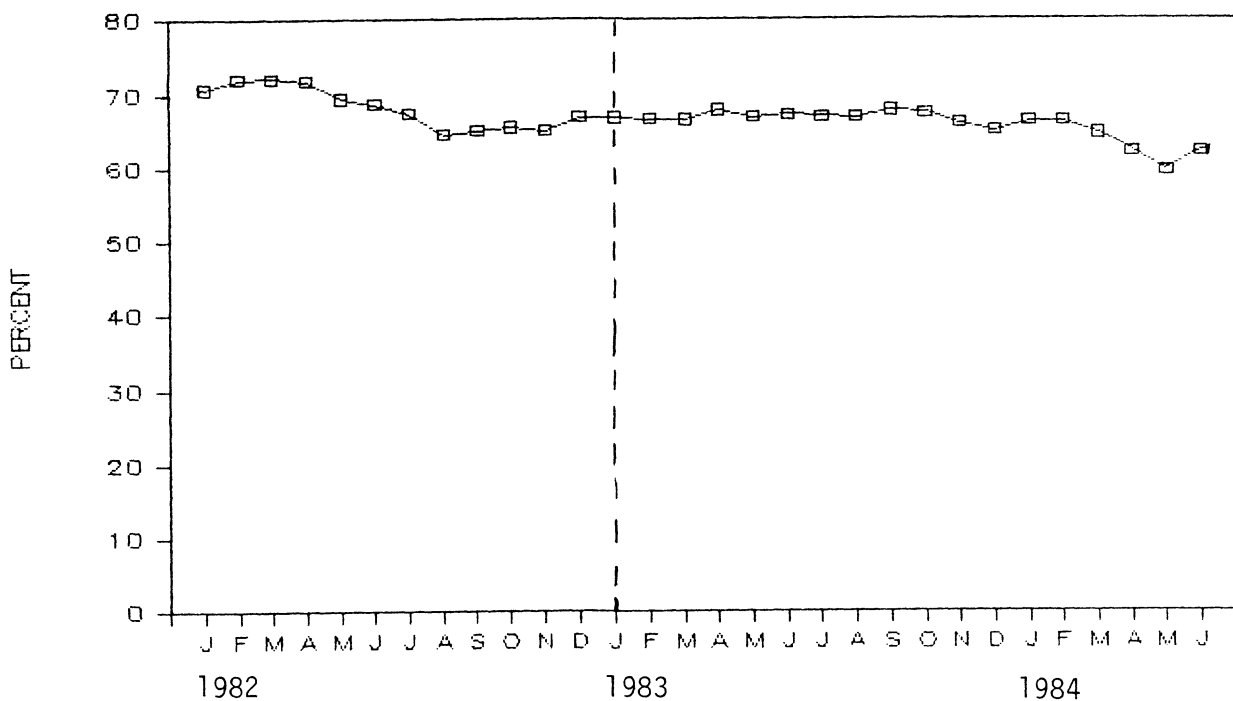
Rates of Approval, Modification, Denial, and Return of TARs

The percentage of TARs that the department has approved has decreased slightly since implementation of the Medi-Cal reforms. We also noted changes in the percentage of TARs modified, denied, or returned to providers. Staff of the department's Field Services Branch attribute these changes in part to the restrictions imposed by the 1982 Medi-Cal reforms. The graphs on the following pages display the changes in the rates of the approval, modification, denial, and return of TARs for the 12 months before and 18 months after the full implementation of the Medi-Cal reforms. The vertical broken line indicates the date on which the reforms were fully implemented. (See Appendix A for specific rates of approval, modification, denial, and return for fiscal years 1981-82 through 1983-84.)

Approval

The rate at which the department has approved TARs has decreased. During calendar year 1982, the department approved each month an average of 68 percent of the TARs it received. During the 12 months following the full implementation of the Medi-Cal reforms on January 1, 1983, the average rate of approval declined to 67 percent. During the first 6 months of 1984, the average rate of approval per month was 64 percent. The Acting Chief of the Field Services Branch attributed the decrease in the rate of approval of TARs to the increase in the rate of return of TARs to providers. Table 2 shows by month the rate of approval of TARs from January 1982 through June 1984.

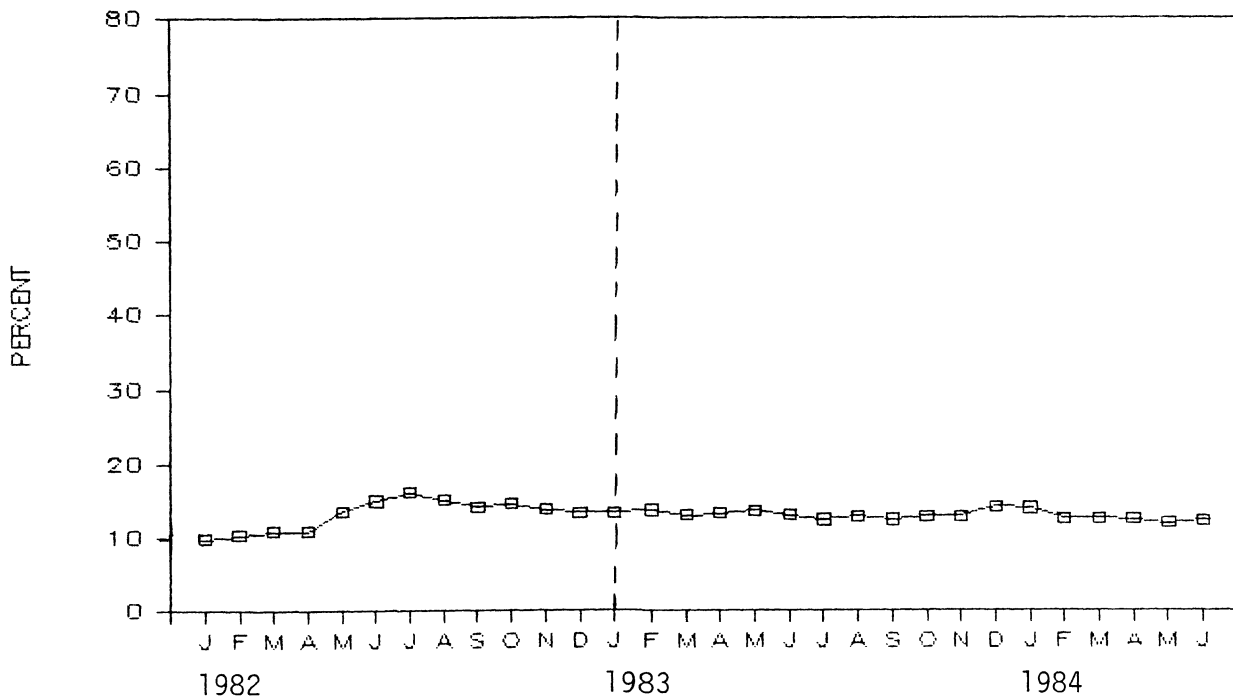
TABLE 2
THE RATE OF APPROVAL OF TARs
JANUARY 1982 THROUGH JUNE 1984



Modification

The rate of modification of TARs by the department declined only slightly following implementation of the Medi-Cal reforms. The average rate of modification per month during 1982 was 13.2 percent. During 1983, the monthly average was 13.1 percent. During the first six months of 1984, the monthly average was 12.7 percent. Table 3 shows by month the changes in the percentage of TARs that the department modified from January 1982 through June 1984.

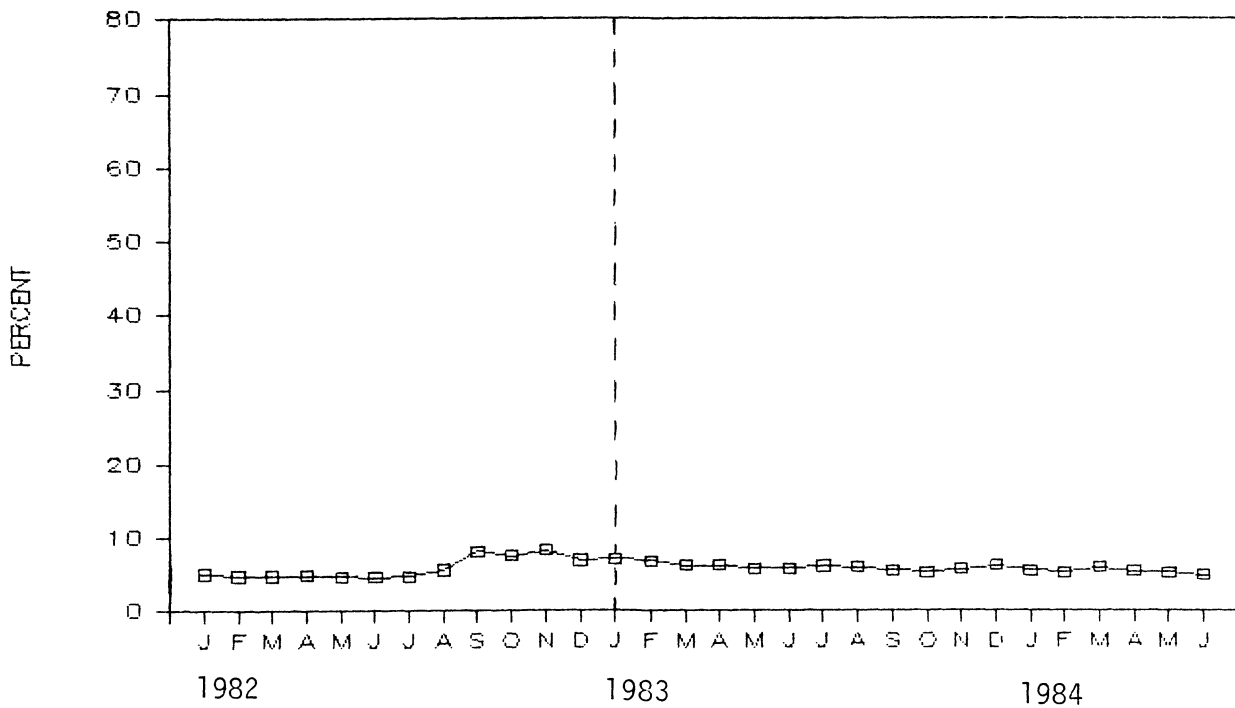
TABLE 3
THE RATE OF MODIFICATION OF TARs
JANUARY 1982 THROUGH JUNE 1984



Denial

The rate at which the department denied TARs also remained relatively the same. During 1982, the average rate of denial per month was 5.8 percent. During 1983, the rate was 6.1 percent, and during the first six months of 1984, the rate dropped to 5.4 percent. Table 4 shows by month the rate of denial of TARs.

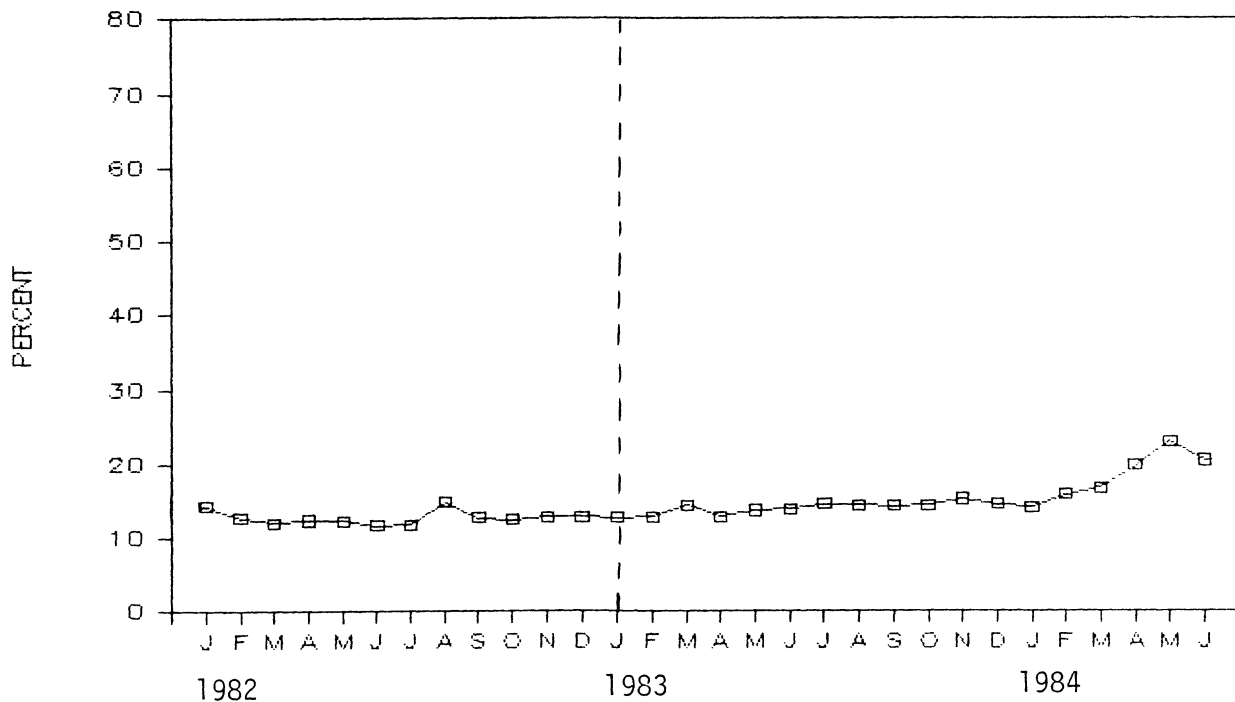
TABLE 4
THE RATE OF DENIAL OF TARs
JANUARY 1982 THROUGH JUNE 1984



Return

The rate at which the department returned TARs to providers increased after Medi-Cal reform. During 1982, the average rate of return per month was 12.7 percent. During 1983, the average was 14.0 percent, and during the first six months of 1984, the rate was 18.4 percent. Table 5 shows by month the rate of return of TARs to providers.

TABLE 5
THE RATE OF RETURN OF TARs TO PROVIDERS
JANUARY 1982 THROUGH JUNE 1984



According to the Acting Chief of the Field Services Branch, the increase in the rate of return of TARs to providers can, in part, be attributed to the more stringent requirements for justification of medical services that resulted from the Medi-Cal reforms. For example, the department returns TARs to providers if the TARs need further documentation to prove that the requested services are medically necessary.

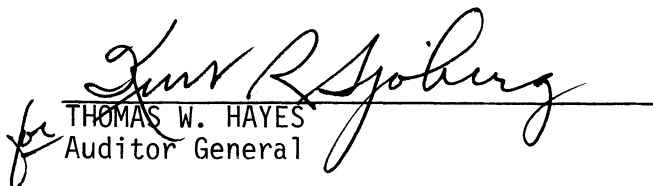
CONCLUSION

The Medi-Cal reforms of 1982 greatly affected the State's Medi-Cal program. The reform legislation reduced the total Medi-Cal population by transferring to the counties the responsibility for providing services to almost all medically indigent adults. In addition, the reforms expanded the number of medical services for which providers must submit Treatment Authorization Requests.

Because of the Medi-Cal reforms of 1982, the total number of TARs received by the Department of Health Services during 1983 declined significantly, but the number of TARs increased in 1984. In addition, the rate at which the department approved TARs decreased, and the rate at which the department returned TARs to providers increased. The rates at which the department modified or denied TARs did not change significantly.

We conducted this review under the authority vested in the Auditor General by Section 10500 et seq. of the California Government Code and according to generally accepted governmental auditing standards. We limited our review to those areas specified in the audit scope section of this report.

Respectfully submitted,


THOMAS W. HAYES
Auditor General

Date: October 15, 1984

Staff: Steven L. Schutte, Audit Manager
Clifton John Curry
Donald A. Davison
Sara A. Scully



HEALTH and WELFARE AGENCY

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October 11, 1984

Mr. Thomas W. Hayes
Auditor General
Office of the Auditor General
660 J Street, Suite 300
Sacramento, CA 95814

Dear Mr. Hayes:

Thank you for the opportunity to review and comment upon your report, "A Review of Treatment Authorization Requests Before and After the Medi-Cal Reforms of 1982".

This report accurately summarizes what we know about the implementation of the reforms of 1982 (AB 799) as it pertains to the TAR process.

I would like to thank you and your staff reviewers for the professional and courteous manner in which the review was performed.

Sincerely,

A handwritten signature in cursive script that reads "John [illegible] Swoap".

DAVID B. SWOAP
Secretary

APPENDIX A

**TREATMENT AUTHORIZATION REQUESTS
FISCAL YEARS 1981-82 THROUGH 1983-84
(Source: Department of Health Services)**

	RECEIVED	PROCESSED	REMAINING	APPROVED	MODIFIED	DENIED	RETURNED
FY 81/82							
July	113283	111914	17852	69.9	13.0	5.2	11.9
August	105335	104774	18512	69.5	13.3	5.4	11.8
September	104235	103620	22227	70.2	13.1	5.1	11.6
October	110580	107626	25181	67.3	12.6	7.8	12.3
November	99068	99375	24873	68.1	12.6	5.2	14.1
December	103303	101793	26387	71.8	10.0	4.9	13.3
January	98192	98668	25911	70.7	9.9	5.1	14.3
February	95523	96009	25425	72.1	10.4	4.8	12.7
March	115944	121136	19562	72.2	10.9	4.8	12.1
April	107067	112409	16220	71.8	10.9	4.9	12.4
May	98418	106535	14103	69.4	13.6	4.7	12.3
June	105755	104532	15326	68.7	15.0	4.6	11.7
TOTAL	1257903	1257392					
AVERAGE	104825	104783	20973	70.14	12.10	5.20	12.54
FY 82/83							
July	106910	102927	19309	67.4	16.1	4.7	11.8
August	101375	101971	18715	64.5	15.1	5.6	14.8
September	107533	106598	19651	65.1	14.1	8.1	12.7
October	101173	102227	18596	65.5	14.6	7.5	12.5
November	100200	102333	16453	65.1	13.8	8.3	12.8
December	96724	100850	12337	66.9	13.4	6.9	12.8
January	91220	91117	12420	66.8	13.4	7.1	12.7
February	81408	80493	13334	66.6	13.7	6.9	12.9
March	96958	99953	10339	66.5	13.0	6.2	14.4
April	89152	89808	9613	67.8	13.2	6.2	12.8
May	89774	88412	10971	66.9	13.6	5.8	13.7
June	94422	94325	11068	67.2	13.0	5.8	12.9
TOTAL	1156839	1161094					
AVERAGE	96403	96757	14400	66.3	13.9	6.5	13.1
FY 83/84							
July	83742	85148	9662	57.0	12.4	6.1	14.5
August	94127	93439	10350	66.9	12.8	5.9	14.4
September	87055	84894	12520	67.8	12.4	5.5	14.3
October	89115	87971	13666	67.5	12.8	5.3	14.4
November	84422	86314	11753	65.1	12.9	5.7	15.3
December	85666	83619	13820	65.1	14.1	6.2	14.6
January	91572	86810	16563	66.4	14.0	5.5	14.1
February	93070	95163	13469	66.3	12.6	5.2	15.9
March	103670	104215	12924	64.7	12.6	6.0	16.8
April	101424	102329	11937	62.3	12.5	5.4	19.8
May	104404	104222	12119	59.7	12.0	5.2	23.1
June	100534	102624	10952	62.3	12.3	4.9	20.5
TOTAL	1110782	1117028	150815				
AVERAGE	93231	93150	12567	65.1	12.7	5.5	16.4

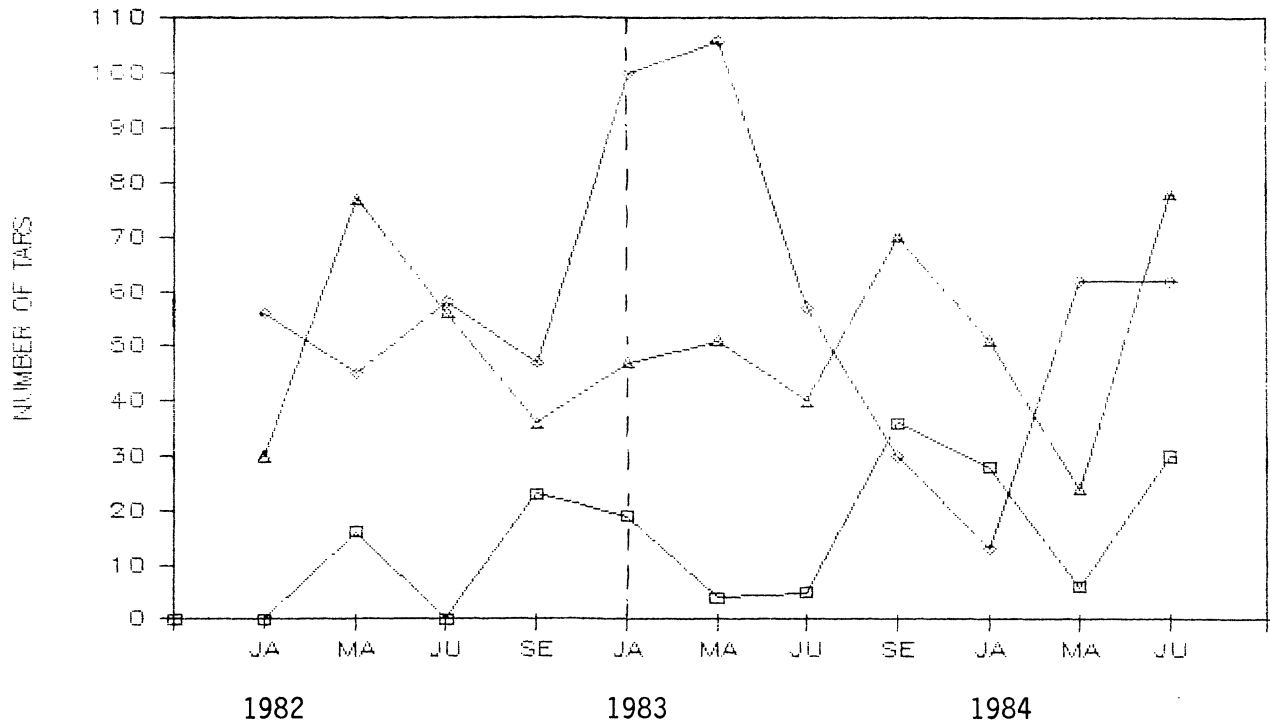
*Corrections made

**TREATMENT AUTHORIZATION REQUESTS
RECEIVED BY FOUR MEDI-CAL FIELD OFFICES
FOR SIXTEEN MEDICAL SERVICES; SAMPLE MONTHS
FROM JANUARY 1982 THROUGH JUNE 1984**

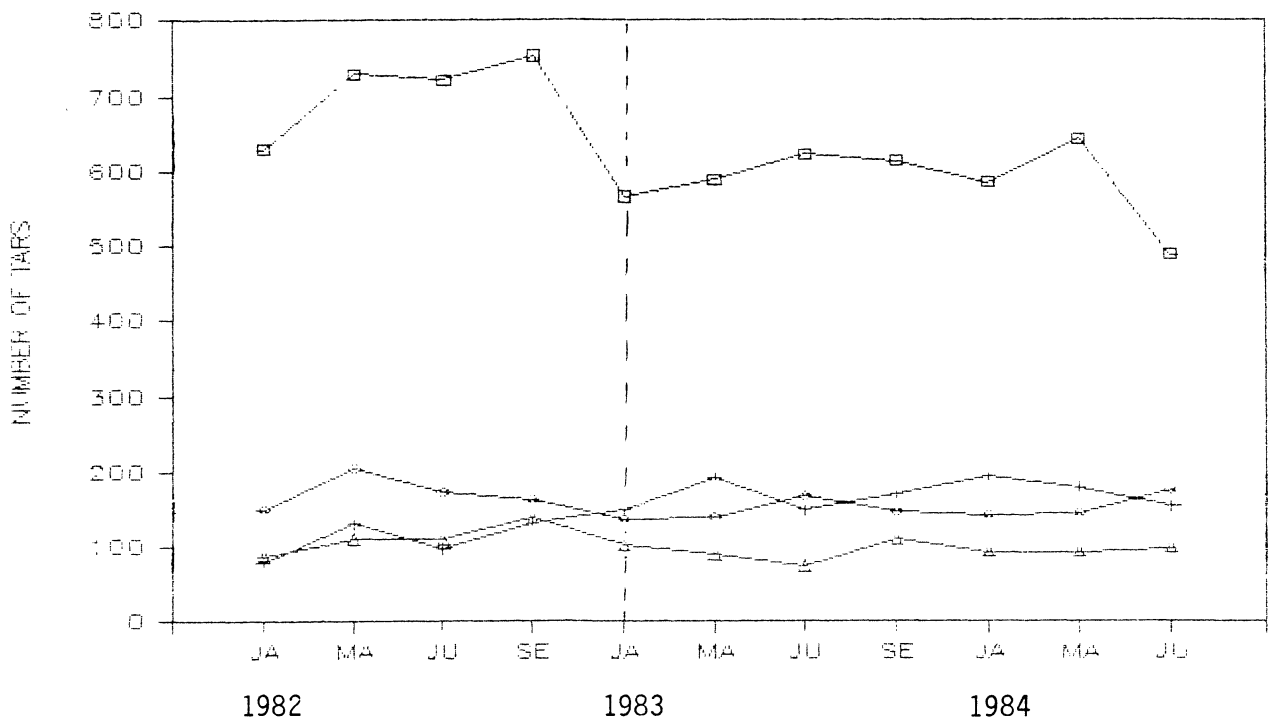
In this appendix, we present graphs showing the data that we received from the Medi-Cal field offices in Los Angeles, Modesto, San Diego, and San Francisco. The data show the number of TARs that each office received for 16 Medi-Cal services that require TARs under the Medi-Cal reforms that were implemented on January 1, 1983. Three of these services (outpatient surgery, heroin detoxification, and X-ray services) did not require TARs prior to the reform legislation. All other services included here required TARs prior to 1983.

Variations in the magnitude of the data require that intervals in the vertical scale vary from graph to graph. The graphs have intervals of 10, 50, 100, or 1,000 units. Finally, because not all four Medi-Cal field offices had data for all services, some graphs have fewer than four lines.

ADULT DAY HEALTH CARE

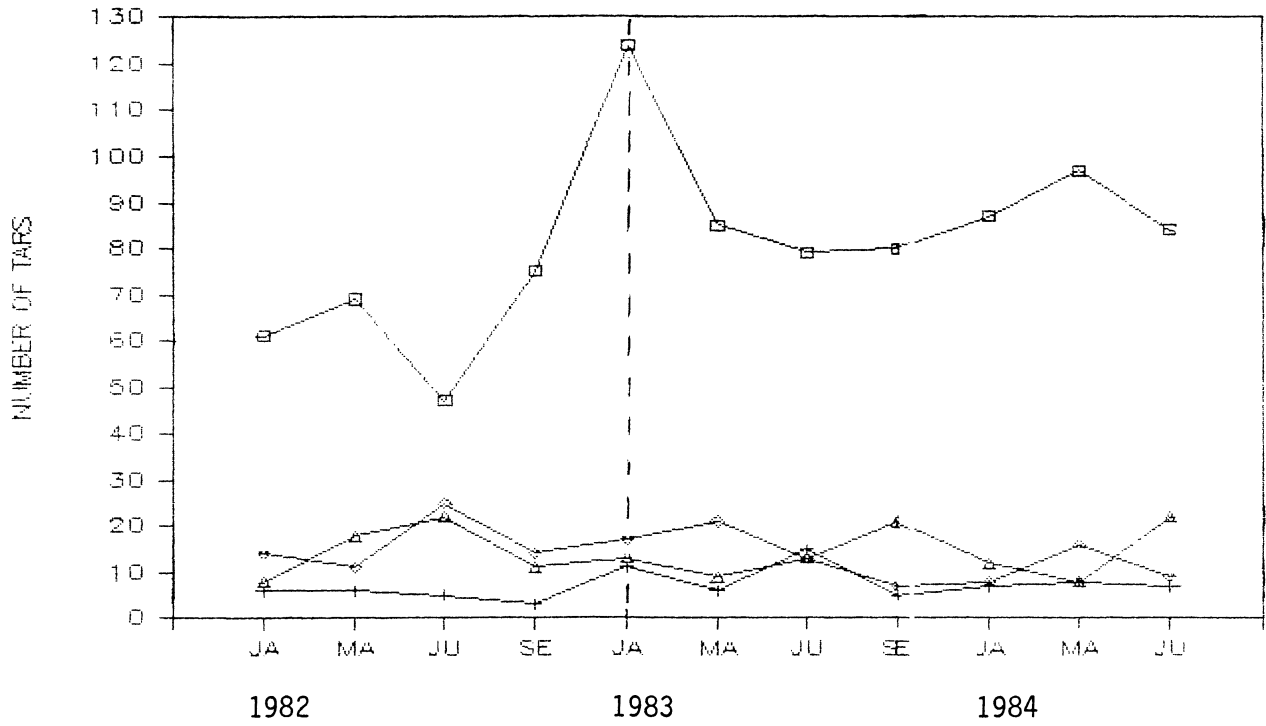


AUDIOLOGY

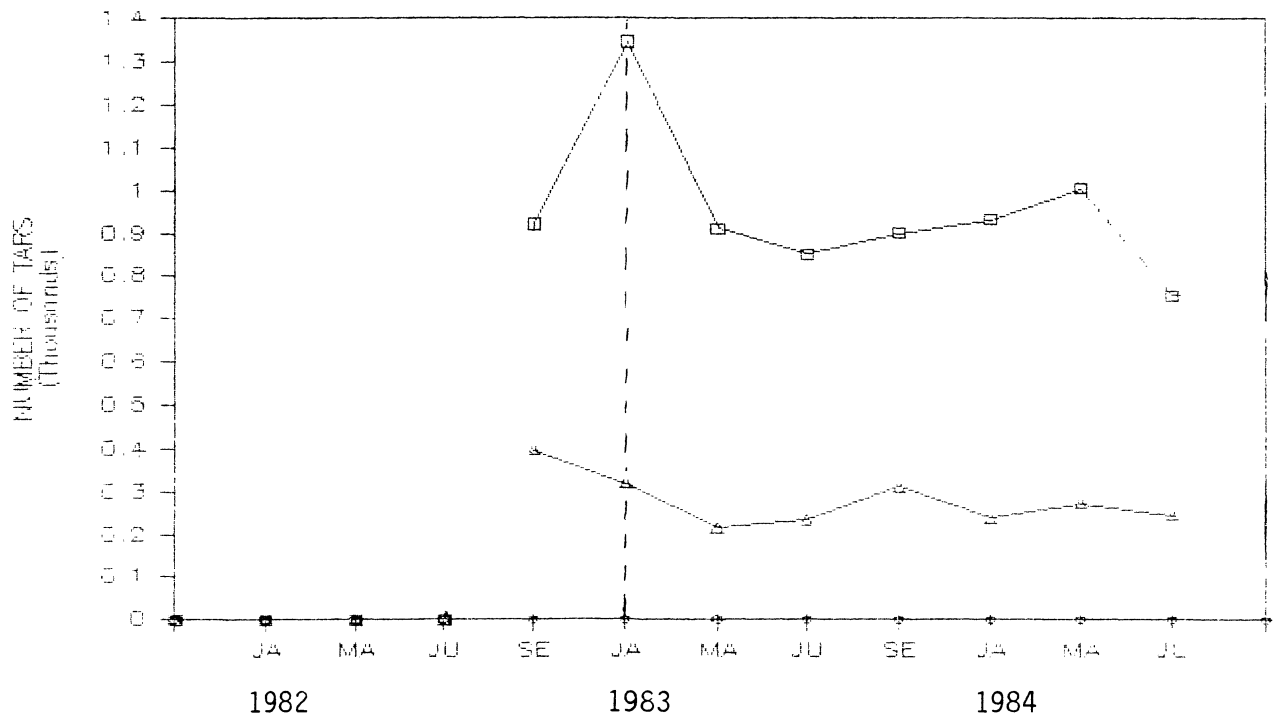


□ - Los Angeles + - Modesto ◇ - San Diego △ - San Francisco

DIALYSIS THERAPY

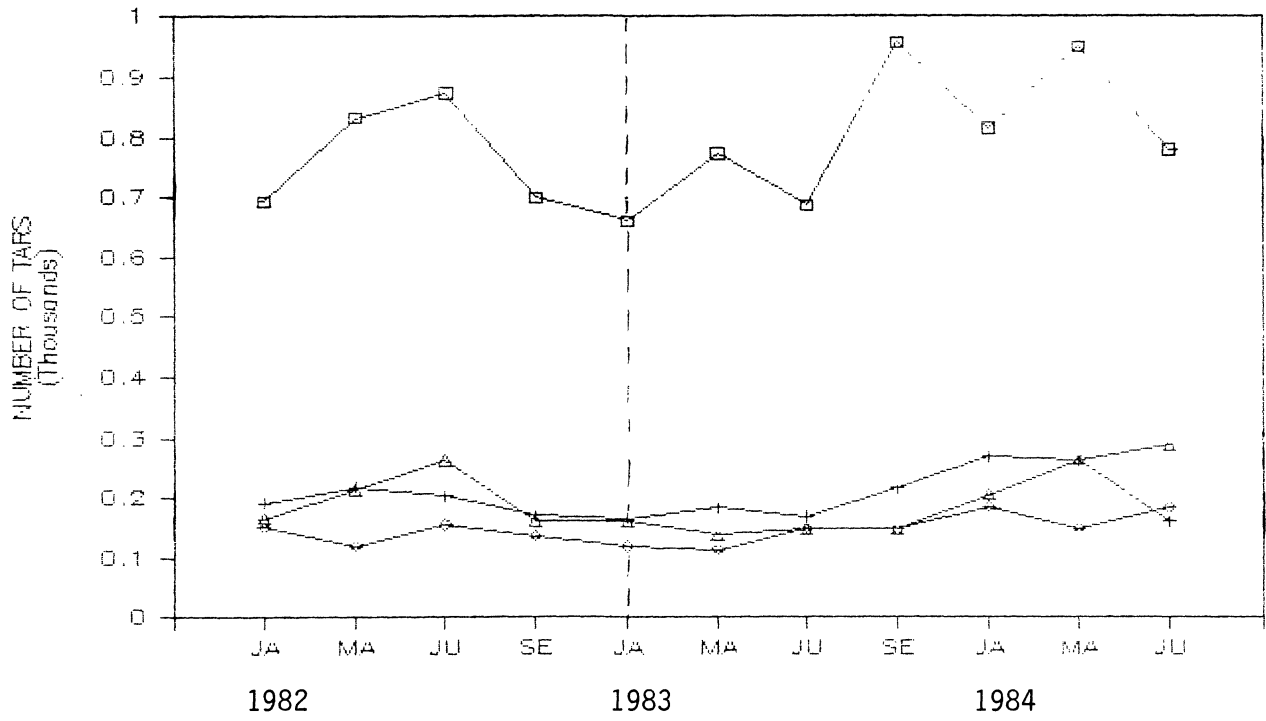


HEROIN DETOXIFICATION SERVICES

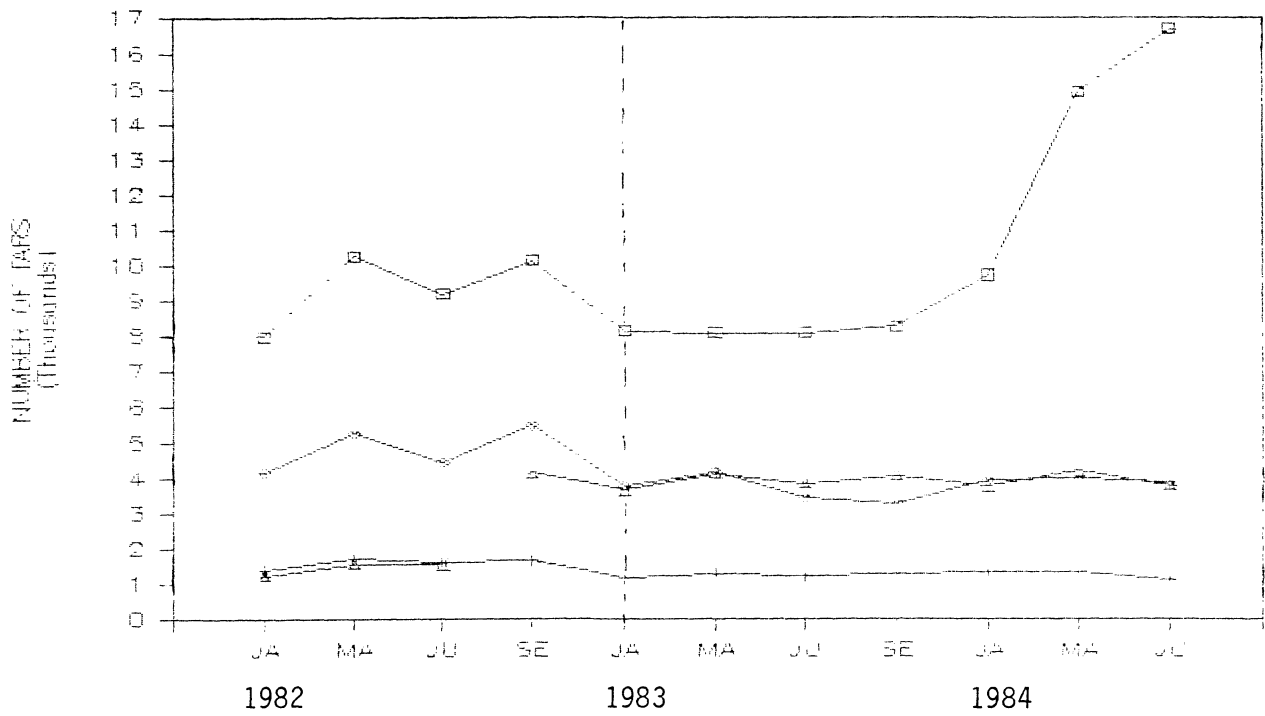


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HOME HEALTH CARE

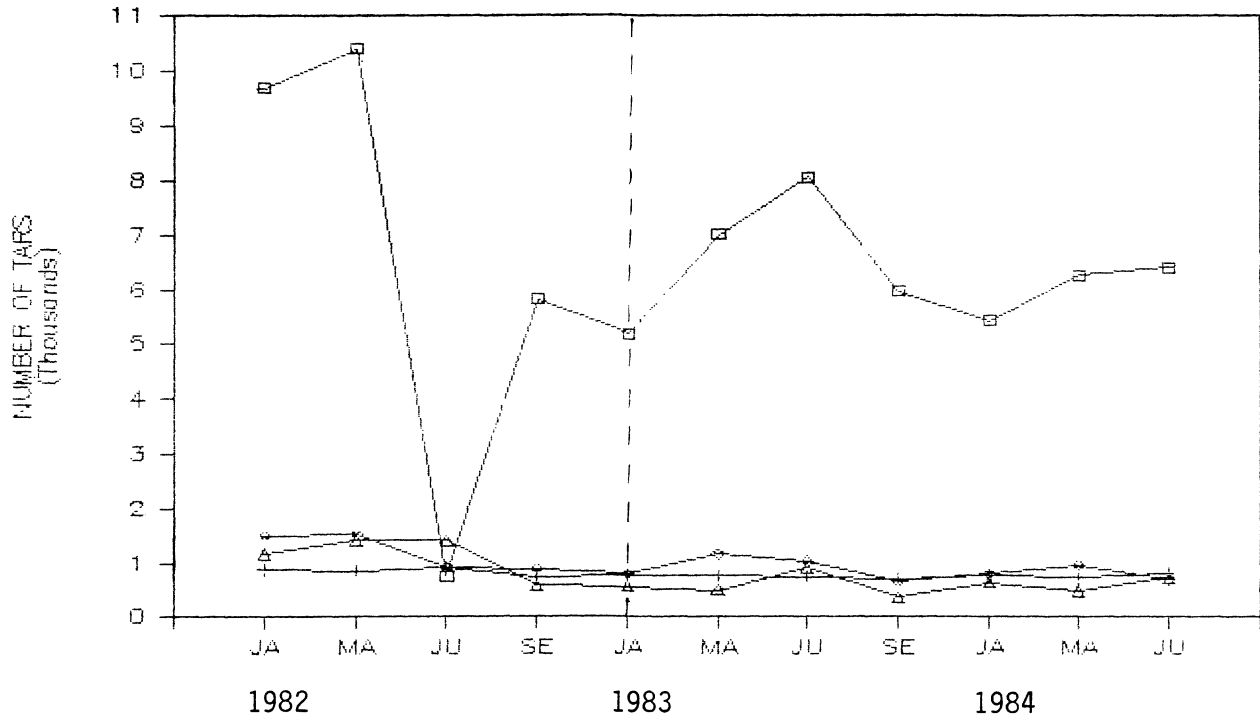


HOSPITAL TREATMENT REQUESTS

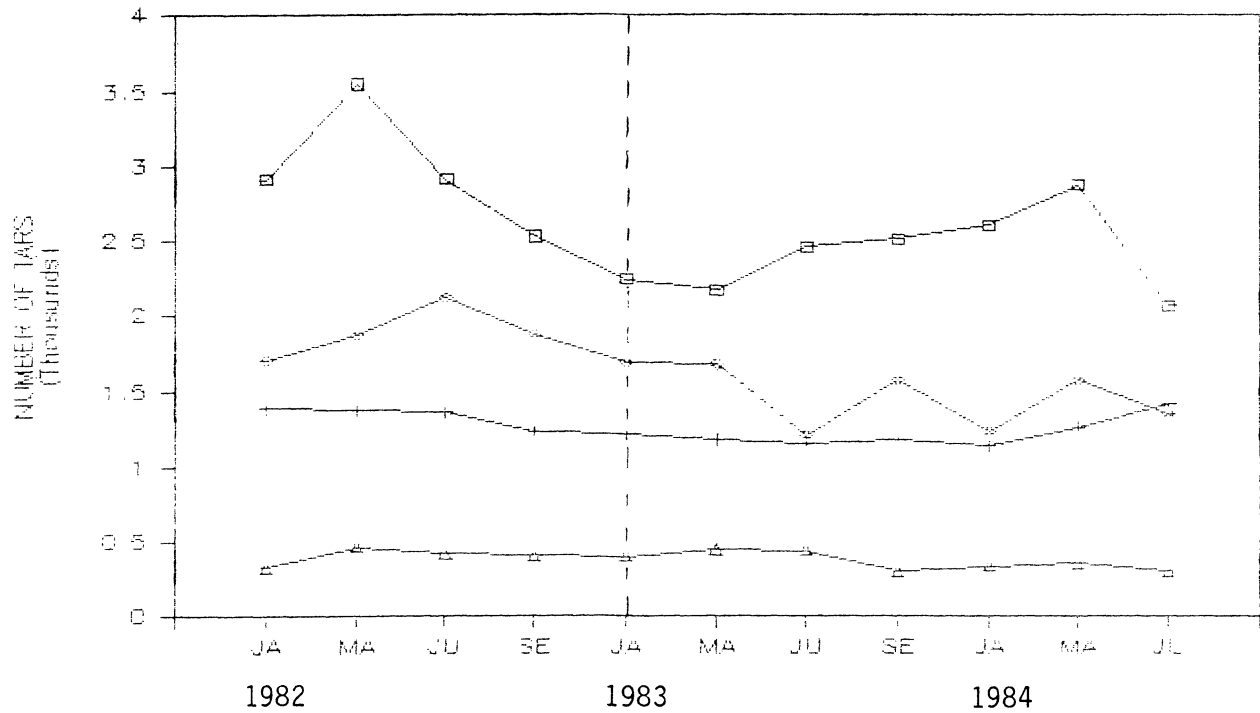


□ - Los Angeles + - Modesto ◇ - San Diego △ - San Francisco

LONG-TERM CARE

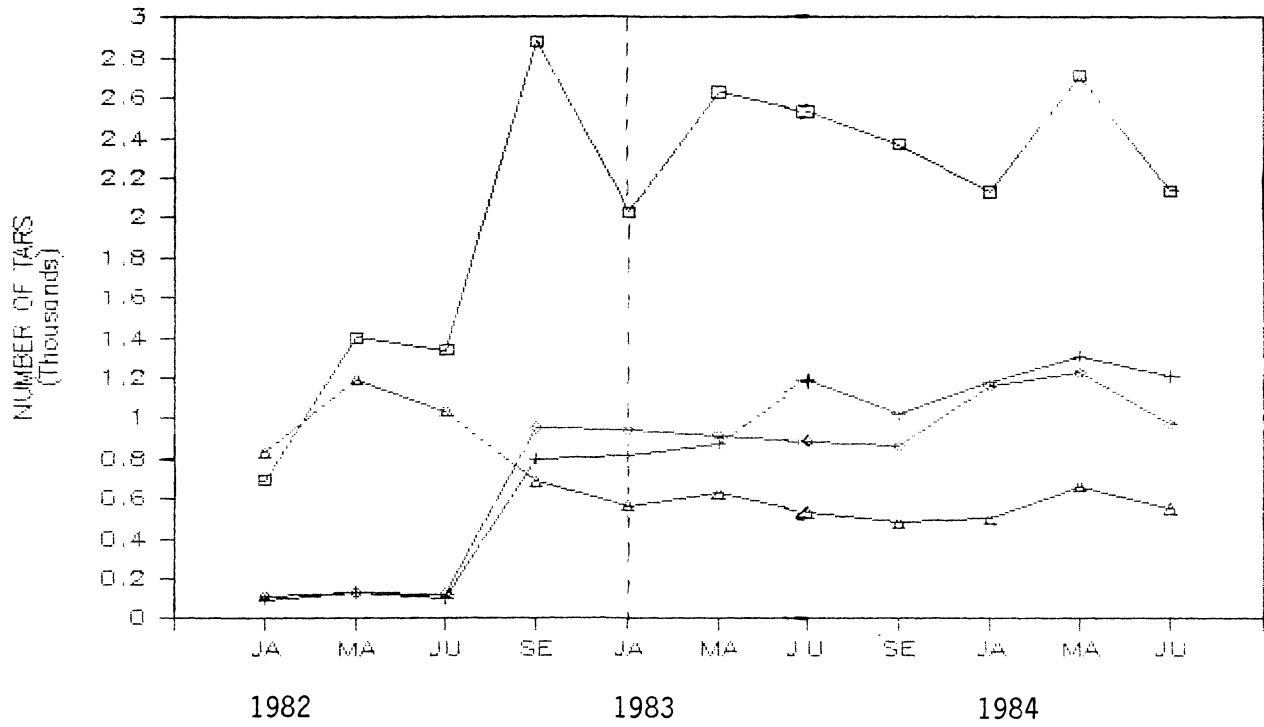


MEDICAL TRANSPORTATION

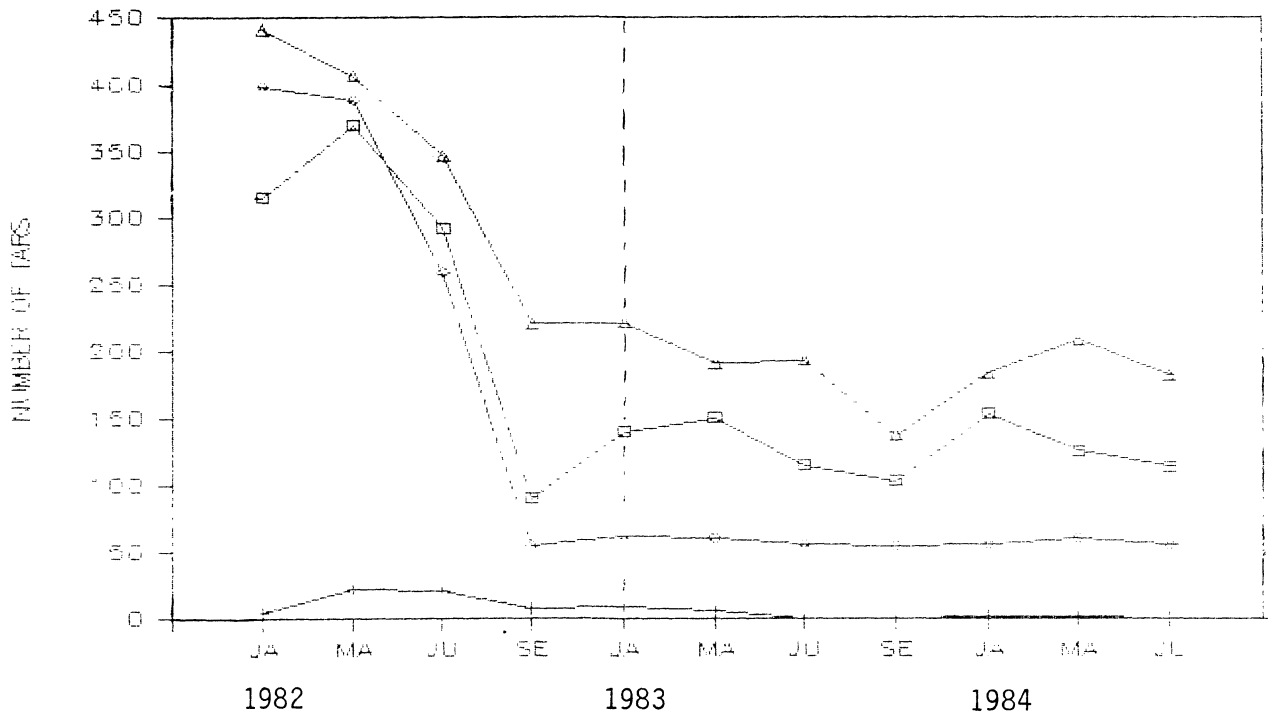


□ - Los Angeles + - Modesto ◇ - San Diego △ - San Francisco

ORTHOTIC AND PROSTHETIC DEVICES

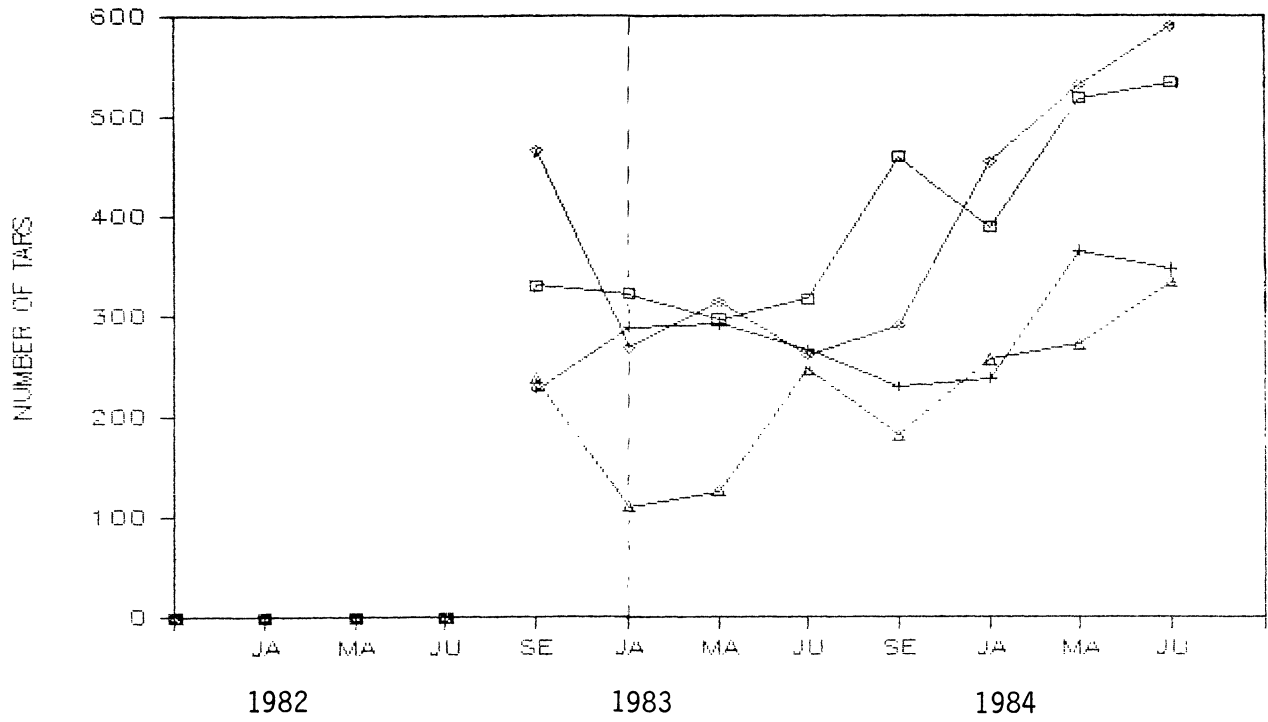


OUTPATIENT PSYCHIATRY SERVICES

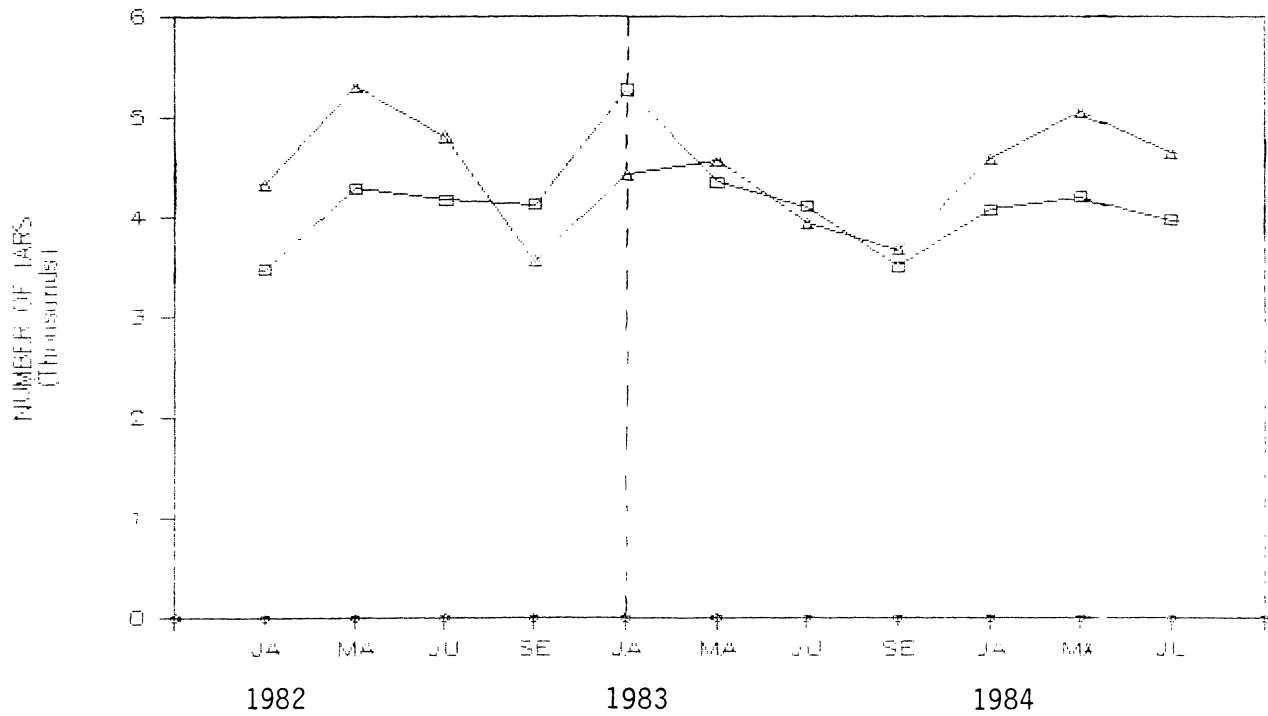


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OUTPATIENT SURGERIES

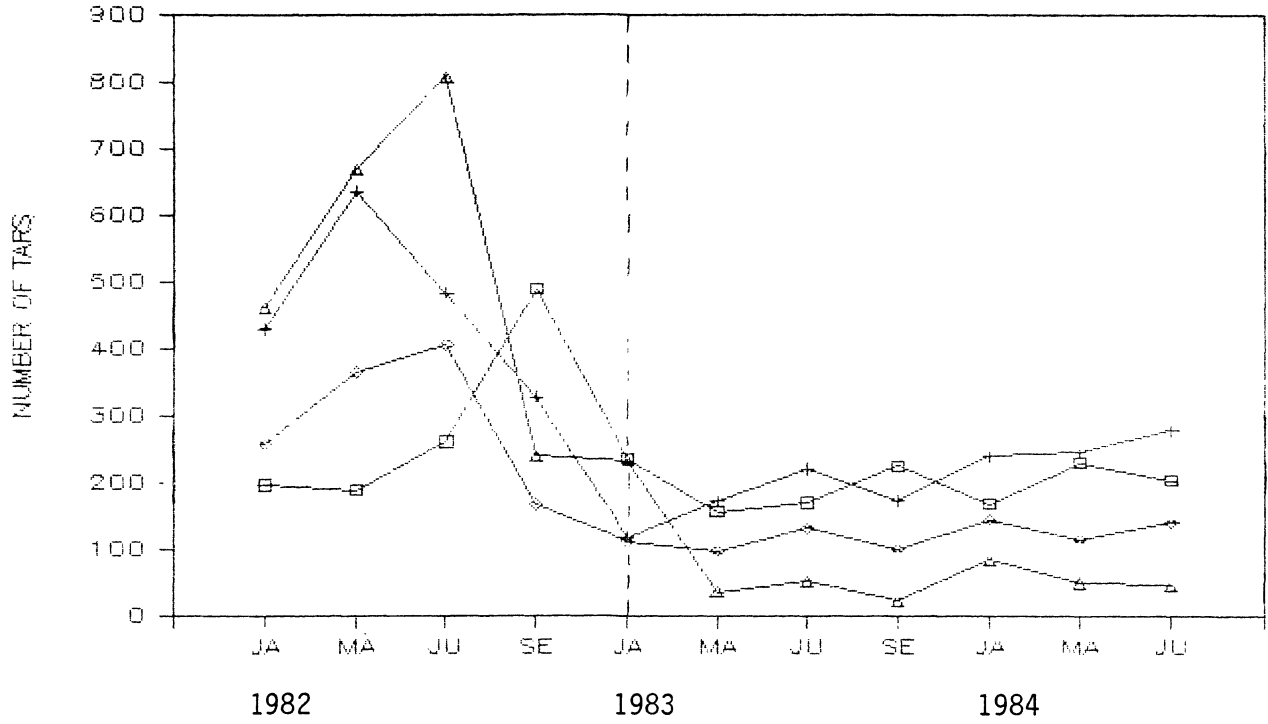


PHARMACY

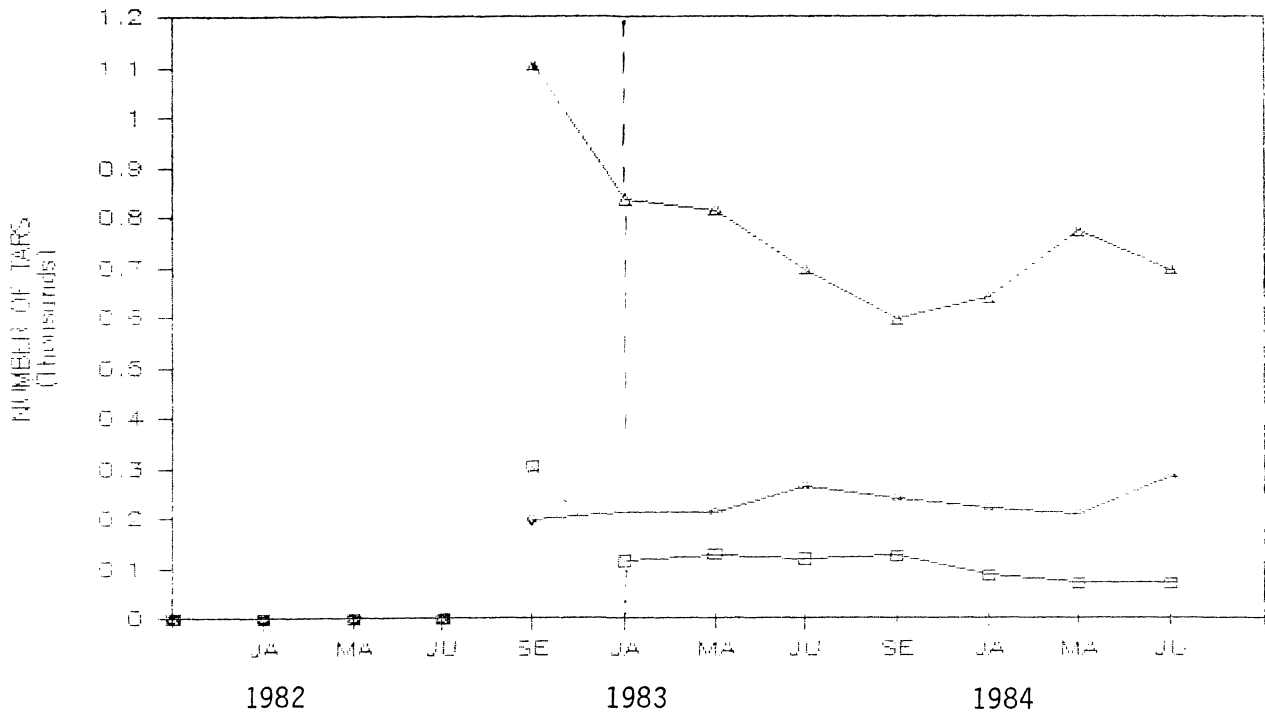


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PHYSICIAN OFFICE VISITS

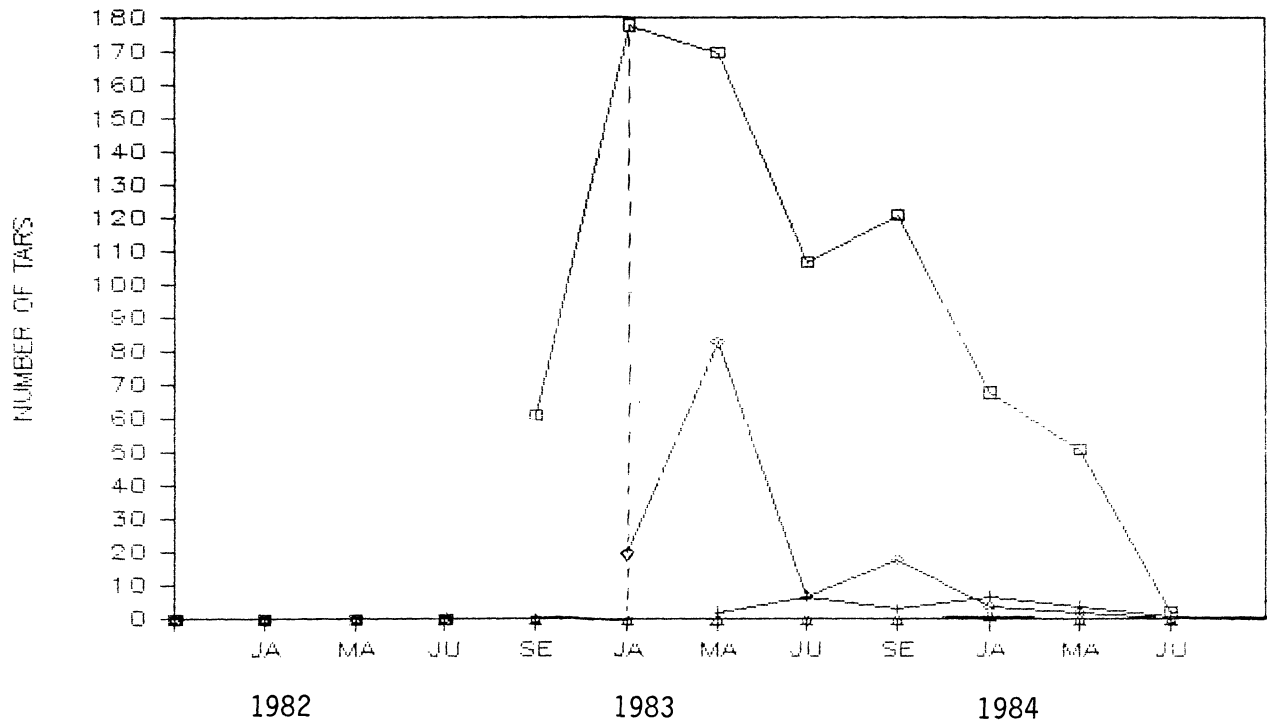


PODIATRY

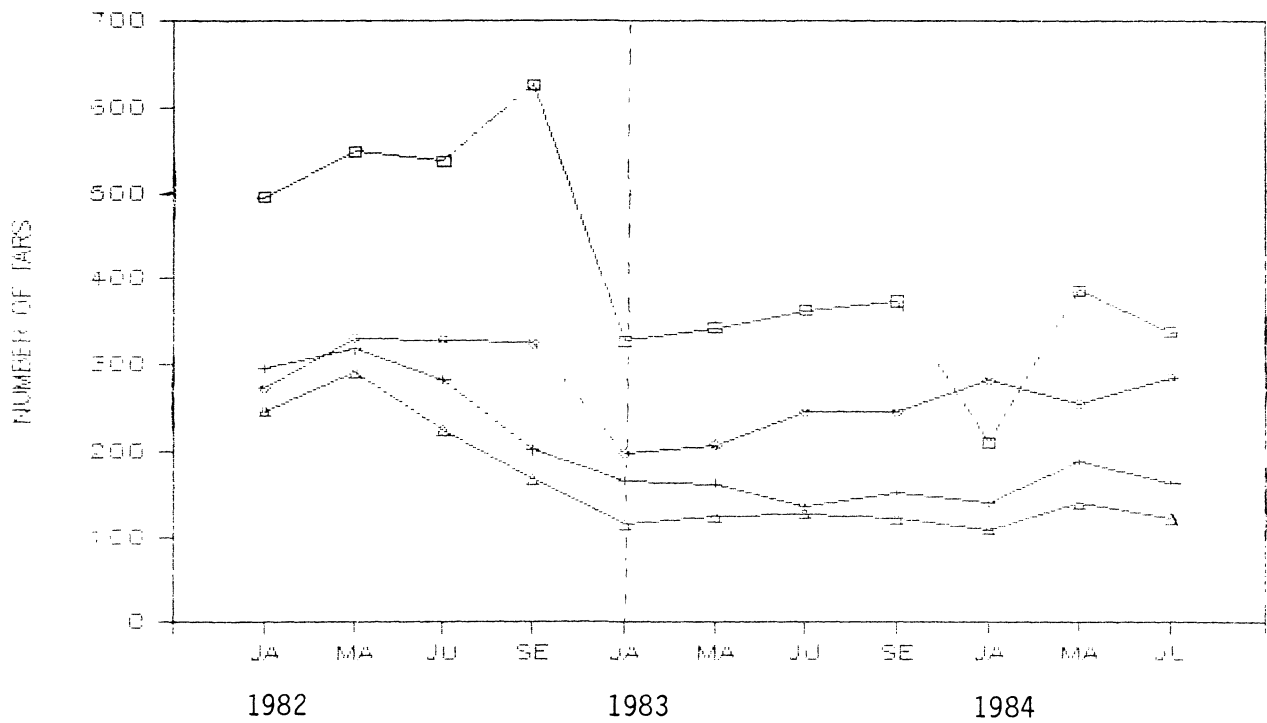


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PORTABLE X-RAY SERVICES



SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY



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cc: Members of the Legislature
Office of the Governor
Office of the Lieutenant Governor
State Controller
Legislative Analyst
Assembly Office of Research
Senate Office of Research
Assembly Majority/Minority Consultants
Senate Majority/Minority Consultants
Capitol Press Corps