
Rules of
Department of Higher Education
Division 250—University of Missouri
Chapter 7—Financial Administration
of the State Cancer Center

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**Title 6—DEPARTMENT OF
HIGHER EDUCATION**

**Division 250—University of Missouri
Chapter 7—Financial Administration of
the State Cancer Center**

**6 CSR 250-7.010 Definitions Relating to
the Financial Administration of the State
Cancer Center**

PURPOSE: This rule defines terms to be used in the interpretation of the rules of this chapter.

(1) Ability to pay for Missouri residents means that within the standard established in 6 CSR 250-7.030 the patient has sufficient income or sources of income to pay for services. Ability to pay may be for diagnosis only without acceptance for treatment or it may be divided between diagnosis and treatment.

(2) Ability to pay for persons who are not residents of Missouri means that one-fifth (1/5) of the net annual disposable income of the patient and the patient's family and other responsible parties is greater than the net annual charges.

(3) Agreement means either the written agreement by residents of Missouri to pay in accordance with their ability to pay for services within the standard established in 6 CSR 250-7.030 or the written agreement by nonresidents of Missouri to pay for all services provided by the State Cancer Center as mandated by section 200.101, RSMo (1986).

(4) Gross income means the income of the patient and the responsible party(ies). It includes, but is not limited to, the following: cash or credits of any kind received for services performed in an employment, self-employment or training program; public assistance benefits such as food stamps; maintenance or alimony; child support; unemployment insurance or compensation; disability insurance; pensions; annuities; Workers' Compensation; Social Security; military benefits; Supplemental Security Income (SSI); retirement benefits; rental income; regular contributions from relatives and others; and dividends or interest received or accumulative on investment interests.

(5) Net annual charges means the total projected annual charges minus verified annual insurance resources.

(6) Net annual disposable income means the adjusted annual gross income of the patient

and the patient's family and other responsible parties minus federal and state income taxes and minus other identified debt payments paid annually.

(7) Number of persons in the household means the patient or the responsible party(ies) and dependents allowable by the Internal Revenue Service as federal income tax exemptions.

(8) Patient means any person actually receiving care or other services from the Ellis Fischel State Cancer Center.

(9) Residency means that a person is residing at a dwelling place within the borders of Missouri and intends to make that dwelling place his/her permanent (at least one (1) year) home as indicated by the following factors by way of example, but not exclusively: a home(s) outside Missouri has (have) been sold or is (are) listed for sale; place of employment is in Missouri; patient or responsible party has paid local property taxes within the last year; or patient or responsible party has filed Missouri income tax returns within the last year.

(10) Responsible party means any person who, as a result of familial or legal relationship with a patient, personally is liable for the cost of health or medical care for the patient; or a person who voluntarily has accepted personal financial responsibility for the payment of medical or health care or services for the patient.

(11) State Cancer Center means the State Cancer Center in Columbia, Missouri, more commonly known as the Ellis Fischel State Cancer Center.

(12) Third-party source means, but is not limited to, private insurance of any type which is required to be paid as a result of admission either as an inpatient or as an outpatient to any hospital or on an expense-incurred basis for health expenses—Blue Cross or other commercial insurance; Medicare or Medicaid or both; other federal and state public assistance programs for health care; Workers' Compensation; trusts; estates; or any other form of indemnity for illness or injury.

(13) Timeliness of payment means that charges of two thousand dollars (\$2000) or less are paid within six (6) months after the original first billing date, and that charges of more than two thousand dollars (\$2000), but less than ten thousand dollars (\$10,000), are

paid within twelve (12) months after the original first billing date, and that charges over ten thousand dollars (\$10,000) are paid within twenty-four (24) months after the original billing date. If a financial analysis indicates that the timeliness of payment requirements cannot be met, then the requirements to show the ability to pay have not been met.

AUTHORITY: sections 192.005.2. and 200.030, RSMo 1986. This rule was previously filed as 19 CSR 80-1.010. Original rule filed May 15, 1990, effective Sept. 28, 1990.*

**Original authority: 192.005, RSMo 1985.*

**6 CSR 250-7.020 Utilization of Payments
by Third-Party Sources and Responsible
Parties for Care Rendered by the State
Cancer Center**

PURPOSE: This rule establishes procedures for the State Cancer Center to utilize payments by third-party sources and responsible parties to offset the cost of care.

(1) The State Cancer Center, through its director or his/her designee, such as the patient accounts manager, shall apply toward the costs incurred for providing the patient's services payments received on behalf of the patient from third-party sources, including public and private health insurance, to the extent and limits of the coverage of the patient by the third-party sources.

(A) If a federal program requires the hospital to accept federal reimbursement as full payment as a condition of participation in the program, the hospital shall not charge the patient any additional fee or amount for the services or care except for any permitted deductible or coinsurance.

(B) The hospital shall charge the patient or responsible party for any deductible or coinsurance permitted by the third-party source.

(C) If payment by a parent or spouse under this rule would result in a reduction of government benefits to the patient, then the parent or spouse shall not be charged unless required by the third-party source.

(2) The following are jointly liable for payment for the services rendered by the State Cancer Center:

(A) The patient;

(B) The patient's estate;

(C) The patient's spouse;

(D) The parents of an emancipated patient under the age of eighteen (18) years or the stepparent of an unemancipated patient under the age of eighteen (18) years who resides in the home of the stepparent;

(E) The parents of a patient age eighteen (18) years or over who is not a resident of this state and who is insolvent or incapacitated;

(F) Any fiduciary, such as a trustee, only to the extent of the assets the fiduciary is holding on behalf of or for the patient and which are assets that may be used according to law; and

(G) Any representative of the patient to the extent of the benefits and assets under the law governing and permitting payment of benefits and assets for the patients.

AUTHORITY: sections 192.005.2. and 200.030, RSMo 1986. This rule was previously filed as 19 CSR 80-1.020. Original rule filed May 15, 1990, effective Sept. 28, 1990.*

**Original authority: 192.005, RSMo 1985.*

6 CSR 250-7.030 Standard Means Test for Missouri Residents Who Are Patients of the State Cancer Center

PURPOSE: This rule establishes a standard for fair and consistent determination of the ability of patients who are Missouri residents to pay for services provided at the State Cancer Center.

(1) A determination of whether the patient is a resident of Missouri shall be made in accordance with the definition in 6 CSR 250-7.010(9).

(2) The gross income of the Missouri resident patient, of all family members and of any other responsible party shall be made in accordance with the definition contained in 6 CSR 250-7.010(4).

(3) The State Cancer Center reserves the right to require documentation as to the amount of gross income of the patient, of all family members and of any responsible party. This documentation shall include, but not exclusively, payroll records, bank statements, income tax returns or any other applicable or appropriate documentation.

(4) As a condition for treatment or admission, the patient or his/her family or other responsible party shall assign all payments from third-party sources to the State Cancer Center.

(5) The number of dependents of the patient, of his/her family and of any responsible party shall be determined in accordance with the definition in 6 CSR 250-7.010(7).

(6) If the patient has been determined to be a Missouri resident and, if the patient, his/her family members and any other responsible party have cooperated with the State Cancer Center by supplying necessary documentation of gross income; and, if the patient, his/her family and any responsible party have assigned to the State Cancer Center payments of third-party sources, the patient, his/her family and any responsible party shall have the benefit of the application of the Standard Means Test in the Table to Determine Ability to Pay Based on Income and Family Size (following this rule) to determine the amount, if any, to be paid for care at the State Cancer Center.

(7) The director of the State Cancer Center or his/her designee, such as the patient accounts manager, shall charge the patient or the patient's family or any other responsible parties who are Missouri residents and who have assigned payment from all third-party sources for payment of the charges for medical or health care at the State Cancer Center, the balances due on their respective charges not satisfied by third-party sources, as indicated in the Standard Means Test. The maximum liability for State Cancer Center services per year for a household is based on income and the number of persons in the household. In each case, the maximum liability is indicated in the table in terms of percentage of annual income.

(8) If the patient, patient's family or other responsible party experiences a significant improvement in income or overall financial condition, then the patient or family members or other responsible party shall report the improvements in financial condition within ten (10) days of the cause of the improvement in financial condition to the director of the State Cancer Center or his/her designee, such as the program accounts manager, for purposes of reapplying the Standard Means Test. Failure to make the report required by this section shall mean that the patient or patient's family or other responsible party shall become liable for all net charges as provided in 6 CSR 250-7.040.

(9) If the patient, patient's family or other responsible party experiences a significant decline in financial condition, the patient or the patient's family or other responsible party may request the State Cancer Center's director or his/her designee, such as the patient accounts manager, to reapply the Standard Means Test for possible adjustment of liability for charges for services.

(10) All patients or patients' families or other responsible parties shall be reevaluated annually on or about the anniversary date of their initial acceptance to determine the following twelve (12) months' liability for charges.

AUTHORITY: sections 192.005.2., 200.030 and 200.101, RSMo 1986. This rule was previously filed as 19 CSR 80-1.030. Original rule filed May 15, 1990, effective Sept. 28, 1990.*

**Original authority: 192.005, RSMo 1985.*



TABLE TO DETERMINE ABILITY TO PAY BASED ON INCOME AND FAMILY SIZE
Standard Means Test

Percent of Gross Family Income Payable to State Cancer Center

Family Size*	0 %	1 %	2 %	3 %	4 %	5 %	6 %	7 %
1	\$ 0 - 5,770	5,771 - 6,320	6,321 - 6,870	6,871 - 7,420	7,421 - 7,970	7,971 - 8,520	8,521 - 9,070	9,071 - 9,620
2	0 - 7,730	7,731 - 8,455	8,456 - 9,180	9,181 - 9,905	9,906 - 10,630	10,631 - 11,355	11,356 - 12,080	12,081 - 12,805
3	0 - 9,690	9,691 - 10,595	10,596 - 11,500	11,501 - 12,405	12,406 - 13,310	13,311 - 14,215	14,216 - 15,120	15,121 - 16,025
4	0 - 11,650	11,651 - 12,735	12,736 - 13,820	13,821 - 14,905	14,906 - 15,990	15,991 - 17,075	17,076 - 18,160	18,161 - 19,245
5	0 - 13,610	13,611 - 14,870	14,871 - 16,130	16,131 - 17,390	17,391 - 18,650	18,651 - 19,910	19,911 - 21,170	21,171 - 22,430
6	0 - 15,570	15,571 - 17,010	17,011 - 18,450	18,451 - 19,890	19,891 - 21,330	21,331 - 22,770	22,771 - 24,210	24,211 - 25,650
7	0 - 17,530	17,531 - 19,145	19,146 - 20,760	20,761 - 22,375	22,376 - 23,990	23,991 - 25,605	25,606 - 27,220	27,221 - 28,835
8	0 - 19,490	19,491 - 21,285	21,286 - 23,080	23,081 - 24,875	24,876 - 26,670	26,671 - 28,465	28,466 - 30,260	30,261 - 32,055
9	0 - 21,450	21,451 - 23,425	23,426 - 25,400	25,401 - 27,375	27,376 - 29,350	29,351 - 31,325	31,326 - 33,300	33,301 - 35,275
10	0 - 23,410	23,411 - 25,560	25,561 - 27,710	27,711 - 29,860	29,861 - 32,010	32,011 - 34,160	34,161 - 36,310	36,311 - 38,460

Percent of Gross Family Income Payable to State Cancer Center

Family Size*	8 %	9 %	10 %	11 %	12 %	13 %	14 %	15 %
1	\$ 9,621 - 10,170	10,171 - 10,720	10,721 - 11,270	11,271 - 11,820	11,821 - 12,370	12,371 - 12,920	12,921 - 13,470	13,471 + Maximum 15%
2	12,806 - 13,530	13,531 - 14,255	14,256 - 14,980	14,981 - 15,705	15,706 - 16,430	16,431 - 17,155	17,156 +	Maximum 14%
3	16,026 - 16,930	16,931 - 17,835	17,836 - 18,740	18,741 - 19,645	19,646 - 20,550	20,551 +	Maximum 13%	
4	19,246 - 20,330	20,331 - 21,415	21,416 - 22,500	22,501 - 23,585	23,586 +	Maximum 12%		
5	22,431 - 23,690	23,691 - 24,950	24,951 - 26,210	26,211 +	Maximum 11%			
6	25,651 - 27,090	27,091 - 28,530	28,531 +	Maximum 10%				
7	28,836 - 30,450	30,451 - 32,065	32,066 +	Maximum 10%				
8	32,056 - 33,850	33,851 - 35,645	35,646 +	Maximum 10%				
9	35,276 - 37,250	37,251 - 39,225	39,226 +	Maximum 10%				
10	38,461 - 40,610	40,611 - 42,760	42,761 +	Maximum 10%				

* The Number of Persons in the Household Which Includes the Patient

**6 CSR 250-7.040 Patients for Whom the Standard Means Test Is Unavailable**

AUTHORITY: sections 192.005.2., 200.030 and 200.101, RSMo 1986. Original rule filed May 15, 1990, effective Sept. 28, 1990.*

PURPOSE: This rule implements section 200.101, RSMo (1986) which requires non-residents of Missouri to demonstrate the ability to pay for services in full prior to the State Cancer Center providing diagnostic or treatment services or admission privileges.

**Original authority: 192.005, RSMo 1985.*

(1) If a patient is not a resident of Missouri as defined in 6 CSR 250-7.010(9), then a determination by the director of the State Cancer Center or by his/her designee, such as the patient accounts manager, shall be made in regard to the ability of the patient or the patient's family or any other responsible party to pay all projected annual charges for diagnostic or treatment services or admission privileges by resorting to the definition of the ability to pay for persons who are not residents in 6 CSR 250-7.010(2).

(2) If it has been determined that the nonresident patient or his/her family or other responsible party lacks the financial ability to pay for all projected charges in full as determined by section (2) of this rule, the State Cancer Center reserves the right to deny that patient diagnostic or treatment services including admission privileges.

(3) Even when it has been determined that the nonresident patient or the patient's family or other responsible party possesses the ability to pay, the State Cancer Center, through its director or his/her designee, such as the patient accounts manager, shall obtain a written agreement that all charges will be paid. The agreement shall be signed prior to any diagnostic or treatment service including the privilege of admission. Failure of the patient or the patient's family or other responsible party to sign the agreement shall be a basis for the State Cancer Center to deny diagnostic or treatment service including admission privileges.

(4) Any patient who has been determined to be a Missouri resident, or his/her family or other responsible party who fails to provide requested financial documentation as required by 6 CSR 250-7.030(3) or refuses to assign third-party pay sources to the State Cancer Center as required by 6 CSR 250-7.010(2) shall not have the benefit of the application of the Standard Means Test in the table in 6 CSR 250-7.030(6) and instead shall become liable for full charges.