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**ATTACHMENT**

The following terms apply only to the Kentucky Medicaid HMO product.

**Physician** agrees to accept as payment in full for the provision of Covered Services to Humana Medicaid HMO Members one hundred percent (100%) of the Kentucky Medicaid Fee Schedule or **Physician's** billed charges, whichever is less, less any Member deductibles, coinsurance, copayments and/or other Member cost share amounts.