

# H3PG17D - S22Q17D MEDICAID PAID PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17D	17D. [If MAX=1:] How was <PARTNER>/YOUR} prenatal care paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how was {<PARTNER>/YOUR} prenatal care paid for? Mark all the kinds of payments that apply. Medicaid
0	not marked
1	marked