A total of 13,574 Medicaid beneficiaries were present in the PMP data, accounting for approximately 76,000 prescriptions for controlled substances paid in cash. Demographics consisted of 73% female, 48% African Americans, and an average age of 34.7 years.

The most commonly prescribed cash prescription was a combination of acetaminophen and hydrocodone, accounting for 33% of all cash prescriptions. Other common cash prescriptions included alprazolam, tramadol, oxycodone, and carisoprodol.

Out of the 33,000 eligible individuals, the total number of individuals flagged by the PQA multiple providers measure increased significantly from 3,033 (8.95%) to 3,071 (9.05%) upon inclusion of cash prescriptions (p < 0.001). Similarly, the average number of unique pharmacies and physicians visited by Medicaid beneficiaries increased significantly from 3.36 to 5.43 (p < 0.001) upon inclusion of cash prescriptions.

Inclusion of cash prescriptions results in a slight increase in cases identified as multiple provider shopping. Although the difference was statistically significant, the increased percentage and actual number of beneficiaries may not be meaningful from a quality measure perspective. However, the additional beneficiaries identified using cash payments for narcotics can improve efforts to identify beneficiaries at high risk of abuse or diversion.

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