CDPS FAQs

Q: What is the difference between version 7.0 and earlier versions of CDPS?

A: Version 7.0 represents a major revision of CDPS using data from three national Medicaid managed care plans from 2017-2019. Participating Medicaid managed care plans are large national organizations with Medicaid contracts in a broad cross-section of states. We expect two main improvements in the CDPS model:

- To the extent that new treatments and technology have changed how patients are treated, the relative weights estimated with 2011 data may not accurately reflect relative cost in 2019.

- To the extent that patients are treated differently in FFS vs. managed care, the regression weights estimated with FFS data may not to reflect patterns of care in managed care organizations.

ICD10 codes are current through 11/21 and NDC codes are current through 7/22.

More information on the methods used to update CDPS and the resulting changes are available on the CDPS website: https://hwsph.ucsd.edu/research/programs-groups/cdps.html

Q: I noticed that there are no longer separate format files for adults and children?

A: There is now a single format file for children and adults. There were very few differences in the assignment of ICD9 codes to categories between adults and children and these distinctions were not being maintained in the ICD10 codes. Therefore, we decided to move to using a single format file.

Q: How do I run CDPS or Medicaid Rx (MRX)?

A: Instructions for running CDPS are in the header of the cdps01.sas file. Instructions for running MRX are in the header of the mrx01.sas file. Additional guidance for running CDPS is available on the CDPS website.

Q. What is the difference between CDPS and MRX?

A. CDPS is a diagnosis-based risk adjustment model that uses ICD codes to assess risk, while MRX is a pharmacy-based model that uses NDC codes to assess risk.

Q. What is CDPS+Rx?

A. CDPS+Rx is a combined diagnosis and pharmacy based model that employs both ICD and NDC codes. To use CDPS+Rx, run both cdps01.sas and mrx02.sas to create the 15 MRX categories used in the combined CDPS+Rx model. Combine the two datasets and use the codes in CDPSMRX.txt to combine CDPS with MRX-R to create CDPS+Rx.

Q. How often are the models updated, and how do I find out about updates?

A. CDPS and MRX and typically updated on an annual basis with the most recent ICD9 and NDC codes. We notify everyone who has a current license for CDPS when a new version becomes available.

Q. How do I apply the weights?

A. You will need to write your own code to apply the weights.

Q. How do I obtain the weights and which weights should I use?

A. The weights are provided in the excel files. Several set of weights are available. Weights are available for CDPS, CDPS+Rx, and MRX. These include concurrent weights for disabled adults and children (SSI), TANF children, and TANF adults; as well as prospective weights for the same aid categories: SSI Pro, TANF Child Pro, and TANF Adult Pro. The expansion population is included in the TANF Adult weights. Finally, four sets of weights are available depending on the set of services you are considering. The standard CDPS weights were developed including services typically included in a full acute care benefit package. The BH Carveout weights have expenditures on behavioral health (mental health and substance use) specialty services carved out; that is, these expenditures on were excluded from costs when estimating the weights. The RX Carveout weights have expenditures on pharmaceuticals carved out. The RX BH Carveout weights have both behavioral health and pharmaceutical expenditures carved out.

Q. Which weight do I use when maternity related expenditures are carved out?

If using CDPS or CDPS+Rx, we recommend zeroing out the two pregnancy-related CDPS categories (PRGCMP and PRGINC) before applying the weights. If using MRX, we have provided an excel workbook with the MRX models that include adjustments to some of the age and gender weights and the weight for prenatal care.

Q: What are the differences between concurrent and prospective weighting?

Concurrent and prospective weights predict current (this year) and future (next year) expenditures, respectively. Concurrent weights have lower intercept values than

prospective weights, and higher values on CDPS categories, particularly for high-cost categories and for beneficiaries under 1 year of age. Prospective weights have higher intercept values and will provide higher risk scores for beneficiaries without any diagnoses that map to CDPS categories. Concurrent weights capture more short-term acute care expenditures than prospective weights. Prospective weights reflect longer term management of chronic disease to a greater extent than concurrent weights.

Q. Is it possible to obtain a set of weights that is customized to my population?

A. We may be able to create a customized weight set for a price that is conditional on the level of effort required for your specific application.

Q. Do I need to use SAS to run CDPS?

A. Code that will allow you to create CDPS categories using SQL is available upon request.

Q. Is there user support?

A. We have limited resources but can provide some basic user support. If you need extensive support, we can refer you to an actuarial consulting firm.

Q. Where should I go to learn more about CDPS or risk adjustment more generally?

A. More information using CDPS is available on our website.