

---

# Strategic Feature Selection

---

**Anonymous Author(s)**

Affiliation  
Address  
email

## Abstract

Algorithmic prediction rules are increasingly used to allocate resources, such as targeting households for social welfare programs, determining payments to Medicare Advantage insurers, and assigning eligibility for social benefits, all of which create incentives for strategic manipulation of input features. Policymakers often respond by excluding manipulable features from the prediction model, yet it is not well understood when this reduces the prediction risk. In this paper, we analyze feature selection under strategic behavior in a linear regression setting, motivated by risk adjustment models in U.S. health policy. Our model characterizes how organizations strategically manipulate reported features in response to decision rules, and how a regulator can counteract such strategic behavior through feature selection. We establish sufficient conditions on the cost structure of feature manipulation that identify when excluding manipulable features reduces prediction risk, and conversely, when retaining the full feature set yields more accurate predictions. These results offer a first step toward principled feature selection methods that explicitly account for unreliable and strategically manipulated data inputs.

## 1 Introduction

Algorithmic predictions are increasingly used to inform decision-making about allocation of resources. Decision-makers rely on individuals' *features* to determine eligibility and set allocation amounts, with the aim of implementing normative priorities. For example, eligibility for social welfare programs is determined using poverty-targeting scores [2, 23], and government payments to health providers and insurers is based on patient risk scores [7]. Such algorithmic decision-making systems incentivize organizations that serve individuals to respond strategically and "game" the prediction rule.

We consider the U.S. Medicare Advantage (MA) program as a running example, where the government determines payments to private insurers using a public risk-adjustment model that is trained to predict patient costs given health data from the previous year [5, 19]. The goal of risk adjustment is to ensure that insurers receive higher payments for higher-risk enrollees who are expected to need more services. This payment rule inadvertently introduces incentives for private insurers to overreport diagnosis codes, thereby inflating risk-adjusted payments, a practice known as "upcoding." In 2024, higher MA risk scores were estimated to translate into \$50 billion in overpayments, as a result of upcoding [15].

To counteract the effect of upcoding, Centers for Medicare & Medicaid Services (CMS) excludes diagnoses that are at risk of inappropriate coding by health plans and providers [3, 4]. In 2024, CMS removed the conditions corresponding to Protein-Calorie Malnutrition and Angina Pectoris from the payment model to limit the sensitivity of the model to higher coding intensity in MA and maintain the ability to accurately predict costs [4]. Despite the use of feature selection as a policy lever to combat manipulation, it remains difficult to reason about which features a decision-maker should exclude in response to strategic behavior, since dropping features comes at the cost of predictive accuracy.

37 To address this gap, we develop a formal framework to reason about feature selection under strategic  
 38 behavior. We build on existing frameworks of strategic learning [9], but with a focus on policy levers  
 39 commonly used in practice that are perhaps more coarse and simple, but as a result more widely  
 40 applied. In addition, while general strategic learning requires detailed information about costs to  
 41 manipulation, we focus on realistic limited information settings.

42 **Contributions.** We present a theoretical model of a decision-maker’s choice to drop or retain features  
 43 in a prediction model when such features can be strategically manipulated. We focus on a regression  
 44 setting, which aligns with the risk-adjustment models used by CMS. We give sufficient conditions for  
 45 the decision-maker to be better off dropping or retaining features, which we also pair with simulations  
 46 and examples. Finally, we discuss future directions towards practical policy recommendations.

47 **1.1 Related work**

48 A growing line of work in strategic classification is aimed at learning optimal prediction rules when  
 49 decision subjects can manipulate their features at a cost [9, 6, 22]. Different from prior literature that  
 50 focused on pure *gaming*, the goal in [18, 12, 22] is to additionally incentivize genuine improvement in  
 51 individual outcomes. [8, 22, 11] study settings in which individuals have hidden features that causally  
 52 affect the outcome. In contrast, we study a setting where the decision-maker explicitly excludes  
 53 manipulable features from the prediction rule. Closest to our work is that of Holmstrom and Milgrom  
 54 [11]. An important difference is the decision-maker’s prediction risk objective in our work.

55 The health policy literature has put forth several concrete proposals for feature selection in Medicare  
 56 Advantage risk adjustment. These proposals suggest, for example, including patient survey data [1,  
 57 14] or excluding diagnoses added to a patient health record via chart review [17]. Our work is distinct  
 58 in that it provides a principled framework to navigate a set of feature selection decisions.

59 **2 Model and Problem Formulation**

60 We study the strategic interaction between organizations that receive predictions based on the features  
 61 of the individuals they serve, and a decision-maker who specifies the prediction rule. The decision-  
 62 maker publishes a prediction rule  $f_\theta : \mathcal{X} \rightarrow \mathcal{Y}$  parameterized by  $\theta \in \Theta \subseteq \mathbb{R}^d$ , mapping an  
 63 individual’s features  $x \in \mathcal{X} \subseteq \mathbb{R}^d$  to the predicted outcome  $\hat{y} \in \mathcal{Y} \subseteq \mathbb{R}$ . We consider linear  
 64 prediction rules  $f_\theta(x) = \theta^\top x = \sum_{i=1}^d \theta_i x_i$  such that  $\theta_i \geq 0$  for all  $i$ . The linear specification is a  
 65 commonly studied setting in strategic learning [10, 12, 22]. Moreover, this is not merely a modeling  
 66 assumption: many models used by CMS in practice—including the risk adjustment model used to  
 67 allocate payments to Medicare Advantage plans—are based on least squares regression [20, 21].

68 The organization observes features  $x$  corresponding to an individual and takes action  $a \in \mathcal{A} \subseteq \mathbb{R}^d$  to  
 69 manipulate the features from  $x$  to  $x + a$  in order to maximize the predicted outcome  $\hat{y}$ . We model the  
 70 population of individuals as a distribution  $\mathcal{P}_0$  over the space  $\mathcal{Z} = \mathcal{X} \times \mathcal{Y}$  with mean  $\mu = \mathbb{E}_{x \sim \mathcal{P}_0}[x]$   
 71 and covariance  $\Sigma$ . We consider the distribution of individuals to be the same across organizations and  
 72 study a single type of organization in this work.

73 We assume that the decision-maker has access to *unmanipulated* data points from the space  $\mathcal{Z} =$   
 74  $\mathcal{X} \times \mathcal{Y}$ . Such data are obtained either from a pre-deployment period (prior to the use of  $f_\theta$ ) or from  
 75 an alternative policy under which organizations are not incentivized to manipulate their features. In  
 76 Medicare, this corresponds to traditional Medicare (fee-for-service), where payments are not based  
 77 on enrollees’ risk scores and thus there is no incentive to overreport diagnoses [15]. We consider  
 78 the true outcome model is a linear function  $y = \theta^{*\top} x$  and the decision-maker estimates the true  
 79 parameters  $\theta^*$  using unmanipulated samples from  $\mathcal{Z}$ .

80 **Organization’s best-response model.** The organization incurs a cost  $C(a) > 0$  for modifications  
 81 resulting from action  $a$ . We model the cost function as  $C(a) = \frac{1}{2} a^\top H a$ , where  $H \in \mathbb{R}^{d \times d}$  is  
 82 the cost matrix and  $H \succ 0$ . For private insurers, this cost arises from payments to chart review  
 83 contractors for mining additional diagnosis codes and from conducting in-home health assessments  
 84 aimed at identifying undocumented conditions [7]. We assume that organizations behave rationally  
 85 and *best-respond* to  $f_\theta$  by choosing action

$$a^*(x; \theta) = \arg \max_{a \in \mathcal{A}} \theta^\top (x + a) - \frac{1}{2} a^\top H a \quad (1)$$

86 We can compute the action the organization will take by maximizing (1) over  $a \in \mathcal{A}$ . Although  
 87 real-world settings sometimes restrict  $\mathcal{A}$  (e.g., binary or bounded actions), in this work we consider  
 88 the unconstrained case  $\mathcal{A} = \mathbb{R}^d$ . Note that  $\nabla_a(\theta^\top(x + a) - \frac{1}{2}a^\top Ha) = \theta - Ha$ . If  $\mathcal{A} = \mathbb{R}^d$  and  
 89  $H \succ 0$ ,  $a^*(x; \theta) = H^{-1}\theta$ . From here on, we omit the dependence on  $x$  and write  $a^*(\theta) = H^{-1}\theta$ .

90 **Decision-maker's objective.** The decision-maker's goal is to predict the true outcome as accurately  
 91 as possible. For example, the government seeks to avoid over- or under-estimating enrollees' risk,  
 92 thereby minimizing corresponding over- and under-payments to insurers. We define prediction  
 93 risk under strategic response as mean squared error  $\text{MSE}(\theta)$ , and the decision-maker chooses  $\theta$  to  
 94 minimize  $\text{MSE}(\theta)$ :

$$\text{MSE}(\theta) = \mathbb{E}_{x \sim \mathcal{P}_0} [(\theta^\top(x + a) - \theta^{*\top}x)^2] \quad (2)$$

95 When the decision-maker has full information of  $H, \mathcal{P}_0$ , and  $\theta^*$ , the minimum MSE is defined  
 96 as the "strategic optimum" if we think of our model as a game between the organization and the  
 97 decision-maker.

98 **Definition 2.1** (Strategic optimum). The *strategic optimum* in the full-information game is defined as

$$\text{OPT}_{\theta^*}(\mathcal{P}_0, H) = \min_{\theta \in \Theta} \mathbb{E}_{x \sim \mathcal{P}_0} [(\theta^\top(x + a^*(\theta)) - \theta^{*\top}x)^2]$$

99 In the real world, however, decision-makers do not have full information about the cost structure.  
 100 They often rely on simple—but not formally justified—heuristics, as we discuss in the next section.

## 101 2.1 MSE<sub>full</sub> and MSE<sub>drop</sub>

102 In practice, decision-makers often drop features they expect to be highly manipulable, as noted earlier  
 103 with diagnoses in the CMS risk-adjustment model [4]. Yet, the conditions under which doing so  
 104 reduces the decision-maker's prediction risk are not well understood. We characterize regimes in  
 105 which feature dropping lowers risk and regimes in which the full model is preferable. Specifically,  
 106 we identify conditions under which it is optimal for the decision-maker to retain all features.

107 For the remainder of this work, we study the two feature case  $X = (X_1, X_2)$  and focus on the model  
 108 that drops  $X_2$ . The analysis for dropping  $X_1$  is analogous. For simplicity, we assume a diagonal cost  
 109 matrix i.e.,  $H^{-1} = \text{diag}(h_{11}, h_{22})$  and  $h_{12} = 0$ . In this case,  $y = \theta_1^*x_1 + \theta_2^*x_2$  and we denote mean  
 110  $\mu = (\mu_1, \mu_2)$  and second-moment matrix  $M = \mathbb{E}_{x \sim \mathcal{P}_0}[xx^\top]$ .

111 The decision-maker learns  $\hat{\theta}$  using samples  $(x, y)$  drawn from  $\mathcal{P}_0$  by minimizing the risk

$$\hat{\theta} = \arg \min_{\theta \in \Theta} \mathbb{E}_{(x, y) \sim \mathcal{P}_0} [(\theta^\top x - y)^2]. \quad (3)$$

112 From the definition of our linear model,  $\hat{\theta}_{\text{full}} = \theta^*$  in the full feature model. We start by computing  
 113 the MSE of the full feature model (MSE<sub>full</sub>) as

$$\text{MSE}_{\text{full}} = \mathbb{E}_{x \sim \mathcal{P}_0} [(\hat{\theta}_{\text{full}}^\top(x + H^{-1}\hat{\theta}_{\text{full}}) - \theta^{*\top}x)^2] = (\theta^{*\top}H^{-1}\theta^*)^2 = (\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22})^2. \quad (4)$$

114 This follows from substituting the best-response of the organization. When the decision-maker  
 115 chooses to drop  $X_2$ , they learn a single parameter  $\hat{\theta}_{\text{drop}} = (\beta_1, 0)$ . We derive MSE<sub>drop</sub> in Lemma A.1  
 116 and directly state here:

$$\text{MSE}_{\text{drop}} = (h_{11}\beta_1^2 - \theta_2^*(\mu_2 - r\mu_1))^2 + \theta_2^{*2}(\Sigma_{22} + r^2\Sigma_{11} - 2r\Sigma_{12}), \quad (5)$$

117 where  $r := M_{12}/M_{11}$ . From here on, for brevity, we will use  $\Delta := \mu_2 - r\mu_1$  and  $V := \Sigma_{22} +$   
 118  $r^2\Sigma_{11} - 2r\Sigma_{12}$ . Note that both  $\text{MSE}_{\text{full}}, \text{MSE}_{\text{drop}} \geq \text{OPT}_{\theta^*}(\mathcal{P}_0, H)$ .

## 119 3 Results

120 In this section, we give sufficient conditions for when dropping features is better than keeping all  
 121 features, and vice versa. All proofs are deferred to Appendix A.

122 First, we show that there exists a high-cost regime (i.e.,  $h_{11}, h_{22}$  are small) where retaining both  
 123 features strictly dominates any one-feature model.

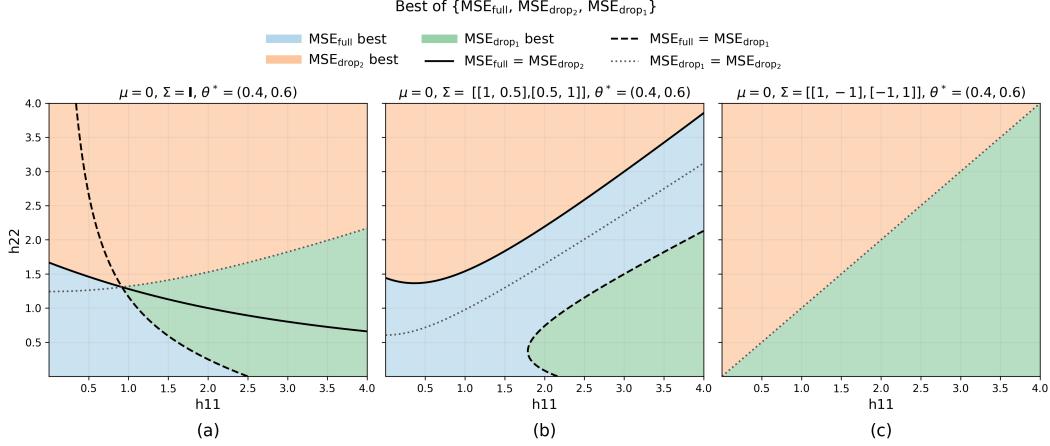


Figure 1: **Best model across manipulation costs.** For each  $(h_{11}, h_{22})$  (entries of  $H^{-1}$ ), the shading shows which model yields the lowest MSE. Boundary curves mark equal-risk frontiers.

124 **Proposition 3.1** (Features can be retained at high cost). *If the covariance matrix  $\Sigma$  is positive definite,  
125 or  $\Delta \neq 0$ , then there exists  $\varepsilon > 0$  such that for any  $h_{11}, h_{22} < \varepsilon$ ,  $\text{MSE}_{\text{full}} < \text{MSE}_{\text{drop}}$ .*

126 The main message of this result is that it is beneficial for the decision-maker to safely retain all  
127 whenever manipulation is kept sufficiently costly. Specific to our example, a central policy  
128 lever CMS can use to disincentivize upcoding is to increase the cost of manipulation—via higher legal  
129 penalties and more comprehensive audits. We examine this regime in Figure 1 for (a) independent  
130 and (b) correlated features, where the region with dominance of  $\text{MSE}_{\text{full}}$  is shaded in blue.

131 When  $\Delta = 0$  and  $V = 0$  ( $\Sigma$  has rank 1), it is possible that there exists no cost setting, no matter how  
132 high, in which the full model dominates the one-feature model. We give a specific example of feature  
133 distributions for which this happens in Figure 1 (c). We note that when manipulation is cheap,  $\Sigma$   
134 determines the winner (Figure 1 (a, b)). This establishes that feature correlation should guide feature  
135 selection decisions. It also bears out the intuition that health policymakers have long stood by: as you  
136 include more features, you expand the “gameable” surface area of the model [13].

137 Next, we show that the difference  $\text{MSE}_{\text{drop}} - \text{MSE}_{\text{full}}$  is monotone when  $h_{11}, h_{22} \geq 0$ .

138 **Proposition 3.2** (Unique  $h_{22}$ -threshold for drop vs full). *For any given  $h_{11} > 0$ , there exists a unique  
139 threshold  $h_{22}^* \in \mathbb{R}$  such that*

$$\text{sgn}(\text{MSE}_{\text{drop}} - \text{MSE}_{\text{full}}) = \begin{cases} +1, & \text{for } 0 < h_{22} < h_{22}^*, \\ 0, & \text{for } h_{22} = h_{22}^*, \\ -1, & \text{for } h_{22} > h_{22}^*. \end{cases}$$

140 In this case, given an estimate for  $h_{11}$ , the decision-maker can compute  $h_{22}^*$  and make a choice from  
141 only one-sided information on  $h_{22}$ . Moreover, this points to a more efficient feature-level auditing  
142 strategy, rather than auditing at the patient level. We provide additional simulations in Appendix B  
143 with different values of  $(\mu_1, \mu_2)$ ,  $\Sigma$  and  $\theta^*$  and show that our results are consistent.

## 144 4 Discussion

145 We present a model to formally reason about feature selection when such features can be strategically  
146 manipulated. In particular, we provide sufficient conditions under which the decision-maker should  
147 drop features rather than retain the full set, and conversely when the full model is optimal. From a  
148 policy standpoint, an important next step is to identify by how much the manipulation costs should be  
149 raised to provide concrete recommendations. An interesting direction for future work is to study a  
150 setting where organizations differ in the population of individuals they serve. Further, organizations  
151 could face different costs of manipulation. For example, Medicare Payment Advisory Commission  
152 [16] has found substantial heterogeneity in coding intensity across MA organizations. Amid a  
153 growing body of work on strategic classification, we hope our work invites further investigation of  
154 feature selection under strategic behavior.

155 **References**

156 [1] M. Bellerose, H. O. James, J. Shroff, A. M. Ryan, and D. J. Meyers. Combining patient survey  
157 data with diagnosis codes improved medicare advantage risk-adjustment accuracy. *Health*  
158 *Affairs*, 44(1):58–65, 2025.

159 [2] A. Camacho and E. Conover. Manipulation of social program eligibility. *American Economic*  
160 *Journal: Economic Policy*, 3(2):41–65, 2011. URL <https://www.aeaweb.org/articles?id=10.1257/pol.3.2.41>.

161 [3] Centers for Medicare & Medicaid Services. Advance notice of methodological changes for calendar year (CY) 2014 for medicare advantage (MA) capitation rates and part C and part D payment policies. Technical report, Centers for Medicare & Medicaid Services, 2014. URL <https://www.cms.gov/medicare/health-plans/medicareadvantgsspecratestats/downloads/advance2014.pdf>.

162 [4] Centers for Medicare & Medicaid Services. Advance notice of methodological changes for calendar year (CY) 2024 for medicare advantage (MA) capitation rates and part C and part D payment policies. Technical report, Centers for Medicare & Medicaid Services, 2024. URL <https://www.cms.gov/files/document/2024-advance-notice-pdf.pdf>.

163 [5] Centers for Medicare & Medicaid Services. Risk adjustment, 2024. URL <https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment>.

164 [6] Y. Chen, Y. Liu, and C. Podimata. Learning strategy-aware linear classifiers. In H. Larochelle,  
165 M. Ranzato, R. Hadsell, M. Balcan, and H. Lin, editors, *Advances in Neural Information  
166 Processing Systems*, volume 33, pages 15265–15276, 2020.

167 [7] M. Geruso and T. Layton. Upcoding: Evidence from medicare on squishy risk adjustment.  
168 *Journal of Political Economy*, 128(3):984–1026, 2020.

169 [8] N. Haghtalab, N. Immorlica, B. Lucier, and J. Z. Wang. Maximizing welfare with incentive-  
170 aware evaluation mechanisms. In *Proceedings of the Twenty-Ninth International Joint Confer-  
171 ence on Artificial Intelligence, IJCAI-20*, pages 160–166, 2020.

172 [9] M. Hardt, N. Megiddo, C. Papadimitriou, and M. Wootters. Strategic classification. In  
173 *Proceedings of the 2016 ACM Conference on Innovations in Theoretical Computer Science,  
174 ITCS '16*, page 111–122, 2016.

175 [10] K. Harris, D. D. T. Ngo, L. Stapleton, H. Heidari, and S. Wu. Strategic instrumental variable  
176 regression: Recovering causal relationships from strategic responses. In *Proceedings of the  
177 39th International Conference on Machine Learning*, volume 162, pages 8502–8522, 2022.

178 [11] B. Holmstrom and P. Milgrom. Multitask principal–agent analyses: Incentive contracts, asset  
179 ownership, and job design. *The Journal of Law, Economics, and Organization*, 7:24–52, 01  
180 1991.

181 [12] J. Kleinberg and M. Raghavan. How do classifiers induce agents to invest effort strategically?  
182 *ACM Trans. Econ. Comput.*, 8(4), 2020.

183 [13] R. Kronick, F. M. Chua, R. Krauss, L. Johnson, and D. Waldo. Are fewer diagnoses better?  
184 assessing a proposal to improve the medicare advantage payment system. *Health Affairs*, 44(1):  
185 66–74, 2025.

186 [14] J. M. McWilliams, G. Weinreb, M. B. Landrum, and M. E. Chernew. Use of patient health  
187 survey data for risk adjustment to limit distortionary coding incentives in medicare. *Health*  
188 *Affairs*, 44(1):48–57, 2025.

189 [15] Medicare Payment Advisory Commission. The medicare advantage program: Status report.  
190 Report to the Congress: Medicare Payment Policy Chapter 12, Medicare Payment Advisory  
191 Commission (MedPAC), 2024. URL [https://www.medpac.gov/wp-content/uploads/2024/03/Mar24\\_Ch12\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_Ch12_MedPAC_Report_To_Congress_SEC.pdf).

203 [16] Medicare Payment Advisory Commission. Comment letter on advance notice of methodological  
204 changes for calendar year (CY) 2026 for medicare advantage (MA) capitation rates and part C  
205 and part D payment policies. Technical report, Medicare Payment Advisory Commission (Med-  
206 PAC), Washington, DC, 02 2025. URL [https://www.medpac.gov/wp-content/uploads/2025/02/02102025\\_MA\\_PD-AN-CY-2026\\_MedPAC\\_COMMENT\\_v2\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2025/02/02102025_MA_PD-AN-CY-2026_MedPAC_COMMENT_v2_SEC.pdf).

208 [17] D. J. Meyers and A. N. Trivedi. Medicare advantage chart reviews are associated with billions  
209 in additional payments for some plans. *Medical Care*, 59(2):96–100, 2021.

210 [18] J. Miller, S. Milli, and M. Hardt. Strategic classification is causal modeling in disguise. In  
211 *Proceedings of the 37th International Conference on Machine Learning*, ICML’20, 2020.

212 [19] G. C. Pope, J. Kautter, R. P. Ellis, A. S. Ash, J. Z. Ayanian, L. I. Lezzoni, M. J. Ingber, J. M.  
213 Levy, and J. Robst. Risk adjustment of medicare capitation payments using the CMS-HCC  
214 model. *Health care financing review*, 25(4):119–141, 2004.

215 [20] M. B. Reitsma, T. G. McGuire, and S. Rose. Algorithms to improve fairness in medicare risk  
216 adjustment. *medRxiv*, 2025.

217 [21] S. Rose. A machine learning framework for plan payment risk adjustment. *Health services  
218 research*, 51(6):2358–2374, 2016.

219 [22] Y. Shavit, B. L. Edelman, and B. Axelrod. Causal strategic linear regression. In *Proceedings of  
220 the 37th International Conference on Machine Learning*, ICML’20, 2020.

221 [23] R. B. Velarde. The philippines’ targeting system for the poor: Successes,  
222 lessons and ways forward. Technical Report No. 16, World Bank, 2018. URL  
223 <https://documents1.worldbank.org/curated/en/830621542293177821/pdf/132110-PN-P162701-SPL-Policy-Note-16-Listahanan.pdf>.

225 **A Proofs**

226 **Lemma A.1** (MSE<sub>drop</sub>). *Let  $X = (X_1, X_2)$  with mean  $\mu = (\mu_1, \mu_2)$  and covariance  $\Sigma$ ,  $Y = \theta_1^* X_1 + \theta_2^* X_2$ . When the decision-maker chooses to drop  $X_2$ , they learn a single parameter  $\hat{\theta}_{\text{drop}} = (\beta_1, 0)$ . In this case, the mean-squared error equals*

$$\text{MSE}_{\text{drop}} = (h_{11}\beta_1^2 - \theta_2^*(\mu_2 - r\mu_1))^2 + \theta_2^{*2}(\Sigma_{22} + r^2\Sigma_{11} - 2r\Sigma_{12})$$

229 *Proof.* We can compute  $\beta_1$  as

$$\begin{aligned} \beta_1 &= \arg \min_{\beta} \mathbb{E}_{(X, Y) \sim \mathcal{P}_0} [(\beta X_1 - Y)^2] \\ &= \frac{\mathbb{E}[X_1 Y]}{\mathbb{E}[X_1^2]} \\ &= \theta_1^* + \theta_2^* \frac{\mathbb{E}[X_1 X_2]}{\mathbb{E}[X_1^2]} \\ &= \theta_1^* + \theta_2^* r, \end{aligned}$$

230 where  $r := M_{12}/M_{11}$ ,  $M := \mathbb{E}[XX^\top] = \Sigma + \mu\mu^\top$ .

231 The organization's best response to  $\hat{\theta}_{\text{drop}}$  is  $H^{-1}\hat{\theta}_{\text{drop}} = (h_{11}\beta_1, 0)$ .

232 Let  $\varepsilon_{\text{drop}} := (\hat{\theta}_{\text{drop}}^\top (X + H^{-1}\hat{\theta}_{\text{drop}}) - \theta^{*\top} X)$ . Then,

$$\begin{aligned} \varepsilon_{\text{drop}} &= h_{11}\beta_1^2 + \beta_1 X_1 - \theta_1^* X_1 - \theta_2^* X_2 \\ &= h_{11}\beta_1^2 - \theta_2^*(X_2 - rX_1) \end{aligned}$$

233 Thus,

$$\mathbb{E}_{X \sim \mathcal{P}_0} [\varepsilon_{\text{drop}}] = h_{11}\beta_1^2 - \theta_2^*(\mu_2 - r\mu_1)$$

$$\begin{aligned} \text{Var}(\varepsilon_{\text{drop}}) &= \theta_2^* \text{Var}(X_2 - rX_1) \\ &= \theta_2^* (\Sigma_{22} + r^2\Sigma_{11} - 2r\Sigma_{12}) \end{aligned}$$

235 Since

$$\text{MSE}_{\text{drop}} = \mathbb{E}_{X \sim \mathcal{P}_0} [\varepsilon_{\text{drop}}^2] = (\mathbb{E}[\varepsilon_{\text{drop}}])^2 + \text{Var}(\varepsilon_{\text{drop}}),$$

236 the result follows.  $\square$

237 *Proof of Proposition 3.1.*  $\text{MSE}_{\text{full}} < \text{MSE}_{\text{drop}}$  if

$$(\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22})^2 < (h_{11}\beta_1^2 - \theta_2^*\Delta)^2 + \theta_2^{*2}V.$$

238 This is equivalent to the inequality

$$(\theta_1^{*4} - \beta_1^4)h_{11}^2 + \theta_2^{*4}h_{22}^2 + 2\theta_1^{*2}\theta_2^{*2}h_{11}h_{22} + 2\beta_1^2\theta_2^*\Delta h_{11} < (\theta_2^*\Delta)^2 + \theta_2^{*2}V.$$

239 The right hand side of the above inequality is strictly positive, since either the covariance matrix  $\Sigma$  is  
240 PD, or  $\Delta \neq 0$ . The left hand side tends to zero continuously as  $h_{11}, h_{22}$  tend to zero.

241 Specifically, choose  $\delta > 0$  such that  $(\theta_2^*\Delta)^2 + \theta_2^{*2}V > \delta$ . Choose  $\varepsilon$  such that  $(\theta_1^{*4} - \beta_1^4 + \theta_2^{*4} + 2\theta_1^{*2}\theta_2^{*2})\varepsilon^2 + 2\beta_1^2\theta_2^*\Delta\varepsilon < \delta$ .  $\square$

243 *Proof of Proposition 3.2.* Fix  $h_{11} > 0$ . From (4) and (5), we know

$$g(h_{22}) = \text{MSE}_{\text{drop}} - \text{MSE}_{\text{full}} = (h_{11}\beta_1^2 - \theta_2^*\Delta)^2 + \theta_2^{*2}V - (\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22})^2$$

244 Let  $D(h_{11}) := (h_{11}\beta_1^2 - \theta_2^*\Delta)^2 + \theta_2^{*2}V$  ( $\geq 0$ ). Then,  $g(h_{22}) = D(h_{11}) - (\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22})^2$  is  
245 strictly decreasing on  $[0, \infty)$ . For  $h_{22} \geq 0$ ,

$$g'(h_{22}) = -2\theta_2^{*2}(\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22}) < 0$$

246 As  $h_{22} \rightarrow \infty$ ,  $g(h_{22}) \rightarrow -\infty$ . At  $h_{22} = 0$ ,  $g(0) = D(h_{11}) - (\theta_1^{*2}h_{11})^2$ . If  $g(0) \geq 0$ , there exists a  
 247 unique  $h_{22}^*$  with  $g(h_{22}^*) = 0$ . We solve

$$D(h_{11}) = (\theta_1^{*2}h_{11} + \theta_2^{*2}h_{22}^*)^2, \quad \theta_1^{*2}h_{11} + \theta_2^{*2}h_{22}^* \geq 0$$

248 to get the threshold

$$h_{22}^* = \frac{-\theta_1^{*2}h_{11} + \sqrt{D(h_{11})}}{\theta_2^{*2}}.$$

249 Note that the negative square-root branch is inadmissible. Since  $g(h_{22})$  is strictly decreasing, we get  
 250 the desired result.

251 If  $g(0) < 0$  (i.e.,  $\sqrt{D(h_{11})} < \theta_1^{*2}h_{11}$ ),  $g(h_{22}) < 0$  for any  $h_{22} > 0$ . Thus, the threshold  $h_{22}^* \leq 0$ .  
 252 In this case, the interval  $(0, h_{22}^*)$  is empty and the result still holds.  $\square$

253

## 254 B Additional simulations

255 We run additional simulations varying  $\mu$ ,  $\Sigma$ , and  $\theta^*$  and present the results in Figure 2.

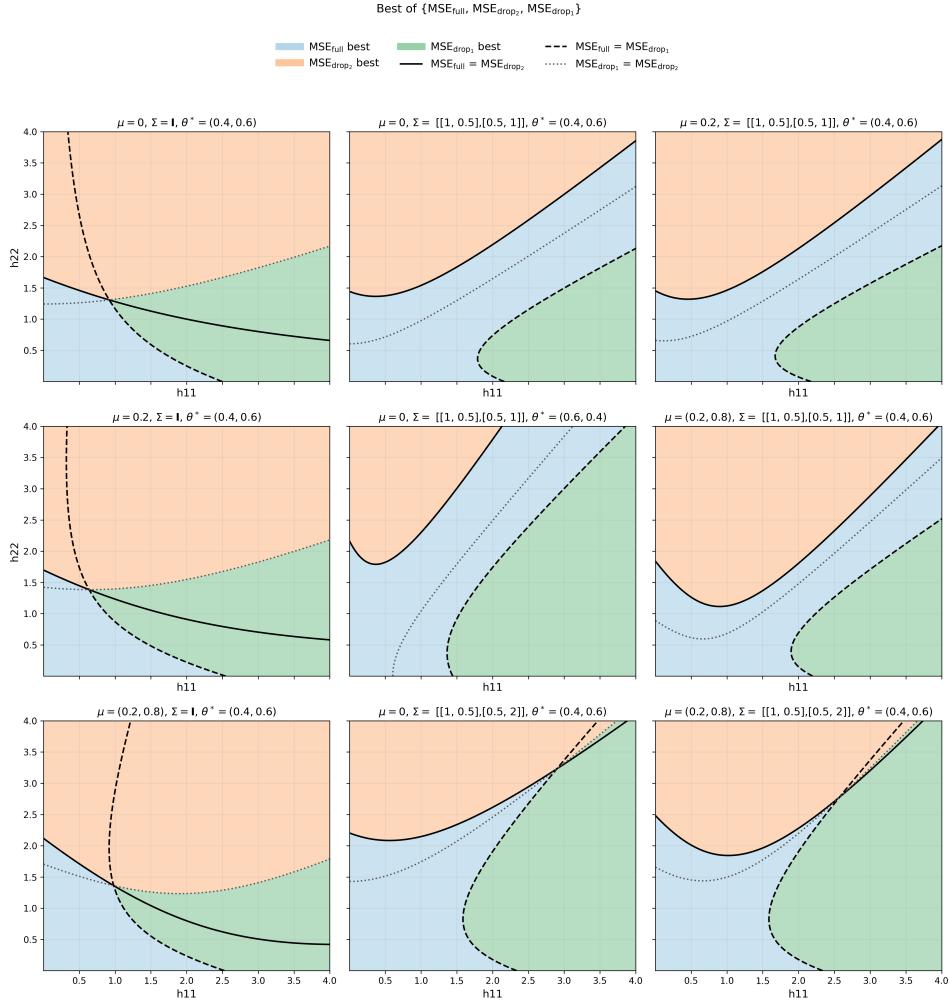


Figure 2: **Best model across manipulation costs.** For each  $(h_{11}, h_{22})$  (entries of  $H^{-1}$ ), the shading shows which model yields the lowest MSE. Boundary curves mark equal-risk frontiers. Top labels for each plot indicate  $\mu$ ,  $\Sigma$ , and  $\theta^*$ .