

MOJAVE CREST ASSURANCE COMPANY

3900 S. Maryland Parkway, Suite 400 · Las Vegas, NV 89119 · (702) 555-8200

Member Services | Utilization Management | Appeals & Grievances

UTILIZATION MANAGEMENT DETERMINATION — CONCURRENT CARE REVIEW

April 9, 2026

PATIENT NAME

Obata, Kenji

MEMBER ID

09230007

SUBSCRIBER

Obata, Kenji (Subscriber ID: 09230007)

GROUP

Paiute Valley Medical Associates | Group MCA-0923

PLAN / YEAR

Vista Access PPO | Plan Year 2025-26 (Apr 1, 2025 – Mar 31, 2026)

CASE NUMBER

CR-2026-092317

AUTH NUMBER

PA-0923-2026-0287

ADMIT DATE

April 2, 2026

REVIEW DATE

April 8, 2026

FACILITY

Desert Peaks Rehabilitation Center

Mr. Kenji Obata
2156 Rancho Road
Las Vegas, NV 89106

RE: **Kenji Obata** — Denial of Inpatient Rehabilitation Services — No Active Coverage | Case No. CR-2026-092317 / Auth. No. PA-0923-2026-0287

Dear Mr. Obata:

Mojave Crest Assurance Company (MCA) has reviewed the request for inpatient rehabilitation services for **Kenji Obata** at Desert Peaks Rehabilitation Center, with an admission date of April 2, 2026. This review was conducted on April 8, 2026.

DETERMINATION: DENIAL — NO ACTIVE COVERAGE

Services rendered on or after April 1, 2026 are not covered. No active enrollment is on file for the dates of service.

Diagnosis

Primary: Opioid Use Disorder, Severe (ICD-10: F11.20)

Basis for Determination

MCA enrollment records indicate that Mr. Obata was covered under the Vista Access PPO plan through Paiute Valley Medical Associates (Group MCA-0923) for plan year 2025-26, covering the period April 1, 2025 through **March 31, 2026**. As of the date of this review, MCA has not received a renewal group enrollment election or successor coverage enrollment for Mr. Obata. Accordingly, there is no active MCA coverage on file for April 1, 2026 or any subsequent dates.

The inpatient rehabilitation admission at issue (April 2, 2026) falls entirely outside the member's last verified coverage period. MCA is unable to authorize or provide benefits for services rendered when the member does not hold active enrollment under a covered group plan.

Note Regarding Prior Authorization PA-0923-2026-0287: A prior authorization was issued for the proposed inpatient rehabilitation admission. Prior authorization reflects only that the proposed services met applicable medical necessity criteria at the time of the authorization request. It does not guarantee payment and does not create or extend coverage where none exists. Benefit payment remains contingent upon the member's active enrollment and the existence of applicable plan benefits at the time services are rendered. Coverage eligibility is verified independently at the time of claim adjudication.

Coverage Provision Applied

Evidence of Coverage, Group MCA-0923, Plan Year 2025-26 — General Eligibility: "Benefits are available only while the member maintains active enrollment under a covered group plan. Coverage terminates on the last day of the applicable plan year or the date enrollment otherwise ends, whichever occurs first."

MCA Enrollment Records — Member ID 09230007: Coverage End Date 03/31/2026; Enrollment Status: Terminated.
No successor enrollment on file as of the date of this determination.

If you believe this determination is in error — for example, if you have obtained coverage under a successor group enrollment or individual plan that MCA has not yet received, or if a qualifying COBRA continuation election was made following the group coverage termination — please provide documentation of active coverage for the dates of service with your appeal.

Concurrent Care Notice

Because MCA has no record of active enrollment for the dates of service requested, there is no currently authorized benefit period to continue, modify, or terminate. This notice constitutes MCA's determination that the inpatient stay beginning April 2, 2026 is not a covered benefit under any active MCA plan on file for this member.

Your Right to Appeal

You have the right to appeal this determination. Standard internal appeal requests must be submitted within **180 days** of the date of this letter. Expedited appeal processing is available upon request where the member's clinical circumstances require urgent review. If appealing on the basis of active coverage, please include enrollment documentation, a COBRA election notice, or other evidence of coverage effective on or before April 2, 2026.

To file an appeal, contact MCA Appeals & Grievances: Phone (702) 555-0148 · Fax (702) 555-8301 (fax-to-email) · Email appeals@mojavecrest.com · Mail: MCA A&G; Dept., 3900 S. Maryland Pkwy., Suite 400, Las Vegas, NV 89119

Independent Medical Review (External Review)

Under NRS 695G.200, you have the right to request an independent review by the Nevada Division of Insurance after exhausting MCA's internal appeal process. For enrollment or eligibility-based determinations, the applicable remedy may include a hearing before the Nevada Division of Insurance. Contact: Nevada Division of Insurance, Consumer Services Section, 1818 E. College Parkway, Suite 103, Carson City, NV 89706 · (775) 687-0700 · doi.nv.gov.

Mojave Crest Assurance Company
Utilization Management Department

This determination was made in accordance with MCA enrollment records and the terms of the member's Evidence of Coverage. This letter does not constitute legal advice.

cc: Desert Peaks Rehabilitation Center — Utilization Review / Case Management

CONFIDENTIAL — This document contains protected health information (PHI) under HIPAA and NRS 629.061. Unauthorized disclosure is prohibited. Mojave Crest Assurance Company · NV License No. 0B03421 · Determinations are governed by the member's Evidence of Coverage and applicable Nevada law, including NRS Chapters 689A, 689B, and 695G.