Guide to Getting Quality Health Care

2025

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MOLINA® HEALTHCARE

Your Guide to Getting Quality Health Care

The 2025 version of Molina's Guide to Getting Quality Health Care (The Guide) helps you learn about the programs and services offered to you. In this Guide, you can read about our Quality Improvement Program and services to keep you healthy and take care of any behavioral health condition(s) you have.

This Guide gives you details about how we:

- Protect your privacy rights and your Protected Health Information (PHI)
- Make choices about your health care
- Help you with health care actions
- Meet your communication needs

You can print the Guide and any other information from our website. To get the Guide in your preferred language or accessible format, please call Member Services at (800)-869-7165 (TTY: 711). Both new and existing members can request a mailed copy of materials from us.

Your health care contacts

Department/program	Services	Phone number
Member Services	**Molina's Member Services can:** • Answer questions about your health plan and services. • Help you choose or change a behavioral health provider. • Tell you where to get care. • Offer interpreter services if you speak a language other than English, including American Sign Language (ASL). • Provide information in other languages and formats.	**Member Services** (800) 869-7165 TTY: 711 Monday–Friday 7:30 a.m.– 6:30 p.m.
24-hour Nurse Advice Line and National Suicide & Crisis Lifeline	Talk to a registered nurse anytime you have questions about your health. Available 24 hours a day, 7 days a week. The 988 Suicide and Crisis Lifeline is nationwide and provides confidential support 24 hours a day, 7 days a week, to people in suicidal crisis or mental health-related distress.	**24-hour Nurse Advice Line** (888) 275-8750 For Spanish: (866) 648-3537 TTY: 711 **National Suicide & Crisis Lifeline** Calls and text messages: **988**

Department/program	Services	Phone number
Health education*	Learn more about living well and staying healthy. Get details about programs to help you stop smoking and manage your weight. We'll help you learn how to use, join or leave these programs.	**Health Education** (866) 472-9483 TTY: 711 Monday–Friday 6 a.m.–6 p.m. PT
Care management*	Care managers assess your health conditions and review benefits and resources. This program can help you live healthier. Member Services can help you learn how to use, join or leave this program.	**Member Services** (800) 869-7165 TTY: 711 Monday–Friday 7:30 a.m.– 6:30 p.m.
Complex care management and intensive care management*	Care for members who get very sick and need extra help to feel better. Care managers will help you get the best care possible. Call Member Services to learn how to use, join or leave these programs.	**Member Services** (800) 869-7165 TTY: 711 Monday–Friday 7:30 a.m.– 6:30 p.m.
Transitions of Care Program*	When you are discharged from a hospital or nursing home, coaches help you transition from one setting to another. They help you get the care you need at home. Call Member Services to learn how to use, join or leave this program.	**Member Services** (800) 869-7165 TTY: 711 Monday–Friday 7:30 a.m.– 6:30 p.m.
U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)	The OCR protects you from discrimination in health care and social services. It also protects the privacy of your personal health information.	**Office for Civil Rights (OCR)** (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html
Medicare	Health insurance offered by the federal government to most people 65 and older. Medicare helps pay for care but does not cover all medical expenses.	Medicare (800) MEDICARE (800) 633-4227 TTY: (877) 486-2048 Medicare.gov
Health Care Authority (HCA) Apple Health (Medicaid) Customer Service	Changing or disenrolling from your Apple Health managed care plan. How to get Apple Health covered services not included through Molina. Questions about your ProviderOne services card.	Apple Health Customer Service Monday – Friday 7 a.m. to 5 p.m. fortress.wa.gov/hca/p1contactus/ ProviderOne Client Portal waproviderone.org/client If you still have questions or need further help, call (800) 562-3022 or visit hca.wa.gov

Department/program	Services	Phone number
Washington Healthplanfinder	Changes to your account such as: • Address changes, • Income changes, • Marital status, • Pregnancy, and • Births or adoptions.	Washington Healthplanfinder Monday – Friday 8 a.m. – 6 p.m. (855) 923-4633 TTY: (855) 627-9604 wahealthplanfinder.org

*You can opt out of these programs at any time. For more details about these programs, call Member Services.

Visit our website

Visit MolinaHealthcare.com and choose your state. You will find:

- Benefits and services
- Copays and other charges (if they apply)
- What to do if you get a bill
- Frequently Asked Questions (FAQs) and answers
- Preventive health guidelines
- How to get specialty care and hospital services
- Available behavioral health providers
- Utilization Management (UM) procedures like
  - Pre-service review
  - Urgent concurrent review (a review that happens while you're getting care at a health care center)
  - Post-service review
  - How to file an appeal

To get a copy of anything on MolinaHealthcare.com, call Member Services at (800) 869-7165 (TTY: 711). You can also view your Member Handbook on the website.

Member portal

MyMolina.com is your secure member portal. It lets you manage your health from your computer, phone, tablet or laptop. The member portal is easy to use. Here are some of the things you can do:

- Fill out your Health Risk Assessment (HRA)
- Get help with:
  - Eating healthy
  - Managing your weight

  - Seeing if you have depression or lack motivation
  - Managing stress
  - Being physically active
  - Stopping tobacco use
  - Quitting alcohol
- Request or print your member ID card
- Update your personal details:
  - Phone number
  - Email
  - Mailing address
  - Language preference
  - Race
  - Ethnicity
  - Pronouns
  - Gender identity
  - Sexual orientation
- Choose or change your behavioral health provider
- See your health records
- Get health advice from our 24-hour Nurse Advice Line, open 7 days a week
- Send an email to Member Services
- Find helpful resources

To learn more or to sign up for the member portal, visit **MyMolina.com** or call Member Services at (800) 869-7165 (TTY: 711). You can also create an account on your computer or from your phone. We suggest setting up your account on your computer first.

To create an account on your computer:

Step 1: Go to **MyMolina.com**

Step 2: Enter your member ID number, date of birth and ZIP code

Step 3: Enter your email address

Step 4: Create a password

Step 5: You may be asked for a phone number or email to get a code to verify yourself

To create an account from your phone:

Step 1: Find the My Molina® mobile app in your Apple App Store or Google Play

Step 2: Download the My Molina® mobile app to your phone

Step 3: Open the app and select your health plan

Step 4: Enter your member ID number, date of birth and email address

Step 5: Create a password

Provider Online Directory

To search for a provider online, go to MolinaHealthcare.com. Click on **"Find a Doctor or Pharmacy."** The Provider Online Directory includes:

- Names, addresses, phone numbers, expertise and gender of network providers.
- Providers' board certification status
  - You can also visit the American Board of Medical Specialties (ABMS.org) to see if a provider is board-certified
- Office hours
- Providers accepting new patients
- Languages spoken by the provider or staff, including American Sign Language
- Hospital name, location and accreditation status

If you cannot use the internet or need more information (like your provider's medical school or residency), we can send you a printed copy of the Provider Directory. Call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m., for help.

Molina's Quality Improvement Plan and Program

We're committed to making sure you get the best care possible. That is why each year, we put a plan in place to keep improving:

- Our services
- The quality of the care you receive
- The way we communicate with you

Our goals are to:

- Give you services that benefit your health
- Work with providers to get you the care you need
- Address your language and cultural needs
- Reduce any barriers to getting care, like transportation or language needs.

We also want to hear how we're doing. We review the past year of service to check our progress. We may send you a survey to get your feedback.

We may also send surveys to see how many members get the needed services. These surveys tell us what care is needed. One of these surveys is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

The CAHPS® survey asks questions about how you rate:

- Your health care
- Your primary care provider (PCP)
- Your health plan
- Specialist(s) you have seen

- Well-check exams
- How easy it is for you to get care
- How easy it is for you to get care quickly

HEDIS® (Healthcare Effectiveness Data and Information Set)

We also measure how many of our members get key tests and exams. We look at:

- Annual exams
- Diabetes care
- Mammograms (x-rays of the breast)
- Medicine management
- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child and teen shots)

We care about your health. We want to help you take better care of yourself and your family. To do this, we:

- Teach you about chronic health conditions
- Address any complaints you have
- Help you find and use information on our website
- Tell you about special services we offer

To learn more, call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m. You can ask for a printed copy of our Quality Improvement Plan and results.

Guidelines to keep you healthy

We give you information about preventive services and when to get them. This information does not replace your doctor's advice.

To make the most of these guidelines:

- Take time to read them
- Write down questions and bring them to your next checkup
- Tell your provider about any health problems you or your children are having
- Go to your appointments
- If you miss an appointment, reschedule right away

We help you learn about key tests and exams to help you with conditions, such as depression or substance use disorder. See **MolinaHealthcare.com/StayingHealthy** for details. Call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m

Extra help for chronic health problems

Taking care of health conditions can be a lot to deal with on a daily basis. To make sure you get the right care, our Care Management Program can help you:

- Get services
- Arrange for tests and provider visits
- Get transportation to medical appointments
- Close gaps in care or service
- Get support for those with special needs as well as their caregivers
- Move from one setting to another, like leaving the hospital
- Get long-term care services
- Connect with community support

You can be referred to care management through:

- A provider, hospital discharge planner or social worker
- Member Services, Health Education Line or our 24-hour Nurse Advice Line
- A family member or caregiver
- A self-referral
- Identification by Molina as eligible for care management

These programs are offered at no cost to you. You can choose to stop any program at any time. Call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 630 p.m., for more details.

Population health

(Case management and intensive care management, transitions of care, member newsletters and health education)

We offer many programs to help you lead a healthier life.

Care management

Care management is a way to help you take care of your behavioral health in the best way possible. A team of people, including a care manager, nurses, doctors, and other helpers, will work together to make a special plan just for you that has goals to help you get better.

Care managers may talk to you on the phone or in person to make sure you're okay. They might also bring someone from the community to help you with information or to teach you something. Call Member Services at (800) 869-7165 (TTY: 711) to learn more, to check if you qualify to join, or to leave these programs.

Complex care management and intensive care management

Complex care management and intensive care management is care for members who get very sick and need extra help to feel better. Care managers want to make sure you get the best care possible and will:

- Teach you about your illness and help you get the right care and services
- Help you get things you need to feel better
- Check to see if the things they are doing are helping you
- Keep working with you until you are feeling better and can take care of yourself on your own

To learn more, check if you qualify, join, or leave these programs, call Member Services at (800) 869-7165 (TTY: 711).

Transitions of Care Program

Our Transitions of Care Program is designed to help you have a smooth transition after you leave the hospital or another care facility. Coaches will work with you or your caregiver to make sure you understand what you need to do to stay healthy. We want to make sure you get the best care possible and that you feel supported throughout your recovery.

The program is available to all Molina Healthcare members. To learn more, check if you qualify, join or leave this program, call Member Services at (800) 869-7165 (TTY: 711).

Member newsletters

We post member newsletters at **MolinaHealthcare.com/MHWMedicaidPublications**. The information is easy-to-read and offers tips on healthy living.

Health education

We can teach you about things like:

- Eating healthy
- Preventing illness
- Stress care
- Staying active
- Behavioral health

To get these health education materials, you can ask your doctor. You can also visit **MolinaHealthcare.com/StayingHealthy**.

Health Risk Assessment and self-management tools

For help making healthy changes, use the Health Risk Assessment (health appraisal) on the MyMolina member portal. Just answer questions about your health, behaviors and suggested tests. You'll get a report about your health risks once you complete this assessment.

In the member portal, you'll also find self-management tools that offer advice for:

- Weight management
- Depression
- Financial wellness
- Other topics that affect your health

These tools help you check progress, find barriers and measure progress with healthy goals. To learn more, go to MyMolina.com.

Patient Safety Program

Our Patient Safety Program helps keep you and your family safe when you get health services.

We protect you by:

- Telling providers and hospitals about safety issues and where to get help
- Keeping track of member complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping you move from one place to another, such as from hospital to home
- Teaching you about questions to ask during provider visits

Groups that check safety include:

- Leapfrog Group Quality Index Ratings
- The Joint Commission National Patient Safety Goal Ratings

You can look at these websites to:

- See what hospitals are doing to be safer
- Know what to look for when you pick a provider or a hospital
- Get information about programs and services for conditions like depression, anxiety or substance use.

To learn more, call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m., or visit MolinaHealthcare.com.

How we work with providers to make decisions about your care

Some services must be pre-approved before we cover them. We work with your provider to find out what services you need. We make choices about your care based on medical needs and benefits. This is called utilization management (UM).

- We do not reward providers or others for denying services.
- We do not pay extra to providers or UM staff to make choices that give you less care.

If you have a question about our UM process or rulings, call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m. We can accept collect calls. If you need help in your language, bilingual staff or interpreters are available at no cost. We also offer TTY services if you are deaf, hard of hearing or have trouble speaking.

Please leave a message with your phone number if you call after hours or on the weekend. We will return your call within one business day. Member Services may also call to talk about UM issues. If Member Services calls, we will use our name, title and Molina's name.

Looking at what's new

We look for ways to offer new types of care and services and new ways to provide them. We review new services for safety and added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Behavioral health services
- Medicines

Language and communication assistance services

We provide written or verbal information in your language, at no cost. We offer interpreters to help you speak with your provider or us. We do this for most languages, including sign language. For an interpreter or for written materials in a language other than English, call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m.

Behavioral health services

If you have concerns about behavioral health issues, we can help. We can help with things like stress, depression or substance use. We cover behavioral health services. You do not need a referral to see a provider. Call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m., for more information.

We can help you if you're having:

- Sadness that does not get better
- Feelings of hopelessness or helplessness
- Feelings of guilt
- Feelings of worthlessness
- Trouble sleeping
- Poor appetite or weight loss
- Loss of interest

If you need mental health or substance use services, you can:

- Call Member Services
- Call our 24-hour Nurse Advice Line
- Go to a mental health or substance use service provider or facility
- Look at our Provider Directory at **MolinaProviderDirectory.com/WA**.
- Visit the member portal at **MyMolina.com**.
- Ask Member Services for the names and telephone numbers of the facilities near you

Behavioral Health Advocates (previously called Ombuds)

A Behavioral Health Advocate is a person who is able to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help to resolve concerns if you have a behavioral health grievance, appeal or fair hearing. The Behavioral Health Advocate is independent of your health plan. It is provided by a person who has had behavioral health services, or a person whose family member has had behavioral health services. To find a Behavioral Health Advocate call (800) 366-3103 or email **info@obhadvocacy.org**. You can also find regional contact information in your Molina **Member Handbook**.

Emergency behavioral health services

A behavioral health emergency is a mental health issue that may cause extreme harm to the body or even death. Some examples are when you have:

- Thoughts of suicide or attempting suicide
- Caused danger to yourself or others
- Been hurt and cannot carry out actions of daily life
- Been hurt and it's causing serious harm to your body or death

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can call 911. For the Suicide & Crisis Lifeline, you can call 988.

If you go to the emergency room, let your primary care provider (PCP) know as soon as you can. If you have an emergency and cannot get to a network provider:

- Go to the closest hospital or emergency facility
- Call the number on your ID card
- Call your provider and follow-up within 24 to 48 hours after leaving the emergency room

If you have an emergency out of area, we'll help connect you to a network provider as soon as you are well.

Out-of-network services

If a network provider cannot give you the covered services you need, you can see an out-of-network provider until we can provide the services in-network. If you're approved to get out-of-network services, we'll pay for the services and coordinate the payment with the out-of-network provider. Your cost will be the same as if the provider were in our network. To learn more, call Member Services at (800) 876-7165 (TTY: 711).

Hours of operations for services

You can get services 24 hours a day, every day. There's always a way to get the care you need. You can see a doctor in person, use telehealth services or go to after-hours or emergency care when needed.

What to do when you need after-hours or emergency care

After-hours care

You may need care when your behavioral health provider's office is closed. After hours, call the 24-hour Nurse Advice Line at (888) 275-8750 (English), (866) 648-3537 (Spanish), TTY: 711 (Deaf and Hard of Hearing).

Highly trained nurses are here 24 hours a day, 7 days a week to:

- Answer your medical questions
- Help you decide if you need care right away
- Make an appointment for you

Emergency care

What is an emergency?

A sudden or severe problem that needs care right away or puts your life or health in danger.

We cover emergency care.

Emergency care is not covered outside the United States (unless you need hospital care in Canada or Mexico).

If you need emergency care, call 911 or go to the nearest hospital. You don't need prior approval. For the Suicide & Crisis Lifeline, you can call 988. For urgent care, call the 24-hour Nurse Advice Line at (888) 275-8750 (English), (866) 648-3537 (Spanish), TTY: 711 (Deaf and Hard of Hearing).

Protecting your privacy

You have rights when it comes to protecting your health information. We will not share health information that is not allowed by law. We respect and protect your privacy. We may use and share data to provide you with benefits. Your privacy is important to us.

Your Protected Health Information (PHI)

PHI stands for Protected Health Information. This includes your:

- Name
- Member ID number
- Race
- Ethnicity
- Gender identity
- Sexual orientation
- Social needs
- Social risks
- Language needs
- Other things that identify you

We may use your PHI to:

- Work with clinicians to provide your treatment
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Run our health plan
- Use or share PHI for other purposes, as allowed by law

We must get your written approval to use or share your PHI for any purpose not listed above.

Your privacy rights

You have the right to:

- Look at your PHI
- Get a copy of your PHI
- Make changes to your PHI
- Ask us not to use or share your PHI in certain ways
- Get a list of the people or places we have given your PHI

How Molina protects your PHI

Your PHI can be written, spoken or digital. We protect your PHI by:

- Having policies and procedures that protect you
- Limiting our staff who can see PHI
- Training our staff on how to protect and secure PHI (written and verbal communications)
- Requiring written agreement to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

By law, we must:

- Keep your PHI private
- Tell you if there is any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, gender identity, sexual orientation, ethnicity or language data for underwriting or denial of coverage
- Follow our **Notice of Privacy Practices** (NPP)

What can you do if you feel your privacy rights haven't been protected?

- Call or write Molina and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The information above is only a summary. To learn more about how we use and share your PHI, see our NPP at **MolinaHealthcare.com**. You also call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m., to ask for a copy.

Your rights and responsibilities

Knowing your rights and responsibilities is important. It helps you, your family, your provider and Molina ensure you get the care you need.

You have the right to:

- Get the facts about Molina, our services and providers, and your rights and responsibilities.
- Privacy and to be treated with respect and dignity.
- Help make decisions with your provider about your health care. You may refuse treatment.

- Ask for a copy of your medical record.
- Ask to change or correct your medical record.
- Discuss your treatment options with your doctor in a way you understand and take part in making treatment goals you both agree on. Cost or benefit coverage does not matter.
- Voice any complaints or send in appeals about Molina or the care you received.
- Use your member rights without fear of negative results.
- Get your rights and responsibilities each year.
- Suggest changes to our rights and responsibilities policy.

You also have the responsibility to:

- Give all the facts Molina and your providers need to care for you.
- Know your health conditions.
- Take part in treatment goals that you and your provider agree upon.
- Follow the treatment plan for your care.
- Keep doctor visits and be on time.
- If you're going to be late or cannot make it, call the office right away.

We share member rights and responsibility statements to:

- New members upon enrollment
- Existing members if requested
- New providers when they join the network
- Existing providers if requested

Visit **MolinaHealthcare.com** to view your **Member Handbook** for a full list of your rights and responsibilities. You can also call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m., to ask for a copy.

Second opinions

If you do not agree with your provider's care plan, you have the right to a second opinion. You can talk to another network provider. You can also talk to a provider outside of our network at no cost. To learn more, call Member Services at (800) 869-7165 (TTY: 711), Monday–Friday, 7:30 a.m.– 6:30 p.m.

Grievances and appeals

If you have problems with your medical care or services, you have the right to file a grievance (complaint) or appeal.

File a grievance for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

File an appeal when you don't agree with our decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

You may ask for an expedited review if the decision puts your life or health at risk. You may also ask for a State Fair Hearing with the State Administrative Law Judge if your appeal is denied.

Visit **MolinaHealthcare.com** or see your Member Handbook to read about:

- Grievances and appeals
- Who can file a grievance and appeal
- State Fair Hearing process, rights and timeframes

For questions, call Member Services at (800) 869-7165 (TTY: 711).

Your right to appeal a denial

What is a denial?

A denial means we will not pay for a service or bill. If we deny your service, you have the right to find out why it was denied. You have the right to appeal.

If we deny your service, you will get a letter telling you why. It will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal at **MolinaHealthcare.com**. Member Services can also help you file an appeal.

If you're not happy with the result of your appeal, you can ask for an independent review. Your denial letter will tell you how to ask for a fair hearing. It will also explain when you can still get services or how to ask to keep getting them while you wait for a fair hearing. If the fair hearing agrees with Molina's decision, you may have to pay for the services you got while you waited. Providers outside of Molina will look at all the facts and decide. Molina will follow this finding.

Your right to an Advance Directive

You have the right to accept or refuse treatment offered by a provider. If you are unable to tell the provider what you want, you need to make your wishes known. It's important to have an Advance Directive. You can have one for medical and mental health care.

An Advance Directive is a legal form that tells providers the kind of care you want if you cannot speak for yourself. Write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you cannot make your own. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- A Living Will

It's your choice to have an Advance Directive. No one can deny you care based on whether or not you have one. For help making decisions about your care, talk with someone you trust. This might be a family member or friend. You can also talk with your lawyer or PCP.

Call Member Services at (800) 869-7165 (TTY: 711) for help getting an Advance Directive that follows state laws.

If you have signed an Advance Directive and think your provider has not followed your wishes, you may file a complaint. Visit **MolinaHealthcare.com** or call Member Services for details.

MHW Part #4962-2504
MHW-04/30/2025, HCA-07/24/2025 (49399)