

Quick Reference Guide: Understanding Error 2503

Overview:

Member is Enrolled in Medicare Part C on Date(s) of Service

The member is enrolled in Medicare Part C on the Date(s) of Service.

Common Causes:

- The member was enrolled in Medicare Part C during the header from/to dates of service span on the claim and the claim information matches any of the other insurance (OI) rules for the Medicare Part C (MEDPC) OI plan.

Explanation of Benefits (EOB)

Error 2527 will have the following explanation (Claim Detail Error):

EOB	Description
0503	Member is enrolled in Medicare Part C on the date(s) of service.

Member Other Insurance Search via the Provider Portal

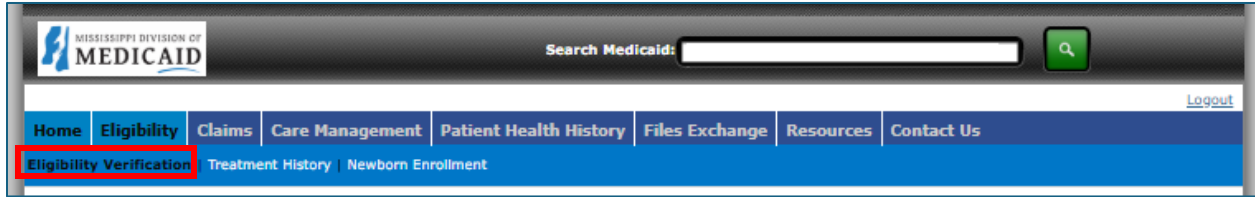
Visit the Provider Portal on the Mississippi Medicaid website to verify a member's other insurance information in the system.

- **Note:** Provider credentials are needed to log into the portal to use this functionality.

<https://portal.msxix.net/ms/provider/Home/tabid/135/Default.aspx>

On the Provider Portal Home Page:

1. Hover the mouse pointer over the Eligibility tab at the top of the page. The Eligibility Verification link will appear.
2. Click on Eligibility Verification.



Eligibility Verification Request ?

* Indicates a required field. [Click here for Coverage Descriptions](#)

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry

Member ID Last Name First Name

SSN Birth Date

*Begin Date End Date

The Eligibility Verification Request search panel is displayed.

3. Enter either the **Member ID** (Medicaid ID) or two of the following fields: **Name**, **SSN**, or **Birth Date**.

Eligibility Verification Request ?

* Indicates a required field. [Click here for Coverage Descriptions](#)

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry

Member ID Last Name First Name

SSN Birth Date

*Begin Date End Date

The **Eligibility Verification Information** panel will display.

4. To see if a member has Medicare, look to see if the Medicare Coverage Detail has information like the example below.

Coverage Details						
Coverage	Effective Date	End Date	Add Date	Last Update Date		
051 - Specified Low-Income Medicare Beneficiary (SLMB)						
Service Types Covered:	11/01/2025	12/31/9999	04/24/2025	04/24/2025		
<ul style="list-style-type: none"> 30 - Health Benefit Plan Coverage 						
Other Insurance Detail Information						
Medicare Coverage Detail						
Coverage	Effective Date	End Date	Last Update Date			
Medicare Part A	11/01/2021	12/31/9999	03/09/2023			
Medicare Part B	02/01/2023	12/31/9999	03/09/2023			
Medicare Part C	03/01/2025	12/31/9999	03/12/2025			
Medicare Part D	03/01/2022	12/31/9999	03/09/2023			
Managed Care Assignment Details						
Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
None						

If details like the ones above are present, the member has Medicare coverage.

* **Note:** Along with the Medicare Coverage Details, the member will have a coverage of one of the following:

- 031 – Qualified Medicare Beneficiary (QMB).
- 035 – Qualified Working Disabled Individual (QWDI)
- 051 – Specified Low-Income Medicare Beneficiary (SLMB)
- 054 – Qualified Individual (QI)

Member Eligibility via the AVRS:

Automated Voice Response System (AVRS) 1-800-884-3222

The AVRS is a quick phone call using the automated voice response system to see what eligibility a member has.

- **Provider Medicaid ID or NPI Number** is required to use the AVRS.

***Note:** If multiple locations are associated with the NPI number, a taxonomy code will be required.

Steps to hear Member Eligibility

1. Select 2 for Provider.
2. Enter the provider's NPI or Medicaid ID when prompted.
3. Select 2 to hear about Member Eligibility.
4. Enter Member Medicaid ID or social security number.
5. Select 1 to hear Member Eligibility
 - a. If the member has Medicare, one of the coverage groups listed above will be mentioned.

Job Aid Reference:

Member Eligibility on the Provider Portal:

https://medicaid.ms.gov/wp-content/uploads/2024/03/20240213_MES_Gainwell_PRP-101_Job_Aid_Eligibility_Verification_v1.9-1.pdf

Eligibility Resource:

https://medicaid.ms.gov/wp-content/uploads/2026/04/Final-Eligibility-Resource-Document-V5.1_3.26.2026.pdf

MS Automated Voice Response System (AVRS):

<https://medicaid.ms.gov/wp-content/uploads/2022/10/PRP-100-Job-Aid-AVRS-Provider.pdf>

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	04/17/2026	Gainwell	Initial publication
1.0	4/22/2026	Gainwell	Updated per DOM Feedback