

Quick Reference Guide: Understanding Error 2527

Overview:

The Other Payer Filing Indicator Must Be MA, MB, or 16

The member only has Medicare Part A, B and/or C and does not have TPL (commercial insurance) for the claim DOS, and the Other Payer Filing Indicator value is submitted on claim and is other than:

MA (Medicare Part A), MB (Medicare Part B) or 16 (Medicare Part C).

Common Causes:

- An incorrect claim filing indicator, such as Commercial Insurance (CI), is selected and the member only has Medicare Part A, B and/or C and does not have **TPL** (commercial insurance) for the claim date of service (DOS).

Explanation of Benefits (EOB)

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

EOB	Description
2527	The other payer filing indicator must be MA (Medicare Part A), MB (Medicare Part B, or 16 (Medicare Part C).

Claim Filing Indicator on Crossover Claims

When adding the Claim Filing Indicator on a crossover claim for Medicare, the Claim Filing Indicator should be MA for Medicare Part A, MB for Part B and 16 for Part C. If any other indicator is used when a Member has Medicare Part A, B or C, the claim will be denied.

Best practice is to check and make sure the claim filing indicator is correct before submitting the claim. The Division of Medicaid must be billed as the payor of last resort.

Submitting Medicare on a Crossover Claim

If submitting a crossover claim via the MS Medicaid Provider Portal, follow these steps:

To add **Medicare Part A, B, or C** follow these steps.

Using the **Claim Filing Indicator** dropdown, select **16 (Medicare Part C)**, **MA (Medicare Part A)**, or **MB (Medicare Part B)**. No additional fields are necessary for these selections.

- For this example, MB-Medicare Part B was selected from the **Claim Filing Indicator** dropdown.
- Click **Add Insurance** to save the selection.
- Other Insurance Details displays Medicare Part B on line #1.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
<input type="checkbox"/> Click to collapse.						
*Claim Filing Indicator: MB-Medicare Part B						
Add Insurance Cancel Insurance						

Member Other Insurance Search via the Provider Portal

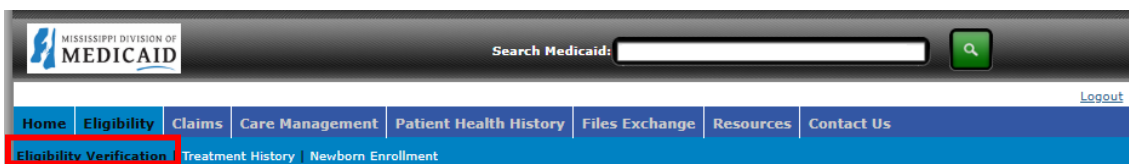
Visit the Provider Portal on the Mississippi Medicaid website to verify a member's other insurance information in the system.

- **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.



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**.

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:

Crossover Claims on the MESA Portal

<https://medicaid.ms.gov/mesa-portal-for-providers/#>

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	04/22/2026	Gainwell	Updated per DOM feedback