Spoken Language Healthcare Interpreter Work Group

DATE: FEBRUARY 26, 2026
MINUTES PREPARED BY: LEA BITTNER
LOCATION: VIA WEBEX

Attendance

- Daniel Monari - member
- Katie Freeman - member
- Lailee Tung – member
- Maikhou Vang - member
- Michele Reither – member
- Munna Yasiri - member
- Rachel Herring – member
- Rick Michals – member
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Chelsey Olson – public member
- Soo Lauby – public member
- Dan Endreson – public member

Agenda

2:00 – 2:05 Welcome and Housekeeping

2:05 - 2:15 Meeting Recap and Project Plan

2:15 – 3:20 Member Discussion

3:20 – 3:30 Future Meeting Topic Prep, Next Steps and Closing

Meeting Recap

Members reviewed and refined the submitted recommendations on telehealth.

Issues discussed included whether to apply the same standards to telehealth and on-demand interpreters interpreting for MN residents (to avoid creating a loophole) or holding contracting organizations accountable to attest their contracted interpreters meet minimum (level 1) requirements.

The notion of an expert advisory group being convened to further refine and define aspects of the recommendations was discussed.

The requirement for holding two public comment periods with interpretation support and in the five most common MN languages was discussed.

Members voted on 3 proposed recommendations:

1 - Legislators review the registry first and get that passed: THEN review remote/on demand/telehealth and other less critical recommendations.

67% fully endorsed, 22% supported minor reservations and 11% could live with the recommendation.

2 - MN will form an expert workgroup to collect information on the employment requirements, training standards…

40% fully endorsed, 60% supported with minor reservations.

3 - MN will require all organizations that contract to provide interpreting services within MN to attest that their contract interpreters meet minimum standards equivalent to those included in the proposed level 1/entry level of the tired roster.

44% fully endorsed, 33% supported minor reservations, and 22% could live with the recommendation.

Work Group Discussion

- There's a fee schedule that highlights language services; fee schedule amount listed is a minimum; every agency sets their own reimbursement rate; hourly min, with some flat rate based on language.
- Reimbursable base rate is $12.50 per 15 min segment, $50/hour for in-person.
- Report from health provider whose organization doesn't seek reimbursement; the submission process is not worth the effort and is highly confusing, costing too much time.
- The $12.50 mentioned is specifically for Medicaid patients; it's only possible to bill if the interpreter was there 30 minutes minimum; many agencies don't bill; billing needs to be accessed via a portal and costs $5-$7.50 to submit an invoice; many skip this in order to sustain business.
- Interpreters cannot bill for waiting time; if they're waiting while a surgery is going on, can't bill for the waiting time.
- Healthcare typically doesn't run on time; this is no fault of the interpreter. Consideration should be made of the amount of time it takes for interpreters to get to clinics/hospitals; many interpreters don't want to go less urban as they don't get paid for mileage.
- Regarding the 15-min increments, 8 mins of interpreting can be rounded up to 15 minutes but interpreting for 7 mins or less can't be billed to get paid.
- This is an industry practice of healthcare to bill for 1-minute segments.
- Some organizations bill to the minute or round up.
- Medical billing can be a loss; interpreters have discontinued contracts that have a 50% min if patient is a no-show.

- If an interpreter provides services and it is then discovered the patient doesn't have insurance coverage, the interpretation service can't be billed; have to wait until patient is active and then interpreting services can be billed for.
  - This practice requires clinics to continually submit claims through the portal (each costing $5 - $7.50) until they get reimbursed.
  - Could disincentivize organizations to accept patients requiring interpretation services.
- When Medicaid changes happen it's hard to get reimbursement.
- When sending your interpreters to MA patients, it's critical to ensure they are active in the system beforehand.
- The fee schedule has been effective since 2007 or 2008; the minimum hasn't changed in years.
- Does anybody know how the rates are set and whether MDH/this workgroup can impact that? If we make a recommendation; who do we make that to?
- Medicaid funding goes through DHS; rate structures are not uniform (e.g. HCBS, nursing home rates, some pay per-diem rates for travel); it's a complex world; once size doesn't fit all with Medicaid funding; getting funding to make up shortfalls would be very complex.
- When the interpreter roster was originally started, it was hoped the money interpreters paid to list themselves would support reimbursements; this work group's recommendation could be for the new roster fees to support interpreters and clinics for reimbursements (if they bill for MA and the patient isn't covered, but the appointment still happened).
- This is an issue about language access for healthcare.
- There is no surplus of roster fees because they go to administrative support of systems.
- It's an idea to have an alternative recommendation in case some of the recommendations don't move forward.
- Suggestion to recommend that all MN programs must have billing that's aligned across programs.
- MN needs a national payer system; can't just say let's standardize; billing systems are determined by CMS and out of our control; there's a per diem if an interpreter said it's part of the rate; managed care health orgs pay a rate and part of that includes any needed interpreter services; could recommend that they get an allotment that generally includes interpreter services.
- Member has a patient that needs interpreter services in a care facility that cannot be moved because they can't find a facility that has services for him.
- We have heard we won't reimburse interpreters without more education, qualification, etc. to raise the bar and go after more funding; it's been shut down. The proposed tiers could support the funding needed; neighboring states are talking about AI interpreting in health care orgs.

- Thoughts about reimbursement being different for in-person vs virtual?
- Remote has a lower minimum.
- One clinic represented by a member cannot bill insurance for remote interpreting, only in-person.
- Managed care plans are to coordinate interpreter services.
- Is it possible to get the language used by MCA?
- Shared in chat: DHS Translation Services for MHCP Members (PDF) (https://mn.gov/dhs/assets/translation-services-mhcp-09-2024_tcm1053-644550.pdf)
- Remote interpreting is more expensive than in-person. Previously, a union in HCMC had required language access to be available in some capacity.
- Suggested speakers on this topic include Mara Youdelman and Bruce Adelson, who is an expert on compliance.
- Links provided in chat:
  - National Health Law - Mara Youdelman (https://healthlaw.org/team/mara-youdelman/).
  - Washington State Spoken Languate Interpreter Reimbursement FAQ (PDF) (https://www.hca.wa.gov/assets/billers-and-providers/bh-provider-reimbursement-spoken-language-interpreter-faq.pdf).
  - Oregon Guidance: Fee-for-service provider reimbursement for interpreter services (PDF) (https://www.oregon.gov/oha/HSD/OHP/Tools/Interpreter-Services-Add-On-Fee.pdf)
  - CMS information on interpreter reimbursement (what was being discussed earlier int his meeting): Medicaid Translation and Interpretation Services (https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services).
  - This also outlines some models: Health Law - Medicaid and CHIP Reimbursement Models for Language Services: 2024 Update (https://healthlaw.org/resource/medicaid-and-chip-reimbursement-models-for-language-services-2024-update/).
- Offer to join a sub-work group to help draft recommendations prior to next meeting (March 10th). Rick will reach out to members expressing an interest in joining a sub-work group.

Reminders

- **Next meeting** will be Meeting #2 on the topic – reimbursements; **Tuesday**, **March 10th 1:00 – 2:30.**

- Your recommendations are **due by Thursday, March 5th** and members will receive copies of submitted recommendations on Friday, March 6th**.**
- Consult with the community you represent, subject matter experts and resources in shared folder on topic(s).
- Please submit resources and SME suggestions for this and other future topics to the shared folder and/or SLHCIWG.MDH@state.mn.us (copy Rick).
- Submit Expense Forms **for this meeting** to SLHCIWG.MDH@state.mn.us, and **copy** Rick.Michals@state.mn.us and Julianna.Leintz@state.mn.us.

Summary of Reimbursement Issues

- Fee schedule unchanged and outdated.
- Requirement that interpreter must be present for 30 mins during MA interpretation to be paid; are not paid for support less than 30 mins.
- Cost to agencies to resubmit billing multiple times and each submission costing $5-$7.50.
- Billing portal and process cumbersome, requires specific software and is difficult to navigate, forcing some orgs to bypass this completely to save time, assuming the $ loss themselves.
- It's difficult to know the appropriate tier for payments (unsure if this is in reference to the billing portal specifically).
- Non-payment for no-shows when interpreters make effort to be present.
- Travel time, transport and parking fees are not reimbursed for interpreters.
- Agencies have difficulty verifying entered information, such as addresses, which can contain mistakes.
- Interpreting services can't be billed for unless patient is fully covered by insurance and has submitted all required information; time consuming for agencies to verify this prior to assigning an interpreter.
- It's unclear how to make a recommendation in this reimbursement space from a state perspective when finding is from federal source (CMS).
- Rate structures aren't uniform; could consider requiring services included in rates.

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05/08/2026

To obtain this information in a different format, call: 651-201-4200.