

# Spoken Language Healthcare Interpreter Work Group

**DATE: MARCH 10, 2026**

**MINUTES PREPARED BY: LEA BITTNER**

**LOCATION: VIA WEBEX**

## Attendance

- Jose Tori Maguina - member
- Katie Freeman - member
- Lailee Tung – member
- Maikhou Vang – member
- Marisa Rueda - member
- Rick Michals – member
- Rosemond Owens - member
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Soo Lauby – public member

## Agenda

- 1:00 - 1:05 Welcome and Housekeeping
- 1:05 - 1:15 Meeting Recap and Project Plan
- 1:15 – 1:40 Draft Recommendations and Member Discussion
- 1:40 – 2:20 Vote on Recommendations
- 2:20 - 2:30 Future Meeting Topic Prep, Next Steps and Closing

## Meeting Recap

Members did not have a guest speaker and spent the entire meeting discussing aspects of reimbursements for interpreters.

Issues raised included:

- Fee schedule unchanged and outdated.
- Min 30 min requirement for interpreters with MA clients before payment.
- 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.
- It's difficult to know the appropriate tier for payments.

- Non-payment for no-shows when interpreter is present.
- Travel time, transport and parking fees are not reimbursed for interpreters.
- Agencies have difficulty verifying manually 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.
- It is unclear how to make a state recommendation on reimbursement funding is from federal source (CMS).
- Rate structures aren't uniform; could consider requiring services included in rates.

## Review and Edits to Draft Recommendations

- We have drafted recommendations for a tiered interpreting system; without pay increases, there is no incentive for interpreters to move up within the system; there is also no incentive to go onsite if the pay is the same for remote interpreting.
- A member working in the medical field confirms the proposed recommendation for 2/3 payment for remote vs in-person interpreters is equivalent to the provider payment structure used in medical facilities and feels it is appropriately structured; worried health care systems are going to use different pay structures to use virtual interpreters more if it's cheaper; doesn't want this to happen but does like the in-person interpreters getting paid more for their time and work.
- The difference between proposed Tier 1 and 2 is the time minimum; they'll see the same rate fee.
- Member says many of their interpreting contracts are for a 2-hour minimum so a lot of interpreters won't want to take their contracts; adds if there is a 30-minute minimum then the interpreter could only stay for 30 minutes and then book themselves somewhere else.
- Why do interpreters do a 2-hour minimum?
- ALS interpreters have different rules and guidelines based on their credentials so they can charge differently, and these rules have been in place and written into law for a long time.
- If we want to be equitable in this profession, maybe we can say at least 1-hour minimum for our recommendations.
- It takes a minimum of 30 minutes to get ready for onsite work; no one likes going on site for only 15 minutes.
- Member supports the 1 hour minimum; even it's 15-20 minute visit interpreters can help with check-in, vitals, nurse education, lab, etc. The amount of time anyone spends in the clinic for a visit is typically an hour.
- For over the phone interpretation, likes the recommendation of \$75/hr. since no one likes to take MA cases; if it's less than \$75/hr. most agencies don't even want to fulfill it;

suggestion to add recommendation that if it's known a phone call is going to be more than 10 minutes to get an in-person interpreter; the interpreter can be sitting on the phone while they're checking vitals, etc., so they are being charged for all that time too and often the [provider] doesn't realize it.

- Certified interpreters get paid at least 2 hour minimum anywhere in the country.
- When interpreters are trained they cause less of a headache in the profession; however, the provider will see these rates and say just send anyone, to avoid paying a higher minimum.
- Member disagrees with the \$50 per hour for remote interpreting, because there needs to be a cost for convenience; suggests modifying the pay recommendations to \$2/min with 15 min minimum for the entry level remote.
- Member fears this will move providers to use non-MN based and non-certified interpreters; also there should be a remote option for those shorter calls.
- Is it an industry standard to bill by the minute? What kind of incentive would this create? The per hour minimum looks more straightforward.
- The state has been using AI, and we have interpreting contracts all over the world so that's happening already. Some interpreters won't even go on to the roster because they have companies in other states that don't have any requirements. There are just some languages you can't find interpretation for in MN. This member has been in the business for over 20 years and has been paid by the minute increments.
- It is possible to suggest 2 ideas as recommendations for legislature to consider.
- Jose: likes Ricks recommendations related to legislature reviewing the issues and a report.
- Member says services are reimbursed at \$50 an hour per billing unit; should we be looking at billing units?
- Billing usually uses a 1 hour minimum and each unit is 15 minutes, so time spent over 8 minutes goes to the 15 minute minimum.
- Volunteering members will meet separately to discuss recommendations, clean it up with 2 options and add the unit terminology for recommendations 1, 2, 5, and 6.

#### Recommendation 3:

- The only thing that would make this less complex is giving interpreter agencies access to bill through Epic. There are currently 3 systems they use to bill 1. Eligibility, 2. Epic for documentation 3. Timesheet submitted to agency 4. Agency submits to outside source to MA.
- This should be the responsibility of the clinics and healthcare providers, not the interpreter agencies to verify insurance. There is a system for the MN Family Leave to crosswalk their system and Epic; it seems do-able for the future.
- There are ACH clearinghouses available.

- It's not the agency's job to verify if an interpreter is sent and does a job; the clinic should have to pay the agency; once they verify that the patient is active then the clinic should submit a claim and get reimbursed.
- Currently, the patient should have access to the pool of interpreters.
- This is not true for a lot of clinics. For example, a lot of hospitals only work with a couple of agencies and if they're not billing for MA they'll still send for an interpreter, and the agency will bill them.
- There are people that don't go through the clinics and rather the interpreter follows the patient [or the other way around]. This is an additional piece of the business.
- Member will think about some additional language and bring it back to the group.

#### Recommendation 4

- Hold on discussing this, as the submitter is not here today.

#### Recommendation 7 - minimum length of time and 8 – no-shows

- No-shows are complicated; providers don't get paid either; they don't want to see a result making it more challenging for patients that need to come to the clinic and inadvertently providing incentives to NOT provide care to those patients that need an in-person interpreter.
- The interpreter has no means to control this; the clinic has protocols in place to mitigate no-shows - if an appointment is scheduled and the patient doesn't show up.
- Suggestion this group ask that MN Medicaid take on some of the recommendation issues.
- MDH would not typically be involved in this. Any funds from licensing would not go back to interpreters for no-show fees; It could be DHS, but that member is not present today.

## Votes on Recommendations

No votes were taken today due to a lack of membership quorum. Members present agreed to revisit the recommendations after volunteer members have edit them further.

## Reminders

- **Next meeting** will be Meeting #1 on the topic –Barriers to Accessing the Roster; **Thursday, March 26<sup>th</sup> from 2:00 – 3:30.**
- 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](mailto:SLHCIWG.MDH@state.mn.us) (copy Rick).
- Submit Expense Forms **for this meeting** to [SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us), and **copy** [Rick.Michals@state.mn.us](mailto:Rick.Michals@state.mn.us) and [Julianna.Leintz@state.mn.us](mailto:Julianna.Leintz@state.mn.us).

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