

The Administrative Work Hidden Inside Healthcare Document Exchange



retarus:



Healthcare organizations are leveraging electronic prior authorization, digital attachments, and EHR-connected systems much more across their administrative work.

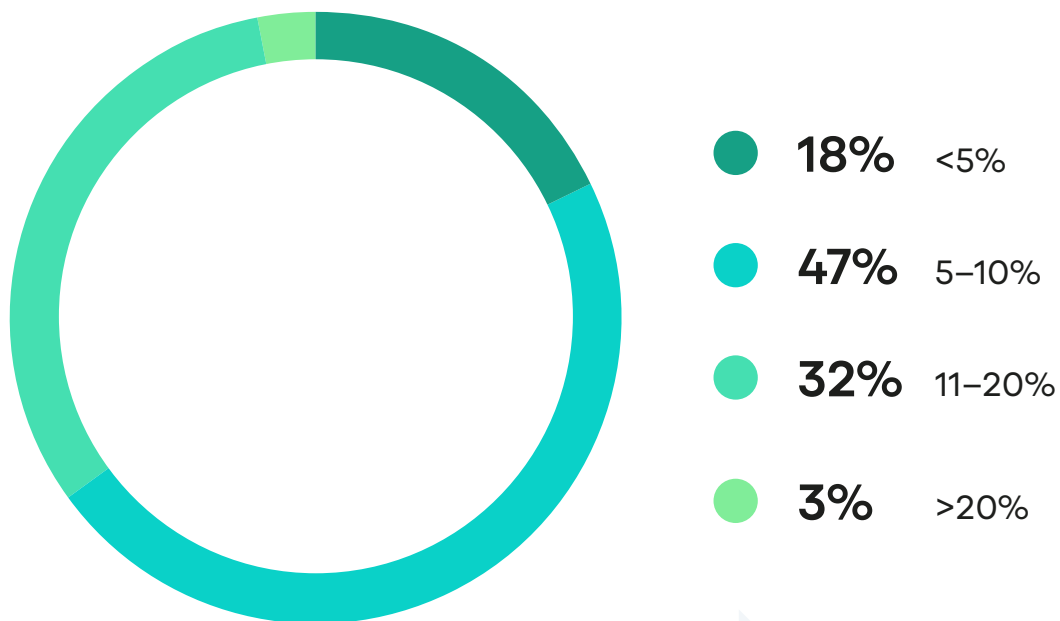
But staff still spend large parts of the day following up on records, approvals, missing documentation, and information moving between systems that store or route information differently.

Retarus' recent Medicare & Medicaid Impact on Healthcare survey found that 74% of respondents use electronic prior authorization submission, while nearly two-thirds use electronic clinical attachments. Even so, 79% said 5–20% of prior authorizations require appeals, resubmissions, or manual intervention.

Most of the extra work comes from small follow-up tasks repeated throughout the day. A request may already be sitting in the system, but someone still has to check whether the attachment actually made it through.

In some cases, staff resend the same records multiple times because different platforms display different statuses or no updates at all. Fax remains part of that process for many organizations, especially when records move outside a single network.

Electronic intake doesn't always remove the follow-up work afterward. A prior authorization request can begin digitally, then turn into a phone call, a fax resend, or a manual check between systems once something goes missing or stalls.



What percentage of PAs require appeal, resubmission, or manual intervention?

Prior authorization workflows still require manual follow-up

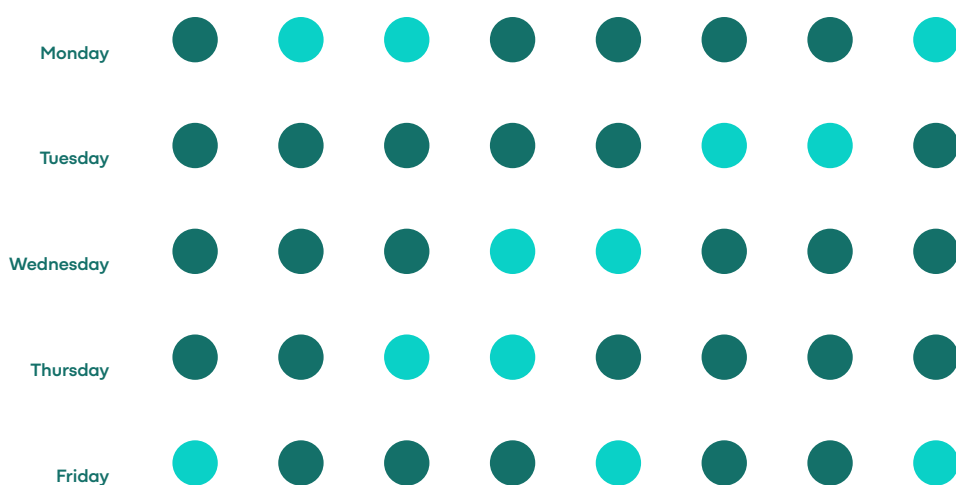
Prior authorization requests don't always move the same way from one payer to another. A request approved quickly under one plan may later return asking for additional records elsewhere, even when the documentation had already been submitted. In some cases, staff upload the same information multiple times because systems handle attachments differently or display conflicting request statuses.

Some offices continue to rely on handwritten notes, spreadsheets, or separate tracking lists to keep up with requests moving across multiple payer systems.

Staff may not know whether a request is still under review, awaiting additional records, or sitting in a queue that hasn't yet been updated.

The time involved adds up quickly. The American Medical Association found that physicians and staff spend an average of **12 hours each week** completing prior authorization requests. In the Retarus survey, 59% of respondents reported decision times of one to three days despite widespread use of electronic prior authorization tools.

12 hours each week of completing prior authorization requests



Fax-dependent workflows still create operational blind spots

Fax remains heavily used across healthcare workflows, especially when moving records, referrals, or supporting documentation between organizations. A transmission confirmation doesn't always mean the receiving office can immediately process the records or match them to the correct request.

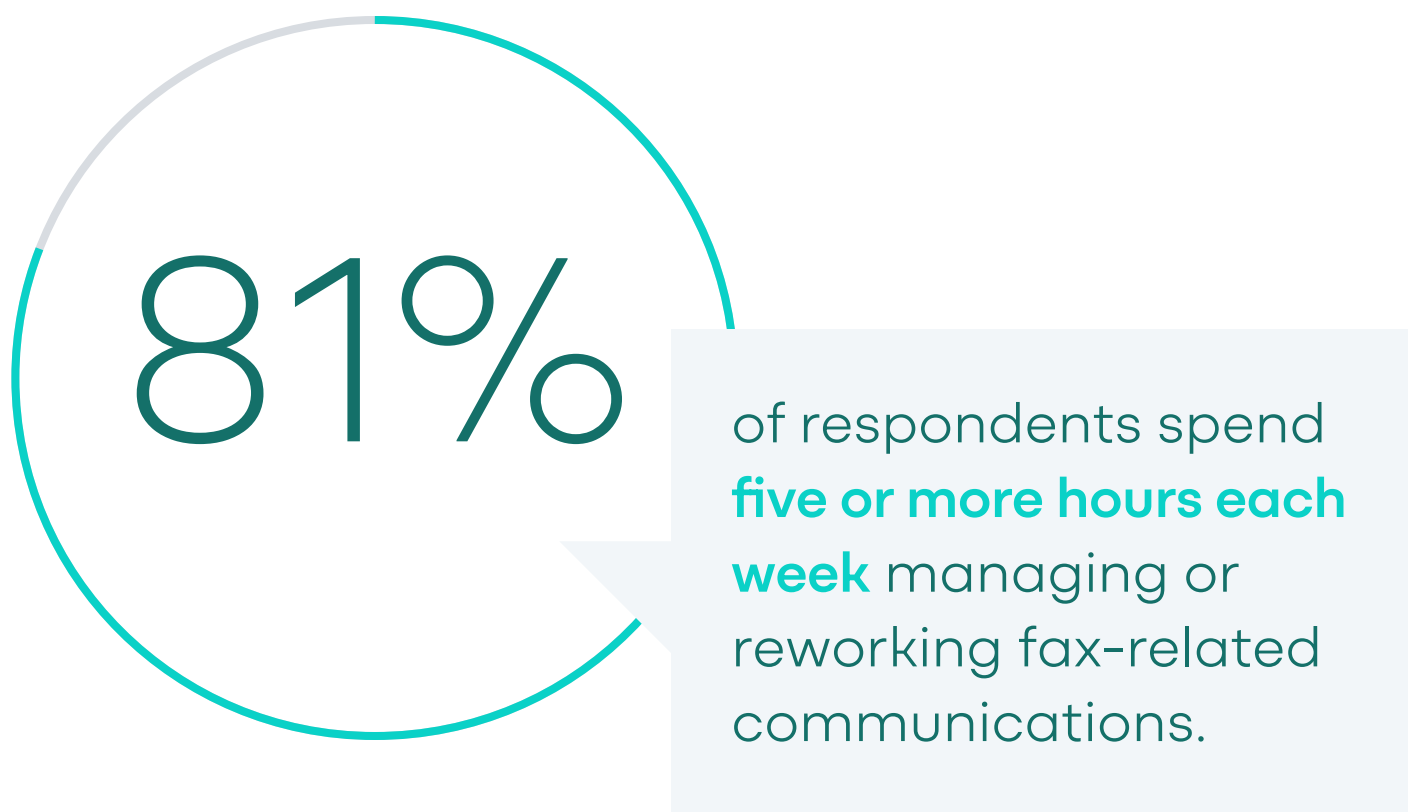
Retarus survey data showed that 81% of respondents spend five or more hours each week managing or reworking fax-related communications. Meanwhile, 13% said the work exceeds 20 hours weekly.

In some offices, the same records are sent more than once because one system shows the request as completed while another shows nothing.

Others maintain separate inboxes or tracking lists simply to confirm what arrived.

Retarus also found that 38% of respondents report fax retry or failure rates of 4% and above. Nearly half said fax and EHR systems are only partially integrated. When records fail to move cleanly between systems, referrals and approvals can remain unresolved longer than expected. Staff may not realize a document was incomplete or attached incorrectly until a workflow stalls.

On their own, those interruptions may look minor. Across hundreds of referrals, authorization requests, and patient records moving through a healthcare organization each day, they accumulate into additional work for administrative teams.



Administrative overload is straining healthcare teams

Administrative strain isn't limited to large workflow failures or system outages. In many healthcare organizations, the interruptions are smaller and more routine: duplicate submissions, missing attachments, unresolved requests, or records arriving without enough information to process them immediately. Those delays rarely stay contained to one department. Referral teams, intake staff, billing coordinators, nurses, and clinicians may all end up waiting on the same records to move forward.

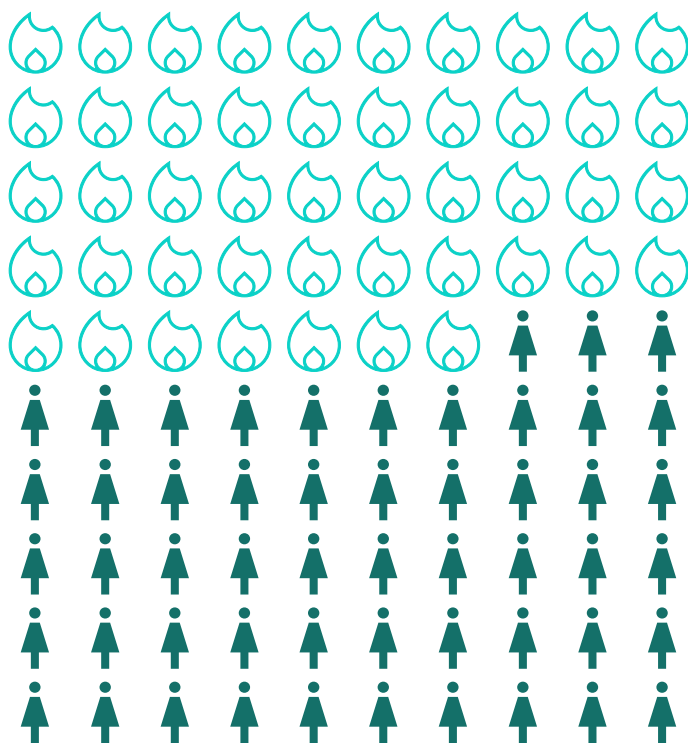
Retarus survey findings reflected the effect of that repeated coordination work. More than three-quarters of respondents said they feel at least somewhat burned out from manual communication workflows, while 69% reported communication-related delays affecting up to 10% of patient care or revenue cycle performance. Staff often spend additional time resolving conflicting information, correcting incomplete requests, or following up on workflows that stall between systems.

Administrative work is increasingly spilling into clinical roles as well. Even with widespread EHR adoption, clinicians continue to spend large amounts of time completing documentation after hours, often referred to as “pajama charting”, in which charting and recordkeeping extend into evenings and weekends. A **multisystem nursing study** spanning 60 hospitals also found that 57% of nurses described medical record system documentation time as moderately to highly excessive, while 47% reported high levels of burnout.

The work may now happen inside digital systems, but the follow-up and coordination still depend on staff absorbing the friction between them.

47%

of nurses reported high levels of **burnout**



Delayed visibility makes healthcare operations more reactive

Problems are often discovered only after records have already moved further into the workflow.

A missing document can delay scheduling, slow reimbursement, or force departments to repeat work based on incomplete or outdated information.

In larger healthcare organizations, several teams may spend time on the same issue before anyone fully understands where the workflow stopped.

The operational impact also carries financial consequences. Revenue cycle activity can slow when workflows require repeated follow-up, additional review, or manual correction before records can move forward.

Over time, organizations lose visibility into where staff capacity is being consumed because more time is spent responding to interruptions after they affect operations.

Limited visibility also makes it harder to identify delays before they begin affecting other parts of the organization. Staff may only realize a workflow has stalled after scheduling, billing, intake, or care coordination teams begin following up separately on the same issue. Instead of having a clear view, organizations often end up relying on manual escalation to keep workflows moving.

What healthcare organizations are focusing on next

Document workflows are showing up in more operational reviews. Questions that once sat with IT teams now involve revenue cycle, administrative, and clinical operations as well.

What to look for:

- Document delivery and receipt tracking
- Referral and prior authorization follow-up
- Document routing between teams and external partners
- Communication workflows that sit outside the EHR

Reviews of document workflows often lead to the same areas: cloud fax modernization, intelligent document processing, and tools that reduce the amount of manual handling required once documents enter the system.

ROI measurements to consider:

- Hours spent on document-related rework
- Transmission retry and failure rates
- Delays tied to missing attachments or incomplete records
- Revenue cycle activity affected by communication delays

Results become easier to quantify when organizations have a clearer view of where time and effort are being spent.

Beth Israel Lahey Health provides one example.

At the time, the health system was managing several legacy fax platforms while processing nearly 2 million fax pages each month. Following a move to a cloud-based solution integrated with Epic, fax failure rates fell from **34% to 4%**.

The project also delivered more than \$4 million in telecommunications savings and gave teams better visibility into how fax-related workflows were performing. **Read the full customer story here.**

34%

Fax **failure rates**

4%

Healthcare workflows are still creating hidden administrative work

Healthcare organizations have modernized many administrative processes with electronic prior authorization, digital attachments, and EHR-connected systems.

However, staff still spend hours correcting missing records, resending documents, and dealing with requests that get stuck in transit between systems.

The issue is no longer whether healthcare workflows operate digitally.

The question is whether those workflows reduce the manual coordination still required to keep records, approvals, and document exchange moving across healthcare organizations.



Until that changes, administrative pressure will continue to affect operational, financial, and clinical teams across the healthcare system.

About Retarus

Retarus is a global provider of APIs, gateways, and applications for messaging, email management, and the exchange of structured data for business processes – with top performance, security, and data protection, provided from the company's self-operated data centers around the globe. Retarus (North America) Inc. is based in Secaucus, NJ, and with regional offices around the country, including Vermont and Massachusetts. Founded in 1992 and headquartered in Munich, Germany, Retarus is owner-managed and proud of its innovative strength. The company employs a staff of around 500 at 19 locations on four continents. Retarus' services are leveraged by the world's leading companies. Analysts constantly commend Retarus' outstanding quality and reliability.