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TRANSFORMATION BLUEPRINT

Modernizing PRN without disrupting the business that already works.

A customer-facing roadmap connecting PRN priorities, validated workflow findings, Raintree capabilities, and a 0-120 day action plan.

Prepared for Physical Rehabilitation Network | September 2026

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EXECUTIVE BLUEPRINT

Transformation without disruption

The goal is not to defend the status quo. It is to turn PRN's existing Raintree foundation into a more automated, standardized and measurable operating model.

Stabilize what works

Preserve PRN's data, payer logic, integrations and operational continuity while improving performance and consistency.

Unlock more value now

Activate and operationalize capabilities PRN already owns or can configure today before treating every pain point as a product gap.

Modernize deliberately

Layer in NoteIQ, SchedulerIQ, Touchpoints, expanded Pathways, automation and AI on a governed adoption path.

Source: PRN RFP Response, Executive Summary (Aug. 2026).

WHAT WE HEARD FROM PRN

The transformation priorities are consistent across teams

Reduce administrative burden

Move repetitive front-office, clinical and RCM work out of manual queues.

Standardize the enterprise

Create a PRN operating baseline so nearby clinics do not behave like different systems.

Improve access + capacity

Make scheduling, waitlist, cancellations, authorizations and provider capacity easier to act on.

Make data operational

Turn BI from retrospective reporting into daily action queues and executive visibility.

Modernize clinical work

Reduce documentation friction while preserving compliance, outcomes and clinician control.

Strengthen accountability

Tie recommendations to owners, timing, evidence and measurable outcomes.

Source: PRN deep-dive sessions, working gap register, and RFP response.

A BETTER WAY TO READ THE FINDINGS

Not every finding is a product gap

ACTIVATE

Existing capability PRN can use more fully

CONFIGURE

Standardize settings, workflows or governance

ENABLE

Training, adoption or operating-model change

DEPLOY

New Raintree capability to implement

INTEGRATE

API, data, partner or interoperability work

INNOVATE

Roadmap / future-state capability

Source: Classification framework developed from PRN gap-analysis evidence.

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TRANSFORMATION ARCHITECTURE

Six connected workstreams

01	**Front Office Excellence**	Patient access, scheduling, authorizations, intake, collections
02	**Growth + Patient Journey**	Referrals, Journeys, conversion, NPS, Salesforce path
03	**Clinical Experience**	Documentation, ScribeIQ/NoteIQ, outcomes, caseload, compliance
04	**RCM Automation + Control**	Ledger, denials, aging, follow-up, refunds, eligibility
05	**Enterprise Intelligence**	BI, capacity, operational dashboards, extracts, governance
06	**Enterprise Foundation**	Interoperability, security, DR, support, governance, adoption

Source: PRN workstreams synthesized from RFP and deep-dive analysis.

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0-120 DAY TRANSFORMATION PLAN

Move from findings to measurable execution

Sequence quick wins first, then standardize, automate, integrate and scale.

NOW 0-30

Validate + activate

Configuration baseline; immediate reporting cadence; quick-win training; finalize owners.

NEXT 31-60

Standardize + adopt

Enterprise workflows; front-office playbooks; clinical/RCM adoption; KPI governance.

SCALE 61-90

Automate + integrate

Expand automation; operational dashboards; integration validation; targeted pilots.

PROVE 91-120

Measure + expand

Measure outcomes; close adoption gaps; expand successful pilots; lock next-horizon roadmap.

HORIZON 120+

Innovate

Scale IQ products, agentic workflows, predictive intelligence and next-generation experience.

Source: RFP commitment to a 0-120 day transformation approach; sequencing refined from deep dives.

WORKSTREAM 01

Front Office Excellence

Shift the front desk toward patient service, collections and scheduling - with less manual administration.

Activate + standardize

Appointment search and scheduling configuration
Waitlist / recapture workflows
Authorization visibility
Digital intake and missing-paperwork campaigns
Copay visibility and collection workflows

Operational intelligence

Scheduling capacity by provider/location
Arrival, cancellation and appointment trends
Patients without future visits
Open task and missing-demographic visibility
Front-desk-owned denials

Next-generation access

SchedulerIQ rollout aligned to PRN workflows
Touchpoints digital access
AI-assisted scheduling and waitlist capabilities as released
Enterprise rules before scale

Source: Front Office deep dives; Recommended Reports; BI Dashboard Catalog; SchedulerIQ materials.

WORKSTREAM 02

Growth + Patient Journey

Create a measurable funnel from referral to kept evaluation - and make leakage visible.

- Establish one PRN definition for lead, referral, scheduled evaluation, kept evaluation, cancellation/no-show and conversion.
- Use Journeys / Connect reporting for operational conversion visibility and NPS.
- Improve referral-source data quality and governance before layering on downstream CRM reporting.
- Complete the operational dashboard first; validate standard Gateways/API endpoints before expanding Salesforce integration.
- Use Salesforce as a consumption layer for selected growth intelligence - not as a substitute for the operational source of truth.

Recommended sequence

1. Clean definitions + source data
2. Operational funnel dashboard
3. Referral + conversion governance
4. Validate standard API coverage
5. Surface selected intelligence in Salesforce

Source: Sales & Marketing deep dive; Salesforce/Gateways discussion; Connect/BI materials.

WORKSTREAM 03

Clinical Experience Modernization

Reduce documentation friction while improving consistency, outcomes visibility and clinical control.

Workflow foundation

Caseload performance + configuration
Provider KPI visibility
PMH intake-to-note mapping
Template governance
PT/PTA handoff
POC and goal-update workflow

AI-enabled documentation

ScribeIQ adoption and template sequencing
NoteIQ rollout with defined onboarding
Case summary / pre-visit intelligence
Goal and coding support where available
Clinician review remains part of the workflow

Outcomes + compliance

Limber/PROMIS beta integration path
PRO analytics where entitled
POC compliance reporting
Unsigned notes / case audit
Standard clinical operating cadence

Source: Clinical deep dives; NoteIQ/ScribeIQ materials; Limber beta discussion; Recommended Reports.

WORKSTREAM 04

RCM Automation + Control

Turn revenue-cycle reporting into governed work queues and reduce avoidable manual touch.

Payer / ledger workflow	Optimize payer-change and ledger workflows; define exception ownership.
Denials + follow-up	Use denial, aging and follow-up analytics to prioritize work and ownership.
Ledger Verifier	Schedule and govern routine use rather than treating it as an ad hoc report.
Patient collections	Improve copay, patient AR, credit-balance and OTC visibility.
Refunds + exceptions	Evaluate export/bulk workflows and exception controls.
Eligibility + automation	Expand automated verification and agentic workflows as contracted and deployed.

Source: RCM deep dive; PRN gap register; Recommended Reports; BI materials.

WORKSTREAM 05

Enterprise Intelligence

Make the right metrics visible at the right operating cadence.

Daily action

Schedule + arrival/cancellation
Missing authorizations
Copay / unpaid copay
Open tasks
Unsigned notes
RCM exceptions

Weekly control

Ledger Verifier
Visit utilization
POC compliance
Authorization exceptions
Caseload / future visits
Capacity utilization

Monthly leadership

Financial KPI trends
Aging + denial trends
Referral + conversion
Provider/location productivity
PRO / outcomes where entitled
Executive scorecard

Source: Recommended Reports master; Enterprise Report Recommendations; BI Dashboard Catalog.

WORKSTREAM 06

Enterprise Foundation

Transformation has to be supported by resilient infrastructure, secure operations, data access and clear governance.

Interoperability + data

Pathways and hospital connectivity
Standard APIs / Gateways
Data Extract for downstream analytics and enterprise data platforms
Defined integration ownership

Resilience + security

AWS-based recovery approach
Documented incident-response process
RTO/RPO targets subject to contractual terms and AWS availability
Security escalation governance

Governance + adoption

Executive sponsorship
Strategic Accounts ownership
Product/Engineering/RCM/CS participation
Monthly outcome review
Training + change management

Source: RFP response; Raintree DR plan; incident-response policy; Data Extract materials.

IMMEDIATE VALUE

Capabilities to operationalize before calling something a gap

Scheduling + capacity

Standard scheduling configuration, capacity reporting, appointment analytics, waitlist and recapture workflows.

Patient engagement

Connect/Journeys, campaigns, NPS, digital forms and targeted follow-up.

Reporting

Standard dashboards, scheduled reports and operational worklists across FO, Clinical and RCM.

Clinical

ScribeIQ, configurable templates, caseload/KPI workflows and compliance reporting.

RCM

Ledger Verifier, denial/aging/follow-up reporting, collections and exception reporting.

Integration

Standard APIs, Pathways capabilities and Data Extract patterns for downstream systems.

Source: Validated across Raintree manuals, BI/reporting assets, API documentation and PRN deep dives.

MODERNIZATION LAYER

New capabilities should be deployed against validated PRN workflows

NoteIQ

Modern documentation experience, clinical intelligence and workflow assistance. Deploy with onboarding, template and adoption governance.

SchedulerIQ

Modern scheduling experience and intelligence. Validate enterprise rules and critical daily workflows before broad scale.

Touchpoints

Expand digital patient access and engagement while reducing repetitive front-office work.

Agentic + AI

Use automation where the workflow, controls, data quality and ownership are defined - then measure impact.

Source: PRN renewal proposal; product materials; PRN deep-dive findings.

RFP TRACEABILITY

The blueprint closes the loop from requirement to action

Clinical Documentation	Clinical Experience Modernization	Activate + Deploy
Revenue Cycle & Billing	RCM Automation + Control	Configure + Automate
Analytics & Reporting	Enterprise Intelligence	Activate + Govern
Interoperability & Integrations	Enterprise Foundation	Integrate
Innovation	Modernization Layer	Deploy + Innovate
Patient Engagement	Front Office + Growth	Activate + Deploy
Technical / Security / Compliance	Enterprise Foundation	Validate + Govern
Implementation / Training / Support	Transformation Governance	Execute + Measure

Source: PRN RFP response table of contents and transformation commitments.

GOVERNANCE

A transformation office, not a handoff

The operating model should make ownership and decisions visible across PRN and Raintree.

Executive Steering

Quarterly
Business outcomes, priorities, risk, investment, roadmap alignment

Transformation Review

Monthly
Workstream progress, adoption, KPI movement, blockers, decisions

Workstream Huddles

Biweekly / as needed
Front Office, Clinical, RCM, BI, Integration owners executing actions

Source: RFP governance/accountability commitment; cadence proposed for execution.

MEASUREMENT FRAMEWORK

Prove value with operational outcomes - not feature completion

Patient access

Fill rate; cancellation/no-show; time to next available; waitlist conversion

Front office

Paperwork completion; copay capture; auth exceptions; task burden

Clinical

Documentation completion; unsigned notes; POC compliance; adoption; outcome visibility

RCM

Aging; denial trends; touches; exception volume; patient AR; cash metrics

Growth

Referral-to-eval conversion; kept eval; leakage; NPS; source quality

Adoption

Usage by workflow/location; training completion; configuration variance; unresolved blockers

Source: Metrics are proposed measurement categories; baselines/targets require PRN validation.

DECISIONS TO LOCK IN THE FIRST 30 DAYS

A small number of enterprise decisions unlock a large amount of execution

- Name PRN and Raintree executive sponsors and workstream owners.
- Approve the enterprise configuration baseline and exception-governance process.
- Agree on the operational KPI dictionary and reporting cadence.
- Prioritize the first Front Office, Clinical and RCM quick wins by measurable impact.
- Confirm product entitlements and rollout sequencing for NoteIQ, SchedulerIQ, Touchpoints and other contracted capabilities.
- Validate integration priorities: Limber/PROMIS, Salesforce/Gateways, Data Extract and hospital interoperability.
- Establish adoption baselines so progress can be measured at 30/60/90/120 days.

Source: Proposed action plan synthesized from PRN source materials.

FIRST 30 DAYS

Turn the analysis into visible operational change

1 Baseline

Confirm owners, metrics, entitlements, current configuration and open dependencies.

2 Activate

Turn on / standardize validated existing capabilities with the highest operational value.

3 Train

Deliver role-based workflow training tied to PRN standard work - not generic feature training.

4 Measure

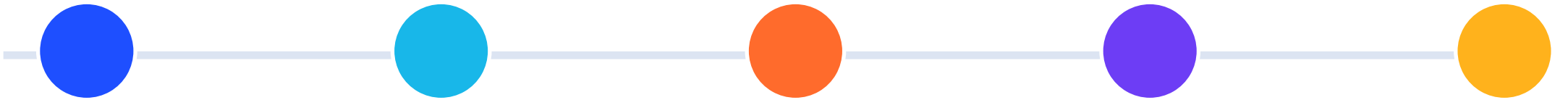
Publish the first transformation scorecard and resolve blockers through governance.

Source: Proposed execution sequence aligned to the RFP 0-120 day commitment.

NEXT HORIZON

From digitization to an increasingly invisible EMR

The longer-term opportunity is to remove work from users while keeping clinical and operational control visible.



Standardize

Enterprise rules

Assist

AI-supported work

Automate

Repetitive tasks

Predict

Proactive intelligence

Orchestrate

Agentic workflows

Source: RFP future-state vision: AI-powered documentation/scheduling, automation, predictive intelligence, and an "invisible EMR."

EVIDENCE LIBRARY

What sits behind the blueprint

PRN RFP + Renewal

Requirements, commitments, commercial/product context

PRN Gap Analysis + Master Workbook

Structured findings, questions, action items, slowness and tickets

Deep-Dive Transcripts

Front Office, Sales/Marketing, Clinical, RCM, BI, Salesforce, Limber

Raintree Manuals

Workflow and configuration evidence across the platform

BI + Reporting Catalogs

Dashboards, operational reports, cadence and data definitions

Product / Technical Materials

NoteIQ, SchedulerIQ, ScribeIQ, APIs, Data Extract, DR, security/compliance

Source: Source set supplied for PRN transformation work.

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THE NEXT CHAPTER IS EXECUTION.

PRN has already done the hard work of identifying where the operating model can improve. The blueprint turns those findings into a governed sequence of activation, standardization, deployment, integration and measurable transformation.