

KEDRIAN J. Blackmon, MBA

“Dedicated healthcare leader that specializes in streamlining processes and reducing costs while driving patient satisfaction.”

HEALTHCARE OPERATIONS LEADER

Strategic and transformational healthcare executive with 15+ years of experience leading end-to-end revenue cycle operations across diverse clinical environments including academic institutions, urgent care, and behavioral health networks. Demonstrated success driving payment optimization, reducing A/R aging, and scaling operations for occupational medicine, workers compensation, and employer services. Proven leader in building and motivating high-performance teams, implementing system efficiencies, and managing cross-functional projects that improve accuracy, productivity, and regulatory compliance. Adept in EMR management, payer relations, credentialing, denial management, and vendor negotiations. Known for a servant leadership style, strong analytical acumen, and a passion for delivering high-quality operational and patient outcomes.

Core Competencies

Revenue Cycle Strategy & Optimization	Enterprise Policy Development
Denials & AR Management	Large-Scale Team Leadership
Credit Balance Reduction	Training & Change Management
Epic	McKesson Star
SFM	Huron AEOS
Compliance & Audit (HIPAA, CMS)	Financial Reporting & Forecasting
Cross-Functional Collaboration	Process Redesign & System Integration
Patient Access Operations	

EDUCATION & CERTIFICATION

MASTER OF BUSINESS ADMINISTRATION (MBA)

STRAYER UNIVERSITY – RALEIGH, NC

BACHELOR OF SCIENCE IN HEALTHCARE MANAGEMENT

UNIVERSITY OF MOUNT OLIVE – MOUNT OLIVE, NC

CERTIFICATIONS

SIX SIGMA YELLOW BELT

EPIC SUPER USER (REVENUE CYCLE MODULES)

HIPAA & COMPLIANCE TRAINED

CAREER HIGHLIGHTS

UNC Adams School of Dentistry, Chapel Hill, NC

2024-Present

Director of Revenue Cycle

Serve as senior leader over revenue cycle strategy and operations for one of the top dental schools in the nation, driving organizational change and enhancing billing performance.

- Developed and executed comprehensive policies and procedures to optimize billing workflows and improve regulatory compliance across all payer types.
- Reduced Days in A/R by 6 days through targeted interventions and performance-based workflows.
- Reconciled and resolved \$2M+ in legacy credit balances, eliminating risk and improving financial transparency.
- Transitioned all medical billing in-house, significantly enhancing accuracy, turnaround times, and cash flow.

- Designed and led a schoolwide revenue cycle training initiative, increasing onboarding efficiency and reinforcing compliance culture.
- Consolidated workqueues to streamline claims processing and elevate staff productivity.
- Implemented Care Credit to improve point-of-service collections and reduce bad debt, decreasing accounts sent to collections.
- Created an internal auditing framework to monitor front-end and back-end processes, flag anomalies, and ensure payer policy adherence.
- Partnered cross-functionally with compliance, finance, and IT teams to refine system usage and address pain points within EMR/EHR workflows.

eduConsulting Firm, Raleigh, NC

2017-2024

Revenue Cycle Consultant

Provide high-level strategic and operational consulting services to healthcare organizations, with a specialization in revenue cycle transformation for occupational medicine, employer services, and workers compensation programs. Lead multi-site optimization efforts, align workflows with compliance standards, and develop custom solutions to maximize payment integrity and minimize avoidable write-offs.

- Partner with clients to assess and redesign billing and collections strategies specific to occupational health and workers' compensation, ensuring alignment with payer contracts and regulatory requirements.
- Design and implement centralized RCM policies and workflows that support scalability, provider credentialing, and front-end accuracy.
- Lead the development and rollout of KPI dashboards to monitor accounts receivable (A/R) aging, denial trends, and clean claim rates; identify root causes and create sustainable remediation plans.
- Consult on EMR/PM system optimization, vendor integrations, and revenue-impacting upgrades; collaborate with IT and billing teams to reduce lag time and improve interoperability.
- Serve as an advisor during system selections and migrations, guiding decisions related to EDI setups, remittance management, and automation of recurring tasks.
- Analyze contract payment discrepancies, recommend solutions for underpayment recovery, and support compliance with payer-specific exceptions and appeals handling.
- Conduct mock audits and payer-specific readiness reviews to ensure full regulatory alignment across teams.
- Mentor client leadership on best practices for offshore team utilization, internal training, and customer service improvement.
- Drive collaboration across clinical, registration, billing, and compliance departments to streamline end-to-end revenue cycle performance.

BROADSTEP BEHAVIORAL HEALTH, Raleigh, NC – Hybrid

2020- 2022

Director of Revenue Cycle

Directed enterprise-wide revenue cycle operations across seven states (NC, SC, NJ, IL, IN, NE, WI) for a behavioral health organization undergoing private equity acquisition. Played a key leadership role in compliance, payer relations, and financial transformation initiatives impacting occupational medicine and employer services.

- Led a high-performing team of 7 direct and indirect reports across A/R, billing, denials, and cash applications; implemented metrics-based performance standards to drive accuracy and accountability.
- Collaborated with Compliance and Finance leadership to implement billing procedures that adhered to evolving Medicaid and commercial payer requirements, including Workers Compensation nuances.
- Created standard operating procedures for centralized claims management, denial handling, and write-off resolution, improving turnaround times and reducing preventable losses.
- Developed internal tracking tools and reporting dashboards for aging A/R, denial categories, and payer responsiveness; used data insights to refine strategies and align staff workloads.
- Oversaw vendor relationships and contract evaluation processes, ensuring RCM system tools supported clean claims, timely remits, and compliance flags.

- Supported credentialing/enrollment efforts and collaborated on payer contract reviews and escalation of underpayments.
- Partnered with cross-functional leaders to support EMR efficiency, train staff on workflow improvements, and adapt to state-by-state payer rule variations.
- Championed a culture of continuous improvement through regular team huddles, feedback loops, and targeted training for new and existing staff.

FAST MED URGENT CARE, Clayton, NC

2018 –2019

Director of Patient Financial Services (Organizational restructuring)

Directed end-to-end revenue cycle operations for 109 urgent care and family practice centers across Arizona and North Carolina, serving over 6 million patients annually. Oversaw 6 direct and 82 indirect reports spanning charge entry, A/R, denials, and payments, while managing departmental budgeting and system-wide performance strategies.

- Reduced DSO from 56 to 47 days by implementing data-driven workflows, daily productivity goals, and staff coaching focused on speed and accuracy.
- Cleared \$2.3M in outstanding credit balances by auditing legacy accounts and improving refund and adjustment protocols.
- Decreased days-to-charge lag to under 2 days through streamlined front-end coordination and optimized billing software configuration.
- Spearheaded the implementation of Relay Assurance+, resulting in a 3% increase in clean claim rate and improved first-pass acceptance.
- Strengthened payer relationships by addressing systemic denial patterns, renegotiating clearinghouse processes, and hosting joint payer performance reviews.
- Standardized internal write-off policies and escalated aged accounts with a documented, metrics-based approach.
- Collaborated cross-functionally with the EMR team to refine billing and coding pathways; resolved system issues and supported continuous enhancements.
- Played an instrumental role in training remote/offshore teams, enhancing cohesion and maintaining high productivity.
- Acted as key stakeholder in vendor sourcing and evaluation, contributing to more efficient contract pricing and accountability measures.

ALL SCRIPTS, Raleigh, NC

2016 – 2017

Revenue Cycle Solutions Specialist (Acquisition with a reduction in force)

Implemented strategic business development initiatives to increase awareness and promote growth. Served as a subject matter expert for pre-sales. Established and maintained client relationships. Managed clients' requests for additional information and related business needs. Traveled to potential client site locations and provided demonstrations. Supported clients during implementation and managed deployed solutions. Partnered with regional sales managers to develop presentations that satisfied request for proposal (RFP) requirements.

- Facilitated and led on-site client meetings and demonstrations.
- Participated in new product and service conceptualization. Supported sales process and secured sale of electronic medical record platform.
- Conducted client assessments and interviews for data analysis, data interpretation, and process design.
- Assessed electronic medical records platform and provided recommendations for workflow improvement, to enhance productivity and increase revenue.

UNC REX HEALTHCARE, Raleigh, NC

2014 - 2016

Billing Services Supervisor, Patient Access

Led front-end revenue cycle operations for hospital-based and outpatient services, including admissions, precertification, prior authorizations, and insurance verification. Oversaw a team of 29 across scheduling, business services, and financial clearance functions to ensure billing accuracy, minimize denials, and improve patient access outcomes.

- Managed daily operations for hospital and clinic billing workflows, developing measurable KPIs to monitor productivity, denial rates, and timeliness of service.
- Reduced front-end denials and registration errors by auditing workflows, standardizing protocols, and retraining staff on best practices in pre-service financial clearance.
- Played a lead role in the implementation of the Epic ADT platform, including testing, training, and change management for scheduling, registration, and authorizations.
- Coordinated cross-functional efforts between billing, HIM, compliance, and IT to improve registration accuracy and revenue recognition.
- Led redesign of prior authorization and eligibility workflows to reduce time to service and increase point-of-service collections.
- Analyzed claim denial trends, initiated root-cause resolution plans, and collaborated with billing teams on appeals and payer follow-up strategies.
- Trained new hires and developed team-wide performance monitoring tools to support continuous improvement.
- Participated in enterprise projects related to policy optimization, space utilization, and personnel allocation, aligning operational functions with system-wide financial objectives

QA Coordinator, Patient Access (Departmental Promotion)

2012 – 2014

Served as the internal consultant and quality leader for Patient Access operations across multiple service lines, including Emergency, Oncology, Outpatient, Radiology, Surgery, and Ancillary services. Focused on improving front-end processes, training, and performance standards to support a compliant, efficient revenue cycle.

- Designed and delivered new-hire and continuing education programs across departments, with a focus on financial clearance, scheduling accuracy, and registration quality.
- Conducted detailed quality audits of registration, eligibility, and preauthorization workflows; implemented coaching protocols that resulted in measurable accuracy improvements.
- Collaborated with HIM, billing, and compliance to identify and resolve systemic issues related to documentation and payer requirements.
- Standardized SOPs and checklists to ensure consistent performance across multiple patient access points and reduce variation in registration practices.
- Supported the integration of McKesson Star and internal MIS tools, ensuring front-line teams were trained and workflows were optimized.
- Developed metrics and reporting dashboards that highlighted key trends in point-of-service collection, registration errors, and missed authorizations.
- Acted as a liaison between clinical departments and Patient Access, ensuring smooth coordination of scheduling and verification needs.