

# Tabitha Khadse

Healthcare AI Quality Engineer | Healthcare Operations Specialist | Data Validation & Compliance

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## PROFESSIONAL SUMMARY

Healthcare operations and AI quality specialist with 8+ years of experience across medical billing, eligibility verification, benefits coordination, and payer rule validation. Currently engaged as a contract Healthcare Operations AI Trainer at LinkedIn, serving as a subject matter expert evaluating AI-generated healthcare administrative workflows for accuracy, compliance, and data quality using structured rubrics and acceptance criteria.

Holds a Bachelor's degree in Computer Science and a Master's degree in Information Technology. Proven background in HIPAA-aligned PHI/PII handling, structured data validation, edge-case analysis, and quality assurance in regulated environments. Strong preference for independent, deep technical work and documentation-driven collaboration.

## CORE SKILLS

- Healthcare Operations & Compliance: Medical Billing & Revenue Cycle Management, Eligibility & Benefits Verification, Insurance ID Card & Enrollment Workflows, Payer & Provider Administrative Rules, HIPAA Compliance (PHI / PII), Healthcare Data Standards (HL7, EDI 837/835)
- AI Quality & Data Validation: AI Output Evaluation & Quality Assurance, Rubric Design & Acceptance Criteria, Human-in-the-Loop Evaluation (RLHF), Rule-based Validation & Edge-Case Detection, Data Accuracy & Consistency Review, Structured Feedback for Model Improvement
- Technical & Analytical: SQL (Foundational), Python (Foundational – AI coursework), Data Quality Engineering, Data Validation & Documentation, Workflow Analysis, Microsoft Excel / Google Sheets

## PROFESSIONAL EXPERIENCE

### Healthcare Operations Specialist & AI Trainer (Contract) — LinkedIn | Remote | Jan 2025 – Present

- Served as a subject matter expert evaluating AI-generated healthcare administrative outputs related to insurance eligibility, benefits coordination, and enrollment workflows.
- Extracted and validated structured member and plan information from unstructured insurance emails and attachments, applying payer and provider administrative rules to prevent eligibility and enrollment errors.
- Performed manual and tool-based PII and PHI redaction in HIPAA-aligned environments to ensure sensitive data was not exposed during AI evaluation or feedback cycles.
- Applied and refined rubric-based evaluation criteria to assess AI output accuracy, completeness, and rule adherence, including identifying missing alpha prefixes and invalid identifier lengths.

- Defined acceptance criteria for valid extractions and administrative rule compliance to ensure consistent identification of errors and rule violations.
- Drafted and quality-checked outbound enrollment communications to ensure clarity, compliance, and correct use of member and plan information prior to delivery.
- Documented recurring error patterns and provided structured, actionable feedback to improve AI reliability, compliance, and consistency across healthcare operations use cases.

**Medical Billing & Healthcare Operations Specialist — Providence Healthcare Management | United States | Mar 2019 – Oct 2022**

- Managed end-to-end medical billing processes including charge entry, claim submission, payment posting, denial resolution, and account reconciliation.
- Verified patient eligibility and benefits across multiple payer systems, ensuring correct coverage status, effective dates, and identifier formats.
- Interpreted payer-specific billing and enrollment rules to prevent rejections and reduce claim denials.
- Handled PHI and financial data in strict compliance with HIPAA and internal security standards.
- Collaborated with providers, clearinghouses, and insurance representatives to resolve discrepancies in member data and coverage information.
- Improved billing accuracy and reduced rework by identifying recurring data quality issues in patient and insurance records.

**Medical Billing Specialist — Richter Healthcare Consultants | United States | May 2017 – Mar 2019**

- Verified eligibility and prior authorizations for managed Medicare and commercial insurance claims.
- Submitted claims through clearinghouses and payer portals, reconciling rejections and discrepancies.
- Standardized denial management workflows and prepared appeals with supporting documentation.
- Conducted AR reviews (30/60/90 days) to reduce outstanding balances.
- Ensured accurate coordination of benefits (COB) processing for secondary claims.
- Reviewed EOB/ERA remittances to identify payer-specific issues and appeal opportunities.

**AR & Medical Billing Specialist — MSN Healthcare Solutions | United States | Jun 2014 – May 2017**

- Managed radiology billing for diagnostic and interventional services including X-ray, CT, MRI, ultrasound, and nuclear medicine.
- Prepared claims using UB-04 and CMS-1500 forms with CPT modifiers in compliance with NCCI edits and MPPR rules.
- Verified medical necessity (LCD/NCD) and payer-specific requirements prior to submission.
- Resolved rejections and denials and documented account activity to maintain accurate AR balances.
- Reviewed EOBs/ERAs to verify payer adjustments and ensure reconciliation accuracy.

- Coordinated with coding and radiology teams to ensure proper charge capture and claim integrity.

## **EDUCATION**

Master of Science in Information Technology — University of the People

Bachelor of Science in Computer Science — University of the People

## **CERTIFICATIONS & TRAINING**

- AI Nanodegree in Python (In Progress)
- Privacy Law and HIPAA – University of Pennsylvania
- Data Analysis with Python – freeCodeCamp
- AI Agents Intensive Course – Kaggle (Google)
- PMI Certified Professional in Managing AI (PMI-CPMAI) – Project Management Institute

## **ADDITIONAL INFORMATION**

- Authorized to work in the United States
- Open to contract and full-time roles in AI quality, healthcare data analysis, and healthcare operations technology
- Strong preference for independent, detail-oriented work environments