

## TECH OFFER

# AI-Driven Medical Record Auditing System

## KEY INFORMATION

TECHNOLOGY CATEGORY:

Healthcare - Telehealth, Medical Software & Imaging

TECHNOLOGY READINESS LEVEL (TRL): **TRL9**

COUNTRY: **THAILAND**

ID NUMBER: **TO175250**

## OVERVIEW

An AI-powered solution for optimized healthcare revenue and efficiency addresses the critical issue of incomplete medical records in hospitals, which leads to claim denials, lost revenue, and overburdened healthcare providers. This AI-driven medical record auditing system automates the review process, ensuring accuracy and completeness for maximized reimbursements, while its seamless HIS integration streamlines workflows and reduces administrative burdens. The target customers are hospitals and insurance companies. Both public and private hospitals require a system to verify claim accuracy and completeness before reimbursement to reduce workload and prevent claim denials. Insurance companies need to verify the accuracy and consistency of charges and diagnoses in claims received from hospitals. The unique combination of medical expertise, cutting-edge AI, and dedicated support sets this solution apart in the rapidly growing Thai healthcare IT market, valued at over 1.7 billion baht in 2023. With proven success in deployments and partnerships, the company seeks funding to expand its market reach, drive product innovation, and grow its team, ultimately transforming the medical service ecosystem in Thailand and beyond.

## TECHNOLOGY FEATURES & SPECIFICATIONS

ChartSum is medical record system designed to streamline healthcare operations. By seamlessly integrating with different HIS, ChartSum offers healthcare providers with a unified platform for diagnosis coding, charge capture validation, advanced ICD coding, and more. This robust system enhances efficiency, accuracy, and compliance in medical record keeping.

- IMPRESS: Convert the diagnosis into standard terminology and coding
- ReMED: Verification billing items align with the procedures performed and the diagnosis
- Advance ICD: Automate the process of assigning ICD codes
- Investigation: Analyze the laboratory test results
- POP-TEXT: Analyze the log data and propose appropriate diagnostic procedures
- Bill-in: Audit the billed charges align with the procedures and diagnosis
- Advance DRG: DRG calculation system and visualization coding
- Pre-Audit: System for proposing and verifying patient information

## POTENTIAL APPLICATIONS

According to Grand View Research, the Healthcare IT Market was valued at \$66.3 billion in 2024 and is projected to grow at a compound annual growth rate (CAGR) of over 15.8% from 2024 to 2030. This growth is fueled by the increasing adoption of

smartphones and telehealth, driving hospitals to upgrade their technological infrastructure and invest heavily in the Healthtech industry in 2024.

In 2024, the Asia-Pacific region experienced the highest growth in the market, with a 22% average growth rate. This growth was driven by the increasing demand for healthcare, fueled by rising government healthcare expenditures. Additionally, the need for efficient financial management and hospital administration has further stimulated market growth. This aligns with our company's solutions, which are designed to enhance operational efficiency and streamline reimbursement processes for both hospitals and public health organizations.

## UNIQUE VALUE PROPOSITION

Chart Sum is a system that provides assistance from the initial stage, helping to appropriately and completely code diseases according to standards starting from the physician's recording. This is achieved through the system's recommendations and alerts, which are derived from data sourced from the hospital's database, including patient history, physical examination results, blood tests, laboratory results, procedure codes, and various prescriptions.

The system processes this information through the hospital's medical record documentation, summarizing the data to be forwarded to Medical Coders for assessment and confirmation before billing. This enhances the efficiency of reimbursements for all types of healthcare coverage and reduces the workload for Medical Coders, as well as minimizes the rate of chargebacks due to coding errors.