

**S-12021/070/2022-ABDM(Coord)-Part(2)**  
**Government of India**  
**Ministry of Health and Family Welfare**  
**National Health Authority**

[February 19, 2025]

**Corrigendum 5 to Digital Health Incentive Scheme (DHIS) for ABDM adoption**

To further boost digital health transactions in the country, the National Health Authority (NHA) launched the Digital Health Incentive Scheme (DHIS) with effect from January 1, 2023. Subsequently, the Operational Guidelines were issued on January 17, 2023. As per clause 4 (ix) of the Scheme, NHA continuously monitors and evaluates the effectiveness of the Scheme. As per the feedback received from different stakeholders and to achieve the intended object of the Scheme, DHIS was amended w.e.f. April 1, 2023, through corrigenda issued dated March 16, 2023, July 29, 2023, December 13, 2023, and June 11, 2024. The aforesaid documents may be accessed on <https://abdm.gov.in/dhis>.

The decision has been made to further amend some of the clauses as mentioned in the Scheme and its subsequent Operational Guidelines.

- 1. No change in Transaction Threshold for DHIS Eligibility:** The minimum transaction threshold for claiming incentives under the Digital Health Incentive Scheme (DHIS) has been retained as *100 transactions* only.
- 2. Modified Incentives for 'Scan & Share' Transactions:**
  - i. To encourage Health Facilities to transition towards Record Linking, it has been decided to allocate a lower incentive rate per Scan & Share token while incentivizing Record Linking. This approach aims to reward Health Facilities for prioritizing Record Linking while still recognizing their efforts towards utilising Scan & Share functionality. The incentive rates for calculation of benefits are mentioned in the table below:

S. No.	No. of Eligible Transactions Per Month	Incentives for Health Facility (HF)	Incentives for Digital Solutions Company (DSC)
1	Less than or equal to 100 transactions	N/A	N/A
2	Above 100 transactions (Scan & Share and Record Linking)	Rs. 20 per eligible transaction towards records linked with KYC verified ABHA address (above 100 transactions)  Rs. 10 per eligible transaction towards records linked with non-KYC verified ABHA address (above 100 transactions)  Rs. 10 per eligible transaction towards Scan & Share for KYC verified ABHA address (above 100 transactions)  Rs. 5 per eligible transaction towards Scan & Share for non-KYC verified ABHA address (above 100 transactions)	Rs. 5 per record linkage for KYC verified ABHA address (above 100 transactions)  Rs. 2 per record linkage for non-KYC verified ABHA address (above 100 transactions)  Rs. 2 per Scan & Share token for KYC verified ABHA address (above 100 transactions)  Rs. 1 per Scan & Share token for non-KYC verified ABHA address (above 100 transactions)

<b>3</b>	Consent Request Based Transactions	Rs. 5 per eligible transaction paid to Health Facility (HIU) towards successful consent granted by the patient	Rs. 5 per eligible transaction paid to the private PHR application
<b>4</b>	UHI Transactions	N/A	Rs. 5 per UHI transaction to the EUA [End User Application]  Rs. 5 per UHI transaction to HSPA [Health Service Provider Application]
<b>5</b>	For other Transactions (including by Health Lockers, Teleconsultation platforms) provided the transactions are more than 500 per month	N/A	Rs. 5 per additional transaction
<b>6</b>	For every insurance claim transaction linked with ABHA address filed by Health Facilities using FHIR format through NHCX	Rs. 500 per claim or 10% of the claim amount, whichever is lower to the Health Facility	N/A

- ii. All Health Facilities generating more than 100 eligible transactions per month through Record Linkage or Scan & Share functionality will be able to claim incentives under the Scheme for every additional transaction above the threshold.
- iii. All DSCs will be able to claim incentives against transactions done by Health Facilities using their digital solutions, provided the facility is generating more than 100 eligible transactions in a month and the DSC satisfies the eligibility criteria as per the original Scheme of 10 facilities linking any record(s) in a month.
- iv. In the event that a Health Facility generates transactions comprising a combination of both 'Scan & Share' and 'Record Linking' functionalities, the baseline threshold deduction (equivalent to a minimum of 100 transactions) shall be applied to 'Scan & Share' transactions prior to 'Record Linking' transactions. If the number of 'Scan & Share' transactions falls below the specified threshold of minimum 100 transactions, the balance deduction shall be adjusted and effected from the 'Record Linking' transactions.
- v. For Health Facilities generating 100 eligible transactions or less per month, no incentives would be provided to the Digital Solution Companies or the Health Facilities.

**Illustration 1:** A Health Facility/Clinic/Lab/Pharmacy generates 5000 eligible transactions (KYC verified) exclusively via Record Linkage in a month.

Incentives Calculation:

- a. The incentive amount is calculated as follows - (5000 transactions x Rs. 20 = Rs.1,00,000).
- b. Deduction will happen for the amount corresponding to 100 baseline transactions (100 transactions x Rs. 20 = Rs. 2,000).

- c. Total Payable Amount = Calculated Amount – Deductions = Rs. 98,000 (Rs. 1,00,000 - Rs. 2,000).
- d. Similarly, the DSC is eligible for an incentive of Rs. 24,500 (Rs. 25,000 - Rs. 500), i.e., (5000 transactions x Rs. 5 = Rs. 25,000) followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Rs. 5 = Rs. 500).

**Illustration 2:** A Health Facility/Clinic/Lab generates 6000 eligible transactions in a month exclusively via Scan & Share functionality (KYC verified records).

Incentives Calculation:

- a. The incentive amount is calculated as follows - (6000 transactions x Rs. 10 = Rs. 60,000).
- b. Deduction will happen followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Rs. 10 = Rs. 1000).
- c. Total Payable Amount = Calculated Amount – Deductions = Rs. 59,000 (Rs. 60,000 - Rs. 1000).
- d. Similarly, the DSC is eligible for an incentive of Rs. 11,800 (Rs. 12,000 - Rs. 200), i.e., (6000 transactions x Rs. 2 = Rs. 12,000) followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Rs. 2 = Rs. 200).

**Illustration 3:** A Health Facility/Clinic/Lab generates 6000 eligible transactions in a month exclusively via Scan & Share functionality (non-KYC verified records).

Incentives Calculation:

- a. The incentive amount is calculated as follows - (6000 transactions x Rs. 5 = Rs. 30,000).
- b. Deduction will happen followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Rs. 5 = Rs. 500).
- c. Total Payable Amount = Calculated Amount – Deductions = Rs. 29,500 (30,000 - 500).
- d. Similarly, the DSC is eligible for an incentive of Rs. 5,900 (Rs. 6,000 - Rs. 100), i.e., (6000 transactions x Re.1 = Rs. 6,000) followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Re. 1 = Rs. 100).

**Illustration 4:** A Health Facility/Clinic/Lab/Pharmacy generates 5000 transactions through a mix of Record Linking (KYC verified) and Scan & Share functionality (e.g. 3000 via Record Linking and 2000 via Scan & Share for non-KYC verified records).

Incentives Calculation:

- a. The incentive amount for Record Linking is calculated as follows - (3000 transactions x Rs. 20 = Rs. 60,000).
- b. The incentive amount for Scan & Share is calculated as follows - (2000 transactions x Rs. 5 = Rs. 10,000).
- c. Calculated Amount = Rs. 70,000.
- d. Deduction will happen for 100 Scan & Share records, i.e., (100 transactions x Rs. 5 = Rs. 500) since deduction preference is for Scan & Share over Record Linking.
- e. Total Payable Amount = Calculated Amount – Deductions (Rs. 70,000 - Rs. 500 = Rs. 69,500).
- f. Similarly, the DSC is eligible for an incentive of Rs. 16,900 (Rs. 15,000 + Rs. 2,000 - Rs. 100), i.e., incentive for Record Linking (3000 transactions x Rs. 5 = Rs. 15,000) added to the incentive for Scan & Share record generation (2000 transactions x Re. 1 = Rs. 2,000) followed by the deduction of amount corresponding to 100 baseline Scan & Share transactions (100 transactions x Re. 1 = Rs. 100).

**Illustration 5:** A Health Facility/Clinic/Lab/Pharmacy generates 3000 transactions through a mix of Record Linking (KYC verified) and Scan & Share functionality (e.g. 2990 via Record Linking and 10 via Scan & Share for non-KYC verified records).

Incentives Calculation:

- a. The incentive amount for Record Linking is calculated as follows - (2990 transactions x Rs. 20 = Rs. 59,800).
- b. The incentive amount for Scan & Share is calculated as follows - (10 transactions x Rs. 5 = Rs. 50).
- c. Calculated Amount = Rs. 59,850.
- d. Deduction for 10 Scan & Share records, i.e., (10 transactions x Rs. 5 = Rs. 50).
- e. Deduction for 90 Record Linking, i.e., (90 transactions x Rs. 20 = Rs. 1,800).
- f. Total Deduction: Rs. 50 + Rs. 1800 = Rs. 1,850.
- g. Total Payable Amount = Calculated Amount – Total Deductions (Rs. 59,850 - Rs. 1,850 = Rs. 58,000).
- h. Similarly, the DSC is eligible for an incentive of Rs. 14,500 (Rs. 14,950 + Rs. 10 – Rs. 10 – Rs. 450), i.e., incentive for Record Linking (2990 transactions x Rs. 5 = Rs. 14,950) added to the incentive for Scan & Share record generation (10 transactions x Re. 1 = Rs. 10) followed by the deduction of amount corresponding to 10 Scan & Share transactions (10 transactions x Re. 1 = Rs. 10) and 90 Record Linking transactions (90 transactions x Rs. 5 = Rs. 450).

**Illustration 6:** A Health Facility/Clinic/Lab/Pharmacy generates 5000 eligible transactions (KYC non-verified) exclusively via Record Linkage in a month.

Incentives Calculation:

- a. The incentive amount is calculated as follows - (5000 transactions x Rs. 10 = Rs. 50,000).
- b. Deduction will happen for the amount corresponding to 100 baseline transactions (100 transactions x Rs. 10 = Rs. 1,000).
- c. Total Payable Amount = Calculated Amount – Deductions = Rs. 49,000 (Rs. 50,000 - Rs. 1,000).
- d. Similarly, the DSC is eligible for an incentive of Rs. 9,800 (Rs. 10,000 - Rs. 200), i.e., (5000 transactions x Rs. 2 = Rs. 10,000) followed by the deduction of amount corresponding to 100 baseline transactions (100 transactions x Rs. 2 = Rs. 200).

3. **Incentivising Private PHR Application Players and HIUs:** To enhance consent-based adoption of digital health records, private Personal Health Record (PHR) applications will be incentivized for facilitating patient consent through Health Information User (HIU) initiated requests. This initiative aligns with the core objective of Ayushman Bharat Digital Mission to enable secure and seamless sharing of health records via consent management.

*For example, if an HIU requests consent for health records from a patient and the patient approves it via a private PHR application, a payment of Rs. 5 will be made to the PHR application, in accordance with the 1:5 clause (1 ABHA per day, and up to 5 per month). In addition, Rs. 5 will also be paid to each Health Facility from where the consent request is generated (i.e. the HIU).*

**Note:** Auto-consent requests will not be eligible for incentives. Also, only 1 unique ABHA per day and 5 per month will be considered for payments related to the PHR application.

**Illustration 7:** An HIU generates 5000 eligible transactions by raising 5000 consent requests that are granted by patients through private PHR application.

Incentives Calculation:

- a. Calculated Amount for Health Facility = 5000 transactions x Rs. 5 = Rs. 25,000.
- b. Calculated Amount for private PHR application = 5000 transactions x Rs. 5 = Rs. 25,000.

**Illustration 8:** An HIU generates 5000 eligible transactions by raising 5000 consent requests that are granted by patients through public PHR application.

Incentives Calculation:

- a. Calculated Amount for Health Facility = 5000 transactions x Rs. 5 = Rs. 25,000.

- b. Calculated Amount for public PHR application = 5000 transactions x Rs. 0 = Rs. 0.

**Illustration 9:** A Health Facility/Clinic generates 5000 transactions through a mix of Record Linking (KYC verified) and Scan & Share (e.g. 3000 via Record Linking and 2000 via Scan & Share non-KYC verified records). Additionally, it generates 5000 eligible transactions by raising 5000 consent requests which are granted by the patient using a private PHR application.

Incentives Calculation:

- a. The incentive amount for Record Linking is calculated as follows - (3000 transactions x Rs. 20 = Rs. 60,000).
- b. The incentive amount for Scan & Share is calculated as follows - (2000 transactions x Rs. 5 = Rs. 10,000).
- c. Calculated Amount = Rs. 70,000.
- d. Deduction will happen for 100 Scan & Share records, i.e., (100 transactions x Rs. 5 = Rs. 500) since deduction preference is for Scan & Share over Record Linking.
- e. Total Payable Amount for Record Linking/ Scan & Share = Calculated Amount – Deductions (Rs. 70,000 - Rs. 500 = Rs. 69,500).
- f. Total Payable Amount for consent requests to Health Facility = 5000 transactions x Rs. 5 = Rs. 25,000.
- g. Total Payable Amount to Health Facility = Amount of Record Linking/ Scan & Share + Consent Request Amount (Rs. 69,500 + Rs. 25,000 = Rs. 94,500).
- h. Total Payable Amount for private PHR application = 5000 transactions x Rs. 5 = Rs. 25,000.
- i. Similarly, the DSC (HMIS used for Record Linking and Scan & Share) is eligible for an incentive of Rs. 16,900 (Rs. 15,000 + Rs. 2,000 - Rs. 100), i.e., incentive for Record Linking (3000 transactions x Rs. 5 = Rs. 15,000) added to the incentive for Scan & Share record generation (2000 transactions x Re. 1 = Rs. 2,000) followed by the deduction of amount corresponding to 100 baseline Scan & Share transactions (100 transactions x Re. 1 = Rs. 100).

**Illustration 10:** A Health Facility/Clinic generates 5000 transactions through a mix of Record Linking (KYC verified) and Scan & Share (e.g. 3000 via Record Linking and 2000 via Scan & Share non-KYC verified records). Additionally, it generates 3000 eligible transactions through patient consent request via private PHR application and 2000 via public PHR application. Additionally, it generates 5000 eligible transactions by raising consent requests – 3000 of which are granted by the patient using a private PHR application and 2000 of which are granted by the patient using a public PHR application.

Incentives Calculation:

- a. The incentive amount for Record Linking is calculated as follows - (3000 transactions x Rs. 20 = Rs. 60,000).
- b. The incentive amount for Scan & Share is calculated as follows - (2000 transactions x Rs. 5 = Rs. 10,000).
- c. Calculated Amount = Rs. 70,000.
- d. Deduction will happen for 100 Scan & Share records, i.e., (100 transactions x Rs. 5 = Rs. 500) since deduction preference is for Scan & Share over Record Linking.
- e. Total Payable Amount for Record Linking/ Scan & Share = Calculated Amount – Deductions (Rs. 70,000 – Rs. 500 = Rs. 69,500).
- f. Total Payable Amount for consent request to Health Facility = 5000 transactions x Rs. 5 = Rs. 25,000.
- g. Total Payable Amount to Health Facility = Amount of Record Linking/ Scan & Share + Consent Request Amount (Rs. 69,500 + Rs. 25,000 = Rs. 94,500).
- h. Total Payable Amount for private PHR application = 3000 transactions x Rs. 5 = Rs. 15,000.
- i. Total Payable Amount for public PHR application = 2000 transactions x Rs. 0 = Rs. 0.
- j. Similarly, the DSC (HMIS used for Record Linking and Scan & Share) is eligible for an incentive of Rs. 16,900 (Rs. 15,000 + Rs. 2,000 - Rs. 100), i.e., incentive for Record Linking (3000 transactions x Rs. 5 = Rs. 15,000) added to the incentive for Scan & Share record generation (2000 transactions x Re. 1 = Rs. 2,000) followed by the deduction of amount

corresponding to 100 baseline Scan & Share transactions (100 transactions x Re. 1 = Rs. 100).

**Illustration 11:** A Health Facility/Clinic generates 5000 eligible transactions by raising consent requests – 3000 of which are granted by the patient using a private PHR application and 1000 of which are granted by the patient using a public PHR application.

Incentives Calculation:

- a. Total Payable Amount for consent request to Health Facility = 4000 transactions (*incentive is only granted when patients grant consent on their respective PHR applications*) x Rs. 5 = Rs. 20,000.
- b. Total Payable Amount for private PHR application = 3000 transactions x Rs. 5 = Rs. 15,000.
- c. Total Payable Amount for public PHR application = 1000 transactions x Rs. 0 = Rs. 0.

**4. Claims for Back-Dated Transactions:** To ensure timely and accurate submission of transaction claims under the Digital Health Incentive Scheme (DHIS), Health Facilities can start claiming incentives from the month of their DHIS registration and would be permitted to claim back-dated transactions only for a limited period. Health Facilities are allowed to claim incentives for a maximum period of the last three months from the current month of claim submission. Claims outside this specified timeframe will not be considered for payment. For example, a Health Facility submitting claim in *January 2025* is eligible for back-dated claims of *October 2024, November 2024, and December 2024*. Transactions prior to October 2024 (e.g. September 2024) are *not eligible* for claims. However, claims for previous months may be filed by public health facilities in conditions where their earlier claims are held as null and void, as discussed in Para 6 below.

**5. Tokens Generated Outside Non-OPD Hours.:** To ensure that incentive payments are aligned with the operational practices of Health Facilities and maintain the integrity of token generation under the Digital Health Incentive Scheme (DHIS), tokens generated outside standard Out-Patient Department (OPD) hours will not be considered for payments. Tokens generated outside of these hours (8:00 PM to 5:00 AM) are deemed non-compliant for the purpose of incentive claims. Health Facilities with extended or 24/7 operational hours may submit a justification through SMD ABDM (email addresses can be accessed [here](#)) for token generation outside standard OPD hours. Such cases will be reviewed and approved on a case-by-case basis by the National Health Authority (NHA).

**6. Utilisation Letters to be Timely Submitted by Public Health Facilities:** It has been observed that the disbursed amounts often remain idle in the Health Facilities' accounts, defeating the intended objective of these incentives. To ensure the effective utilization of funds and alignment with the objectives of the ABDM, [guidelines](#) were issued by NHA on 19.02.2024. In addition, the following guidelines are further being laid –

- i. Public Health Facilities which have / would be disbursed incentives less than or equal to Rs. 1 lakh are not required to share the Utilization Letter of the disbursed amount.
- ii. Public Health Facilities which have / would be disbursed incentives of the amount between Rs. 1 lakh to Rs. 50 lakhs should submit the Utilization Letter showing appropriate use of at least 25% of the received funds, as per the [Utilization Guidelines](#) released in this regard to receive incentive for the next month.

*For example, if a public Health Facility has received incentives of Rs. 20 lakhs towards DHIS claims for March 2025 and then raised a claim of Rs. 2 lakhs in April 2025, then the Health Facility will be required to submit Utilization Letter denoting use of at least Rs. 5 lakhs by Dec 2025 to receive incentives for the month of April 2025, as per the conditions detailed in Para 6 (iv).*

- iii. Public Health Facilities that are eligible for receiving DHIS incentives amounting to more than Rs. 50 lakhs must submit Utilization Letters as proof of appropriate use of

at least 75% of the received funds. Only after furnishing the required document, such Health Facilities will be eligible to claim further incentives under the Scheme. Till the Utilization Letter is received, Rs. 50 lakhs will be disbursed - subject to fulfilment of conditions detailed in **Para 6 (ii)** above.

*For example, if a Health Facility has received DHIS incentives of Rs. 30 lakhs till March 2025 and is eligible to receive incentives of Rs. 25 lakhs for the month of April 2025, then subject to receiving Utilization Letter of 25% of Rs. 30 lakhs i.e. Rs. 7.50 lakhs, Rs. 20 lakhs (Rs. 50 lakhs - Rs. 30 lakhs) will further be disbursed to the Health Facility. The subsequent DHIS incentives of Rs. 5 lakhs will be paid only after receiving Utilization Letter for Rs. 37.50 lakhs by the Health Facility. The next disbursement will be paid to the Health Facility after receiving utilization of 75% by the Health Facility.*

- iv. The aforementioned Utilization Letters in **Para 6 (ii)** and **6 (iii)** are required to be submitted within nine months from the end of the month in which the claim for the month for which incentive was last disbursed to a public Health Facility. Failure to do so will result in the nullification of all the subsequent claims of that Health Facility and a fresh claim(s) will have to be raised by the Health Facility. Such claim(s) are subject to payment depending on the availability of funds under this scheme.
- v. All the public Health Facilities to whom incentives of more than Rs. 1 lakh but less than Rs. 50 lakhs have been disbursed, as on as on the date on which this corrigendum is issued, will be eligible for further disbursals only if the conditions detailed in **Para 6 (ii)** above are fulfilled.
- vi. All the public Health Facilities to whom incentives of more than Rs. 50 lakhs have been disbursed, as on the date on which this corrigendum is issued, will be eligible for further disbursals only if the conditions detailed in **Para 6 (iii)** above are fulfilled.

## 7. Important Points Regarding Incentivisation Policy:

- i. Revised conditions of eligibility for Digital Health Incentive Scheme (DHIS) as mentioned in this corrigendum will be applicable for calculation of incentives for all transactions done from March 1, 2025 onwards.
- ii. Maximum 1 transaction per day and 5 transactions per month per ABHA would be eligible for incentive for a particular Health Facility or Digital Solution Company including health locker/teleconsultation.
- iii. Previous policy to disburse the cumulative incentive amount only when it crosses Rs. 2,500 is no longer applicable.
- iv. “*Transaction(s)*” means –
  - a. Creation of any ABHA/ABHA address linked health record by a Health Facilities or a Health Locker, including, teleconsultations, lab reports, etc. in HIE-CM.
  - b. Token generation at a Health Facility using the ABDM Scan & Share feature.
  - c. Consent requests that are granted by patients would also be considered as a transaction.
- v. For a Health Facility/Clinic each transaction should be done on a system integrated with ABDM ecosystem till M3 stage (i.e., after it starts playing the role of Health Information User or HIU in ABDM). For a Diagnostic Facility/ Lab/ Pharmacy, a transaction done on a system integrated with ABDM ecosystem till M2 stage (i.e., after it starts playing the role of Health Information Provider or HIP in ABDM) will also be considered for calculation of incentives under this Scheme for the Diagnostic Facility/ Lab/ Pharmacy and DSC.
- vi. Both Public and Private Health Facilities may utilize the incentives to reward or incentivize staff member(s) involved in the ABHA creation/linking process in a manner deemed fit by the Health Facility administration.

- vii. The financial outlay under the scheme is Rs. 120 crores. NHA will continuously monitor and evaluate the effectiveness of the scheme and make suitable changes about its continuation, modification, budget or otherwise, as and when required.
- viii. Other provisions/conditions as mentioned in the Scheme, corrigenda and its Operational Guidelines to the extent not modified by this corrigendum remain unchanged.



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