

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

To give further boost to digital health transactions in the country, Digital Health Incentive Scheme was launched by NHA with effect from January 1, 2023. As per the clause 4 (ix) of the scheme, NHA is continuously monitoring and evaluating the effectiveness of the scheme. As per the feedback received from different stakeholders and to achieve the intended object of the scheme, it has been decided to amend some of the clauses as mentioned in the scheme and the subsequent Operational Guidelines for a limited period of time.

### **1. Eligibility criteria**

- i. All Health Facilities registered on Health Facility Registry (HFR) will be eligible for incentive scheme irrespective of number of beds.
- ii. Virtual facilities created in the Health Facility Registry will continue to not be eligible for incentives under this scheme. DSCs providing teleconsultation/ Health Locker services will continue to be eligible.
- iii. Maximum 1 transaction per day and 5 transactions per month per ABHA address would be eligible for incentive for a Health Facility or DSC providing health locker/Teleconsultation.

### **2. Financial Incentives**

- i. All Health Facilities doing more than 100 transactions per month will be able to claim incentives under the scheme for every additional transaction above this level.
- ii. All DSCs will be able to claim incentives against transactions done by Health Facilities using their digital solutions, provided the facility is doing more than 100 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.
- iii. For Health Facilities doing 100 transactions or less per month, no incentives would be provided to the Digital Solution Companies or the Health Facilities.
- iv. The incentive rates for calculation of benefits are mentioned below

<b>S.No.</b>	<b>No. of transactions per month</b>	<b>Incentives for Health Facility</b>	<b>Incentive for DSC</b>
1	101 and above	Rs 20 per additional transaction above 100	Rs 5 per additional transaction above 100
2	Less than or equal to 100	0	0
3	For other Transactions (including by Health lockers, Teleconsultation platforms) provided the transactions are more than 500 per month	0	Rs 5 per additional transaction above 500

- v. DSC's which are providing services of Health Lockers and/or Teleconsultation services, would become eligible for DHIS provided the transactions are more than 500 per month as minimum criteria of 10 facilities does not apply to them.
- vi. Scan & Share has emerged as a very useful and important use case of ABDM services in last few months. It has not only significantly reduced wait time for Patient registration in various hospitals but has also helped in making the benefits of ABDM reach every citizen by creation of their Ayushman Bharat Health Account (ABHA). Hence, in order to promote increased utilization of Scan & Share services across all Health Facilities of the country, the definition of 'Transaction' under the Digital Health Incentive Scheme has been amended to cover Scan & Share transactions as

well. Both the Health facilities and DSCs will be able to claim incentives for ‘Scan & Share’ transactions.

- **Illustration 1:** A hospital/clinic/lab does 500 transactions in a month. It is eligible for an incentive of Rs. 8000 ( $500-100=400$  transactions  $\times$  20). The DSC is eligible for an incentive of Rs. 2000 ( $500-100=400 \times 5$ )
- **Illustration 2:** A hospital/clinic/lab does 60 transactions in a month. The base level is 100 transactions. Both the Facility and DSC will not get any incentive in this case.
- **Illustration 3:** In a hospital 450 tokens are generated using ABDM Scan and Share feature, in a month. The Facility will get an incentive of Rs. 7000 ( $450-100=350 \times 20$ ). The corresponding DSC will get an incentive of Rs 1750 ( $450-100=350 \times 5$ ).

### 3. Important points regarding incentivization 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 1<sup>st</sup> April 2023 onwards.
- ii. These incentives will remain in place for a period of 4 months from the date of applicability of this corrigendum or till funds for the Scheme are available, unless discontinued earlier.
- iii. Additional incentive of 20% available for certain DSC’s who have NABH/QCI certification as per the original scheme (Section 2, page 3) shall no longer be applicable.
- iv. Maximum 1 transaction per day and 5 transactions per month per ABHA address would be eligible for incentive for a particular Health Facility.
- v. To manage the administrative workload, incentive would be disbursed to a DSC/health facility only if the eligible incentive exceeds Rs 2500 on a cumulative basis.
- vi. **“Transaction”** or Transactions means creation of any ABHA/ABHA address linked health record by a healthcare facility or a Health Locker, including, teleconsultations, lab reports, etc. in HIE-CM. In addition to this, token generation at a Health Facility using the ABDM Scan and Share feature will also be considered as ‘Transaction’ for calculation of incentives under DHIS.
- vii. For a Hospital/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, 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 lab and DSC.
- viii. ABDM architecture requires that health records should be grouped together in the form of care context. This means that all records in one care context should be shared as a single transaction. To ensure the same, a maximum of 1 transaction per day and 5 transactions per month per ABHA address would be eligible for incentive for a particular health facility.
- ix. Both Public and Private sector facilities may utilize the incentives to reward or incentivize staff member involved in ABHA creation/linking process in a manner deemed fit by the facility administration.
- x. In line with clause 4(ix) of the Scheme, 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.
- xi. Other provisions/conditions as mentioned in the scheme and the Operational Guidelines to the extent not modified by this corrigendum remain unchanged.