

Digital Health Incentive Scheme (DHIS) for ABDM adoption

Digital Health has tremendous potential to transform the Indian Healthcare scenario. The National Health Authority (NHA) is responsible for implementation of Ayushman Bharat Digital Mission (ABDM) which aims to create a digital health ecosystem for the country. NHA intends to support different healthcare facilities like clinics, hospitals, and laboratories in adopting the ABDM ecosystem so as to make the benefits of digital health accessible for every section of the society. NHA is taking various initiatives to promote creation, linking and making digital health records interoperable. Over the past few months, digital health transactions linked to Ayushman Bharat Health Account (ABHAs) have witnessed tremendous growth across the country with the number of such transactions growing to 3 crore recently. Digital health transactions offers several benefits to citizens such as timely access to healthcare, longitudinal health records, secure health data, interoperable health data etc.

Although there has been unprecedented growth in digital health records over the past few months, there is huge potential for further growth as healthcare continues to be offered non digitally on a significant scale. Currently, availability of affordable and easy to use software to assist the small clinics and hospitals is also a significant challenge in the ability of the health professionals to adopt digital health. It is, therefore, important to boost the adoption of digital and interoperable health records targeting untapped stakeholders/ segments/ sectors. This initiative would also provide the right incentives to the providers of digital health solutions such as Hospital/Health Management Information System (HMIS) and Laboratory Management Information System (LMIS) to make available the right software at an affordable cost.

To give further boost to digital health transactions in the country, it has been decided by the NHA to incentivise the stakeholders of the digital health ecosystem. The estimated initial financial outlay of the scheme would be Rs. 50 Crore. The said scheme would be effective from the date as notified by NHA.

2. Financial Incentives

Incentives would be provided to the following players in the ecosystem :

- Health Facilities having 10 or more than 10 beds as provided in the Health Facility Registry
- Laboratory/radiology diagnostics centers or by whatever name called
- Entities providing ABDM enabled digital solutions

S. No	Healthcare Facility	Base Level Criteria
1	Hospitals	50 Transactions per bed per month
2	Diagnostic facilities /Labs	500 Transactions per month

- Incentive to a Health facility will be provided based on the number of transactions per bed per month carried out by them while for Labs the basis will be number of transactions done by them per month.
- Benefits will be provided to the health facilities only for transactions done by them above the base level of transactions (i.e. only the transactions above the

threshold) .

- For ABHA linked transactions done by facilities not eligible for direct incentives (Clinics/small hospitals/ health lockers/Teleconsultation platforms etc.), incentive would be provided to Digital Solution Companies. To avail these benefits, each such Clinic/small hospital/ health locker/Teleconsultation facility would need to do more than 200 transactions per month.
- Digital Solution Companies (DSCs) are being provided a cost incentivization for helping smaller clinics, small hospitals, Teleconsultation platforms, Health lockers etc to support these facilities achieve Digital Health adoption and not create a “Digital Divide” It is expected that the benefits provided to the DSCs will help reduce the cost or will be further transferred to the concerned health facilities to cover their cost of digitization etc.
- The incentive rates for calculation of benefits are mentioned below

Criteria	Incentives
Incentives for eligible Health care facilities	
Upto base level	No incentives
Above base level - incentives will be paid for additional transactions above the base level.	
Hospitals	Rs 20 per additional transaction above the base level
Labs/Diagnostic facilities	Rs 15 per additional transaction above the base level
For every insurance claim transaction linked with ABHA address filed by hospitals using FHIR format through HCX	Rs 500 per claim or 10% of the claim amount, whichever is lower
Cost Incentives for Digital solution (HMIS and LMIS) Companies	
For every Transaction by hospitals/labs using their software and receiving incentives under this scheme	25% of the corresponding incentive amount received by the eligible facilities
For other Transactions (including by health lockers, Teleconsultation platforms, small clinics etc.), provided the transactions are more than 200 per month	Rs 5 per Transaction

- **Illustration 1:** A 20 bedded hospital does 1300 transactions per month. The base level of transactions is 1000 (50 transactions per bed x 20 beds). It is eligible for an incentive of Rs. 6000 (Rs. 20 each for 300 transactions above the base level of 1000). The DSC is eligible for an incentive of Rs. 1500 (25% of the incentive received by the hospital)
- **Illustration 2:** A single doctor clinic (does not have any bed) does 300 transactions per month. The base level is 200 transactions. The DSC is eligible for an incentive of Rs. 1500. The small clinic or hospital is not eligible for any

incentive.

- DSCs which complete a NABH/QCI or any other similar certification specified by National Health Authority from time to time, shall be eligible for 20% extra incentives, including the maximum incentive cap. Only facilities using the NABH certified version of the concerned HMIS will be provided this additional benefit.

3. Eligibility criteria

1. The benefits under this scheme will be applicable for all public and private sector health facilities.
2. All hospitals with facilities having minimum 10 beds will be eligible for this incentivization scheme. Maximum number of beds during a month as mentioned in the HFR registration would be considered for calculation of these incentives.
3. Minimum 50 transactions per bed per month would be required by each such health facility to become eligible for the incentives.
4. For Labs, minimum 500 transactions per month would be required to become eligible for this incentive program.
5. For Digital Solution Companies (DSCs) to become eligible for this incentive scheme, minimum 10 healthcare facilities should be generating transactions in a monthly cycle. Furthermore, for availing incentives by DSCs in respect of deploying their software at facilities not eligible for direct incentives (Clinics/small hospitals/ health lockers/Teleconsultation platforms etc.), each Clinic/small hospital/ health locker/Teleconsultation platform would need to do more than 200 transactions per month.

4. Important points regarding incentivization scheme

- i. The Scheme will come into effect from the date it notified by the National Health Authority. Only the transactions made after this date by the health facilities will be considered for calculation of financial incentives as mentioned under this scheme. Incentives would be calculated for each calendar month.
- ii. The Scheme is applicable to healthcare facilities having operations in India and transactions done in India. This will include international teleconsultation if the consulting doctor or one of the consulting doctors is in India irrespective of location of others on the group-consultation.
- iii. **“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. Also, any transaction booked and availed through UHI will also be considered a valid transaction for the purpose of this incentive scheme.
- iv. Health facility or facility or facilities shall mean a Health facility so registered in the Health Facility Registry. For the purpose of incentives, each physical facility shall be treated separately irrespective of being part of a single chain/owner/corporate body, if so defined in the Health Facility Registry.

v. 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).

vi. Capping the incentives

To ensure fair use of the scheme and prevent any situation of monopoly; following measures will be in place

- a. Maximum incentive available under the scheme to any Health facility or Digital Solution Company shall be restricted to Rs 4 crore during the course of the current incentive scheme. In the case of any further extension of the time or budget of the scheme, decisions regarding this capping amount may be revised.
- b. Transactions done by virtual facilities created in the Health Facility Registry will not be considered for calculation of incentives under this scheme.

vii. For Public sector healthcare facilities, the incentives for the facilities shall be added to the funds under Rogi Kalyan Samiti or any similar pool of the facility. Such incentives may be utilized in a manner deemed fit by the facility.

viii. Digital Solution Companies (DSCs) would be entities with software having ABDM certified Health Information Provider (HIP) and Health Information User (HIU) functionality.

ix. The estimated initial financial outlay of the scheme is ₹ 50 crore. 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.

x. These incentives will remain in place for the following time periods, unless discontinued earlier:

Q4 of FY 2022-23	Rs 25 crore (subject to availability of funds)
Q1 of FY 2023-24 or till funds are available	Balance of Rs. 50 crores (subject to availability of funds)

xi. The healthcare facility will have to display ABDM IEC material provided by NHA or state governments prominently at their entrance or in their lobby.

xii. NHA shall setup a mechanism to capture different type of transactions (stakeholder wise) and report the same on a publicly available benefits dashboard. Bank details of all eligible beneficiaries would be captured, and payments will be made to those bank accounts.