

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

[April 09, 2026]

**Corrigendum 7 to Digital Health Incentive Scheme (DHIS) for ABDM adoption**

The Digital Health Incentive Scheme (DHIS), launched on January 1, 2023, aims to promote the adoption of the Ayushman Bharat Digital Mission (ABDM) by incentivizing digital health transactions. 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, June 11, 2024, 19 February 2025 and 20 November 2025. The aforesaid documents may be accessed on <https://abdm.gov.in/dhis>. This Corrigendum 7 introduces further modifications to:

- Encourage private sector participation
- Promote KYC-linked digital health records
- Strengthen consent-based data sharing
- Improve interoperability and compliance (v3 APIs)

**2. This corrigendum is effective from the month of April 2026 till September 2026.**

For the month of April 2026 onwards, incentives would be payable for the transactions entered in accordance with the conditions laid down in this corrigendum.

**3. The following pointers may be noted for this revised scheme:**

**1. No change in eligibility:** The scheme is applicable to all public and private sector entities (Health Facilities, Digital Solution Companies (DSCs) etc.)

**2. 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.

**3. Modified Incentives for NHA initiatives and their related transactions:**

i. To encourage health facilities to transition towards KYC record linking, it has been

decided to provide incentives only for KYC-linked records. No incentives for Scan & Share and Health locker would be given. This approach aims to reward Health Facilities for prioritizing creation of digital health records.

ii. The incentive rates for calculation of benefits are mentioned in the table below:

<b>S. No.</b>	<b>No. of Eligible Transactions Per Month</b>	<b>Incentives for Health Facility (HF)</b>	<b>Incentives for Digital Solutions Company (DSC)</b>
1	Less than or equal to 100 transactions	N/A	N/A
2	Above 100 transactions (Record Linking)	<p><b>CATEGORY 1 TRANSACTION</b> Rs. 10 per eligible transaction towards records linked with KYC verified ABHA address (above 100 transactions) and with the HI Type being Diagnostic Report or Discharge Summary</p> <p><b>CATEGORY 2 TRANSACTION</b> Rs. 5 per eligible transaction towards records linked with KYC verified ABHA address (above 100 transactions) and with the HI Types other than Diagnostic Report / Discharge Summary. The different HI Types in this category include Prescription, OP Consultation, Immunization Record, Health Document</p>	<p><b>CATEGORY 1 TRANSACTION</b> Rs. 5 per eligible transaction towards records linked with KYC verified ABHA address (above 100 transactions) and with the HI Type being Diagnostic Report or Discharge Summary</p> <p><b>CATEGORY 2 TRANSACTION</b> Rs. 2.5 per eligible transaction towards records linked with KYC verified ABHA address (above 100 transactions) and with the HI Types other than Diagnostic Report / Discharge Summary. Types of HI Types in this category include Prescription, OP Consultation, Immunization Record, Health Document Record,</p>

		Record, Wellness Record, Invoices etc.	Wellness Record, Invoices etc.  Remarks: 1 ABHA / day and 5 ABHA/month restriction would be applicable for incentives under this category.
3	Consent Request Based Transactions	For every HIU-initiated or patient-initiated consent that results in successful record sharing, incentives shall be provided to each participating entity. Accordingly, ₹10 will be disbursed to the Health Information User (HIU) and an additional ₹5 to the source of records (HIP/private locker).	Remarks: 1. Successful record sharing would be required to be conveyed technically to ABDM system through an API. The DSCs would be required to integrate with the above-mentioned API. 2. Transactions for record sharing through the upcoming feature of 'Scan and Share' of health records would also be included in this category, as and when launched. 3. Even if more than 1 health records are being sent by a health locker, the incentive will be limited to Rs. 5 per transaction for the health locker. 4. 1 ABHA / day and 5 ABHA/month restriction would be applicable for incentives under this category.
4	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]

5	Scan & Pay	Rs 5 per additional transaction above base level	Rs 1 per additional transaction above base level
6	For every AB PM-JAY insurance claim transaction linked with ABHA address filed by Health Facilities using FHIR format through NHCX	Rs. 200 per claim or 10% of the claim amount, whichever is lower to the Health Facility	Rs. 10 per claim to the Digital Solution Company whose software is used for raising the claim via NHCX.  Note: Maximum incentives under this category would be capped at Rs. 1 crore for a facility and a digital solution company.

iii. All Health Facilities generating more than 100 eligible transactions per month through Record Linkage will be able to claim incentives under the Scheme for every additional transaction above the threshold. Incentives shall be calculated on total eligible transactions and reduced by the value corresponding to the first 100 transactions. The deduction of 100 transactions would be done for lowest-value transactions first.

iv. 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.

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.

vi. Health Records linked to KYC verified ABHA addresses would only be considered for incentives under the scheme. KYC status as of last day of the transaction month shall be considered, irrespective of claim submission date.

vii. If a health record has multiple HI Types, it would be considered a Category 1 transaction if it has at least an HI type being diagnostic record or discharge summary.

**Illustration 1:** A Health Facility/Clinic generates 70 KYC verified Discharge summaries and 80 KYC verified OPD prescriptions in May 2026. All the mentioned transactions are under the eligible category.

Incentives Calculation:

- a. The incentive amount for category 1 (Discharge summaries) is calculated as follows - (70 transactions x Rs. 10 = Rs.700).
- b. The incentive amount for category 2 (OPD prescriptions) is calculated as follows - (80 transactions x Rs. 5 = Rs.400)
- c. Deduction will happen for the amount corresponding to baseline transactions from the category 2 first (80 transactions x Rs. 5 = Rs. 400).
- d. Secondly, deduction will happen from the remaining 20 transactions from the category 1 (20 transactions x Rs. 10 = Rs. 200)
- e. Total Payable Amount for facility = Calculated Amount – Deductions = (Rs. 700 + Rs 400) - (Rs 400 + Rs 200) = Rs 500
- f. Similarly, the DSC is eligible for payable incentive of Rs. 250, Category 1 (70 transactions x Rs 5 = Rs 350) and Category 2 (80 transactions x Rs 2.5 = Rs 200), i.e. Total Rs 550, followed by the deduction of amount corresponding to 100 baseline transactions (80 transactions x Rs. 2.5 = Rs. 200 and 20 transactions x Rs 5 = Rs 100, i.e. Rs 300). Hence, eligible incentive for DSC is Rs 550 - Rs 300 = Rs 250.

**Illustration 2:** A Lab generates 500 eligible lab reports in a month through KYC verified record linkage.

Incentives Calculation:

- a. The incentive amount for lab is calculated as follows - (500 transactions x Rs 5 = Rs 2500)
- b. Deduction amount for lab is (100 transactions x 5) = Rs 500
- c. Hence, the eligible incentive amount for lab is (Rs 2500 - Rs 500), i.e. Rs 2000
- d. Similarly, the DSC is eligible for an incentive amount of Rs 1000 (Rs 1250 - Rs 250)

4. Incentivising **HIU, HIP and private health lockers for Consent requests:** To strengthen consent-based adoption of digital health records, Health Information Users (HIUs), Health Information Providers (HIPs), and private health locker applications shall be incentivised for facilitating patient consent through both HIU-initiated and patient-initiated successful requests, resulting in records sharing. This measure supports the core objective of the Ayushman Bharat Digital Mission (ABDM) to promote secure and seamless sharing of health records through consent-driven mechanisms.

*For example, if an HIU requests consent for health records from a patient and the patient approves it via an ABDM enabled PHR application, a payment of Rs. 10 will be made to the HIU and Rs. 5 to all the sources resulting to get these records.*

***Note:** Only private health lockers would be given incentives in accordance with the 1:5 clause (1 ABHA per day, and up to 5 per month). 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. This restriction of 1 ABHA/day and 5 ABHA per month will be separate for record-linking and consent-based incentives. Also, if the HIP and HIU are the same, then that transaction would not be considered for incentives.*

**Illustration 3:** An HIU generates 5000 eligible transactions by raising 5000 consent requests that are granted by patients with

- 1000 eligible transactions from Private health locker
- 500 eligible transactions from HIP1
- 3500 eligible transactions from HIP2

Incentives Calculation:

- a. Calculated Amount for Health Facility = 5000 transactions x Rs. 10 = Rs. 50,000.
- b. Calculated Amount for private health locker = 1000 transactions x Rs. 5 = Rs. 5,000.
- c. Calculated Amount for HIP1 = 500 transactions x Rs. 5 = Rs. 2,500.
- d. Calculated Amount for HIP2 = 3500 transactions x Rs. 5 = Rs. 17,500.

**Illustration 4:** An HIU generates 5000 eligible transactions by raising 5000 consent requests that are granted by patients through

- 1000 eligible transactions from public health locker
- 500 eligible transactions from HIP1
- 3500 eligible transactions from HIP2

Incentives Calculation:

- a. Calculated Amount for Health Facility = 5000 transactions x Rs. 10 = Rs. 50,000.
- b. Calculated Amount for public health locker = 1000 transactions x Rs. 0 = Rs. 0.
- c. Calculated Amount for HIP1 = 500 transactions x Rs. 5 = Rs. 2,500.
- d. Calculated Amount for HIP2 = 3500 transactions x Rs. 5 = Rs. 17,500.

**5. 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 a claim in August 2026 is eligible for back-dated claims of July 2026, June 2026, and May 2026. Transactions prior to May 2026 (e.g. April 2026 and March 2026) are not eligible for claims for the aforesaid health facility. 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.

## **6. 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 April 1, 2026.
- ii. The incentives under the revised provisions of this corrigendum is scheme will be eligible from the month of April 2026 to Sep 2026, subject to the availability of funds under the scheme.
- iii. 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 across the different incentive categories.
- iv. Previous policy to disburse the cumulative incentive amount only when it crosses Rs. 2,500 is no longer applicable.
- v. “Transaction(s)” means –
  - a. Creation of an KYCed ABHA address linked health record by Health Facilities, teleconsultations, lab reports, etc. in HIE-CM.
  - b. Consent requests that are granted by patients would also be considered as a transaction.
  - c. Also, any transaction booked and availed through UHI will also be considered a valid transaction for the purpose of this incentive policy.
- vi. 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.

vii. The public facilities would be required to share utilisation certificates as per corrigendum 5 of DHIS policy.

**Illustration 5:** A public health facility has received a total incentive of ₹10 lakhs under DHIS for the claim month of February 2026 but has not submitted its Utilisation Certificate. As per Utilisation Guidelines, the facility has to submit utilisation of at least 25% of the disbursed amount by October 2026. Accordingly, the incentives for the subsequent months of this facility will be put on hold and the pending amounts shall only be disbursed once utilisation certificate is received within 9 months of the claim month. If no utilisation is submitted during the 9 month period, all the submitted claims and the subsequent claims in the future shall be nullified. However, if the utilisation is submitted within 9 months period, the pending claims will be cleared.

viii. Maximum incentive available under the scheme to any Health facility or Digital Solution Company shall be restricted to Rs 5 crores. In relation to incentives provided for raising AB PM-JAY claims through NHCX, the maximum incentives to any Health Facility or Digital Solution Company shall be restricted to Rs. 1 crore.

ix. The financial outlay under the scheme would be as per the approval of the Competent Authority.

x. 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. NHA will also monitor the eligible transactions on a regular basis and if any misuse/malpractice is found by any entity, appropriate action, including disallowing the incentives, taking back the incentives or legal action or both would be taken.

xii. Other provisions/conditions as mentioned in the Scheme, corrigenda and its Operational Guidelines to the extent not modified by this corrigendum remain unchanged.

**xiii. WEB APPLICATION SECURITY ASSESSMENT (WASA) COMPLIANCE MANDATORY for receiving incentives under this scheme:**

For a digital solution company, transactions prior to valid WASA report shall not be eligible irrespective of claim date. Incentives would be disbursed to a digital solution company only from the month following the month in which a valid WASA certificate has been furnished .

**Illustration 6:** A digital solution company's WASA stands expired as on April 1, 2026. It gets its WASA renewed and submits to NHA on April 25, 2026. No incentives will be disbursed to the DSC for the month of April 2026. It would be eligible for incentives under this scheme in relation to transactions entered from May 1, 2026.

**Illustration 7:** A digital solution company’s WASA stands expired as on April 1, 2026. It gets its WASA renewed and submits to NHA on May 25, 2026. It would be eligible for incentives under this scheme in relation to transactions entered from the next month i.e. June 1, 2026.

**xiv. Incentives for facilities & DSCs from April 1 till the time DSCs get integrated with the v3 version of ABDM APIs**

It is envisaged that the software of every digital solution company gets integrated with the APIs of v3 version of ABDM for all the three milestones. The v3 version strengthens operational efficiency by incorporating features such as standardised time formats, better validations and ability to provide the category of health record being created. The DSCs will be provided with a 3-month window from April–June 2026 to complete their v3 compliance. Accordingly, the following conditions are laid down for digital solution companies and health facilities to claim incentives under this corrigendum:

- a) For the months of April to June 2026, all the transactions entered in the month in which the integration of v3 versions of M1, M2 and M3 milestones gets completed would be considered as Category 2 transactions and would be payable at Rs. 5 for the health facility and Rs. 2.5 for the Digital Solution Company per transaction. From the next month, incentives would be payable to the DSC and the facility in accordance with the HI type [Category 1 or Category 2 transaction].
- b) For the month of July 2026 and onwards, incentives would be disbursed to a digital solution company and a health facility only if it is fully compliant with the v3 versions of M1, M2 and M3 milestones of ABDM.

A summary of the above conditions is as under:

<b>Period</b>	<b>Compliance with v3</b>	<b>Incentive for facility/DSC</b>
Apr–Jun 2026	Not compliant	Category 2 rate
Apr–Jun 2026	Compliant	Category 1 or Category 2 rate applicable from the month following the month in which the v3 compliance is completed
July 2026 onwards	Not compliant	No incentives to DSC and Facility till the DSC gets compliant.

July 2026 onwards	Compliant	Category 1 or Category 2 rate, depending on the HI type of the record created
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**Illustration 8:** A digital solution company gets compliant with v3 versions of ABDM APIs on April 25, 2026. For the entire month of April 2026, it would be eligible at the rate of Rs. 2.5 for all KYC linked health records till April 30, 2026. Post that for the month of May 2026 onwards, based on the category of records created, the rates of either Rs. 5 or Rs. 2.5 would be applied. The corresponding health facility would also get incentives at the rate of Rs. 5 per transactions entered till April 30, 2026 and post that, based on the category of records created, the rates of either Rs. 10 or Rs. 5 would be applied.

**Illustration 9:** A digital solution company gets compliant with v3 versions of ABDM APIs on July 25, 2026. No incentive would be applicable for the transactions done from July 1 to July 31, 2026. For transactions entered from the next month i.e. August 2026, the rates of either Rs. 5 or Rs. 2.5 would be applied depending on the category of records created. Similarly, the corresponding health facility would also not get incentives for transactions entered between July 1 to July 31, 2026. For transactions entered in August 2026, the rates of either Rs. 10 or Rs. 5 would be applied depending on the category of records created.

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