



Australian Government



Services
Australia

Healthcare Identifiers Service Annual Report 2025–26





Acknowledgement of Country

Services Australia recognises Aboriginal and Torres Strait Islander peoples as the first peoples of this land and their ongoing connection to the lands, seas, and waterways.

We pay our respects to all Elders, past and present, of all Aboriginal and Torres Strait Islander nations.

We recognise the enduring strength and resilience of the world's oldest continuous living cultures and value the rich diversity Aboriginal and Torres Strait Islander cultural heritages contribute.



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Chief Executive Officer's introduction



As Chief Executive Officer of Services Australia and Chief Executive of Medicare, I'm pleased to present the Healthcare Identifiers Service (HI Service) Annual Report 2025–26.

The HI Service remains a critical part of Australia's digital health infrastructure. It supports safe, secure and accurate information sharing across the health system, helping healthcare providers and recipients access the right information at the right time and contributing to more connected, person-centred care.

Services Australia continued to strengthen the HI Service in 2025–26 to ensure it remains reliable and secure. This included improving service integrity and data quality, system enhancements, and preparing the HI Service to support future policy and legislative reform. These improvements have enhanced reliability, data accuracy and operational performance, positioning the HI Service to support increasing transaction volumes and evolving use across the digital health ecosystem.

The agency worked in partnership with the Department of Health, Disability and Ageing and the Australian Digital Health Agency to progress significant legislative reforms to the *Healthcare Identifiers Act 2010* and associated regulations. These reforms enable broader use of healthcare identifiers across the health, aged care and disability sectors and position the HI Service to support emerging models of care.

Collectively, these efforts strengthen the HI Service's role as the foundation for Australia's digital health ecosystem.

Thank you to our partners and to our staff for delivering reliable, high quality services that support Australians with a connected healthcare system.

In accordance with requirements under the *Healthcare Identifiers Act 2010*, I present the 2025–26 Healthcare Identifiers Service Annual Report.

David Hazlehurst

Chief Executive Medicare

Chief Executive Officer Services Australia



Introduction

Services Australia (the agency) administers the HI Service on behalf of the Australian Government and state and territory governments.

The HI Service is the foundation for Australia's Digital Health ecosystem and is supported by the Intergovernmental Agreement on National Digital Health 2023–2027.

The *Healthcare Identifiers Act 2010* (HID Act) and Healthcare Identifiers Regulations 2020 set the framework and rules for the HI Service. The HID Act prescribes the Chief Executive Medicare as the HI Service operator.

This annual report captures the details of our activities, finances and operations for 2025–26.

About the HI Service

The HI Service is a national system that assigns unique identifiers to individuals, healthcare providers, and healthcare organisations across Australia. It is a foundational component of the digital health ecosystem, ensuring health information is accurately matched to the correct patient and provider at the point of care. This supports safer, more efficient and better coordinated healthcare delivery.

Like many leading international health systems, Australia relies on a single, national identification framework to enable consistent and reliable data sharing across healthcare settings. The HI Service fulfils this role by providing each participant with a unique 16-digit identifier, allowing electronic systems to accurately recognise individuals and organisations, even where demographic details may be similar.

Healthcare recipients are typically issued a healthcare identifier automatically when enrolling in Medicare. Those not eligible for Medicare can apply online or via a paper form.

Healthcare providers are issued a healthcare identifier by either:

- 1 the Australian Health Practitioner Regulation Agency (Ahpra) on behalf of the HI Service
- 2 applying via a professional body facilitated process by providing informed consent (for allied health professionals)
- 3 applying directly to the HI Service if they're not registered by one of the national boards supported by Ahpra.

Healthcare provider organisations and healthcare support organisations can request a healthcare identifier by applying directly to the HI Service.

The HI Service only stores limited demographic information such as name, date of birth, gender and sex. It doesn't contain clinical or medical information.

Overall, the HI Service provides a secure and reliable mechanism for uniquely identifying participants in the healthcare system, underpinning accurate data exchange and improved patient outcomes.

Our responsibilities as the HI Service operator

As the HI Service operator, our responsibilities are to:

- assign healthcare identifiers to people, healthcare providers and healthcare organisations
- assist people who aren't eligible for Medicare to link and use the Individual Healthcare Identifier (IHI) Service in myGov
- work with Ahpra to maintain a single, complete record of provider healthcare identifiers
- administer secure processes for sharing healthcare identifiers with healthcare providers, healthcare organisations and contracted service providers
- disclose healthcare identifiers to contracted service providers that help manage health information for healthcare organisations
- disclose healthcare identifiers to healthcare providers and healthcare organisations
- keep a log of every time a healthcare identifier is accessed or retrieved
- maintain the Healthcare Provider Directory (HPD)
- share information with key stakeholders about the HI Service
- collaborate with partner agencies
- onboard professional bodies to allow them to act on behalf of their qualified members to register for a Healthcare Provider Identifier–Individual (HPI-I).



The year in review

Activities and improvements

During 2025–26, the agency delivered a range of initiatives to strengthen and enhance the HI Service. This work focused on implementing targeted system enhancements, improving data quality, and preparing the HI Service for emerging policy and legislative reforms.

Targeted system enhancements

The agency delivered several enhancements to optimise the HI Service. These changes were designed to improve operational reliability and data consistency. The changes include:

- refining healthcare identifier matching and validation logic to improve accuracy and consistency
- strengthening the accuracy and management of demographic data within HI Service systems
- improving provider related information to support identity management and ongoing maintenance of healthcare identifiers
- system updates to sustain reliable service delivery
- implementing systems and business process changes to support legislative amendments
- implementing a professional body facilitated process for allied health professionals' HPI-I registration for qualified members.

In December 2025, the HI Service implemented changes to support the collection and recording of 'sex at birth' which was then displayed in customers' My Health Record. From February 2026, sex at birth data was realigned to customers' gender data and displayed in their My Health Record. The agency continues to work with the Australian Digital Health Agency (ADHA) and the Department of Health, Disability and Ageing (DHDA) to consider the future treatment, use and display of sex and gender data across connected digital health systems, with the aim of supporting improved data quality, clinical safety and person-centred care.

These enhancements delivered incremental but important improvements that strengthen the HI Service platform and support its role as a critical part of Australia's digital health infrastructure.

Data quality improvements

Maintaining high quality, reliable identifier data remains fundamental to the safe use of digital health services. The agency continued targeted data quality analysis to enhance the accuracy, completeness and consistency of HI Service records. This included:

- system and process improvements to support more reliable healthcare identifier matching, particularly for individuals with complex or incomplete demographic information
- ongoing refinement of validation and reconciliation processes.

These activities help reduce the risk of mismatched data and support safer information sharing across connected health systems, including for people in remote and regional communities.

Legislative reforms

The agency worked closely with the DHDA and ADHA on amendments to the:

- HID Act
- Healthcare Identifiers Regulations 2020.

These changes were progressed through the Regulatory Omnibus Bill 2025, Aged Care and Other Legislation Amendment Bill 2025, and the Healthcare Identifiers Amendment (Directories and Other Matters) Regulations 2026 (Directories Regulations).

These legislative changes enable the expanded collection, use and disclosure of healthcare identifiers across the health, aged care and disability sectors. This includes the introduction of Healthcare Support Service Providers (HSPs) and Health Administration Entities (HAEs) as new entity types. The changes also enable bulk HPI-I registrations for allied health professionals through professional bodies.

To support the implementation of legislative changes, the agency undertook a range of preparatory activities. These activities built on earlier policy and discovery work, including:

- refining operating models and service concepts to accommodate new entity types
- progressing planning to ensure the HI Service can safely increase to support an expanded range of authorised uses
- undertaking further analysis of technical and operational readiness to enable future interoperability enhancements.

These activities position the HI Service to respond to legislative reform while maintaining continuity, security and reliability for existing users.

HI Service Roadmap

We have continued to support deliverables outlined in ADHA's National Healthcare Identifiers Roadmap 2023–2028 (HI Service Roadmap) including:

- using data analysis to inform an insights report on improving data matching for Aboriginal and Torres Strait Islander peoples engaging with DHDA, ADHA, and the National Aboriginal Community Controlled Health Organisation
- analysing data matching trends to identify irregularities and enhance system efficiency through targeted engagement.

The agency worked collaboratively with DHDA and ADHA to support HI Service Roadmap activities. You can find quarterly progress reports against the Roadmap on the ADHA website at digitalhealth.gov.au

The HI Service continued to support initiatives identified in the following strategic plans, reports and projects:

- 1 National Healthcare Interoperability Plan 2023–2028
- 2 Digital Health Blueprint 2023–2033 and associated Action Plan
- 3 National Digital Health Strategy 2023–2028 and associated Delivery Roadmap
- 4 Australia's Primary Health Care 10 Year Plan (2022–2032)
- 5 Strengthening Medicare Taskforce Report (2022).

Through partnerships with DHDA and ADHA, the agency is advancing initiatives that support the Government's agenda for person-centred, digitally connected healthcare for all Australians.

Assignment of healthcare identifiers

The HID Act defines 4 types of healthcare identifiers:

- 1 Individual Healthcare Identifier (IHI) – for healthcare recipients
- 2 Healthcare Provider Identifier–Individual (HPI-I) – for individual healthcare providers
- 3 Healthcare Provider Identifier–Organisation (HPI-O) – for healthcare organisations
- 4 Healthcare Support Service Provider–Organisation (HSP-O) – for healthcare support organisations.

Organisations with an HPI-O can create a hierarchy or network of HPI-Os according to their requirements. For example, multiple specialised business areas in a healthcare organisation.

There was continued growth in active identifiers and increased connections using the HI Service in 2025–26. During the year we:



assigned **706,411** healthcare identifiers to people



collected or assigned **68,504** healthcare identifiers for healthcare providers, including **1,050** to allied health professionals under the new bulk HPI-I registration process



assigned **3,961** healthcare identifiers to healthcare organisations



assigned **17** registration numbers to contracted service providers



published **495** entries in the HPD for consenting healthcare providers



published **3,671** entries in the HPD for healthcare organisations



responded to **28,638** enquiries from people and healthcare providers. Enquiries included requests for healthcare identifiers and questions about registering with the HI Service.

Table 1: Number of identifiers assigned

Identifiers	2024–25	2025–26	% change since 2024–25	Active	
				1 July 2010 to 30 June 2026	1 July 2010 to 30 June 2026
Assigned IHIs	669,051	706,441	5.59%	33,601,397	30,846,609
Assigned HPI-Is	76,839	68,504	-10.85%	1,290,550	1,035,331
Assigned HPI-Os	2,893	3,961	36.92%	38,107	36,206

Refer to Table 2 for the change in assigned identifiers for people who aren't eligible for Medicare.

Table 2: Number of IHIs assigned to people who aren't eligible for Medicare

IHIs	2024–25	2025–26	% change since 2024–25	1 July 2010 to 30 June 2026	
				1 July 2010 to 30 June 2026	1 July 2010 to 30 June 2026
Assigned IHIs	145,013	165,240	13.95%	1,388,991	

This is a subset of the number of identifiers assigned in Table 1.

Disclosure of healthcare identifiers for authorised purposes

Under the HID Act, we're authorised to disclose healthcare identifiers to:

- healthcare providers to communicate and manage patient information as part of their healthcare
- people who want to know their own healthcare identifier
- registration authorities to assign healthcare identifiers to their registrants
- HSPs and HAEs for healthcare and health administration purposes
- the My Health Record System Operator for the My Health Record system
- registers such as the Chronic Wound Consumables Scheme, National Cancer Screening Register, Australian Immunisation Register and Active Script List.

Disclosure of healthcare identifiers for individuals

Registered healthcare providers and healthcare organisations access their patient's IHI when their health system software interacts with the HI Service. This interaction occurs using appropriate software and approved authentication technology through an authorised web service channel.

People can also access their own IHI:

- by contacting Services Australia
- through their Medicare Online Account in myGov or the myGov app for those enrolled in Medicare
- using the IHI Service in myGov for people not eligible for Medicare.

Each time the HI Service discloses an IHI, it counts as a disclosure under the HID Act. A healthcare provider may search for their patient's IHI each time they have an appointment. Each search counts as a disclosure.

Table 3: Number of IHIs disclosed

IHI disclosures	2024–25	2025–26	% change since 2024–25
IHIs disclosed by telephone and service centres	2,894	2,932	1.31%
IHIs disclosed through web services	901,154,347	1,011,542,060	12.25%

Disclosure of healthcare identifiers for healthcare providers and organisations

In 2025–26, we disclosed **1,277,485** HPI-Is and HPI-Os in accordance with our obligations under the HID Act. We made the disclosures to entities that authenticate healthcare providers and organisations in digital health transmissions.

Table 4: Number of HPI-Is and HPI-Os disclosed

HPI-I and HPI-O disclosures	2024–25	2025–26	% change since 2024–25
HPI-Is and HPI-Os disclosed via web services	837,103	1,277,485	52.61%

Provision of Healthcare Provider Directory

Healthcare providers and healthcare organisations use the HPD to access information about each other.

During 2025–26, the number of published healthcare provider and organisation details increased by **4,166**. This brought the total number of entries published since 1 July 2010 to **55,778**.

Policies, processes and systems used to operate the HI Service

The HI Service operates with well-defined policies, procedures, processes and systems.

Policies and processes

HI Service operational policies and procedures are available for staff who manage enquiries from people and healthcare providers. We review these documents on an ongoing basis or when changes are required, whichever occurs first.

Healthcare identifier information systems

We maintain systems that contain:

- IHI information – demographic details and addresses
- HPI-I information – demographic details, contact details and field of practice
- HPI-O information – organisation names, contact details and services provided. We also capture demographic details of the responsible officer and organisation maintenance officer where applicable.
- HSP-O information – organisation names and contacts details. We also capture demographic details of the responsible officer and organisation maintenance officer where applicable.

No health information is stored in the HI Service.

Managing business continuity plans

We conduct annual business continuity and disaster recovery planning as part of our program assurance responsibilities. During 2025–26, we reviewed and adapted our plans to prioritise our critical functions.

Interactions with software developers and contracted service providers

Throughout 2025–26, we continued to interact with software developers and contracted service providers.

Software developers

Software developers build practice management software and patient administration systems for healthcare providers. We support them in developing software that's compatible with the HI Service.

In 2025–26, **103** software developers registered to build HI Service compatible software.

There's information for software developers on our website at servicesaustralia.gov.au/hiservicedev

Contracted service providers

Healthcare organisations can engage ICT services to communicate and manage health information.

These ICT services register with us as contracted service providers (CSP). Once registered, a healthcare organisation can link the CSP to their HPI-O in the HI Service. This allows the CSP to access the HI Service on behalf of the healthcare organisation.

In 2025–26, **17** CSPs were registered.

Operating statement

The operating statement for 2025–26 details the operating activities for the HI Service.

Table 5: HI Service operating statement 2025–26

Expenditure	2025–26 Total \$'000
HI Service Program management	
Workforce	6,592.6
HI Service Delivery	
Workforce	546.5
Information Technology	
Workforce	5,962.6
Computer hardware and software	648.7
Sub-total	6,611.3
Total expenditure	13,750.4

Service level results

The HI Service performance is measured against service levels agreed between Services Australia and ADHA.

Table 6: Service levels and results 2025–26

Service level description	Target	Result
System availability	≥ 99.5%	99.82%
System responsiveness – response times for external user web services do not exceed a 4 second average	≥ 99.0%	100%
Call centre responsiveness – customer average speed of answer in ≤ 7 minutes	≤ 7 mins	3.34 mins
Call centre responsiveness – provider average speed of answer in ≤ 2 minutes	≤ 2 mins	1.39 mins
Online service request – no staff intervention required, and successful validation requests processed within 5 minutes	≥ 95%	100%
Online service request – staff intervention with request resolved within 5 business days from submission	≥ 95%	98.19%
Paper form processing – processed within 10 business days of receipt	≥ 95%	90.27%
Outbound correspondence – notification dispatched within 10 business days from receipt of a completed application	≥ 95%	90.27%
Complaints – acknowledged within 5 business days of complaint made	≥ 85 out of 100	100%
Complaints – actioned and finalised within 30 calendar days of complaint received	≥ 85 out of 100	100%
System incident management – resolved within timeframe applicable to the severity level	≥ 80%	
Priority 1 (response: 30 minutes, resolution: < 4 hours)		100%
Priority 2 (response: 30 minutes, resolution < 1 business day)		100%
Priority 3 (response: 1 business day, resolution < 5 business days)		100%
Priority 4 (response: 1 business day, resolution < 10 business days)		100%
Online IHI registration for eligible non-Medicare individuals through the IHI myGov Member Service.	≥ 80%	95.49%

During March 2026, a volume of quarantined emails were added into the workload management tool used by Services Australia. These items were recorded against their original lodgement dates, which adversely impacted measured processing performance and contributed to the service level agreement target not being achieved for paper form processing and outbound correspondence.

Services Australia undertook remediation activities to remove the affected transactions from the system. As a result, workload reports reflected a temporary increase in transaction inflow.

The impact was limited to the reporting metrics and did not reflect the actual volume of new work received during the period.



Security, privacy and confidentiality

The *Privacy Act 1988* (Cth) (the Privacy Act) regulates the way the agency collects, handles and discloses personal information.

We also comply with the secrecy provisions in the legislation governing the programs we deliver. We have strict controls and policies in place for the collection, use and disclosure of personal information.

Online security

The HI Service uses online authentication systems to protect the security and privacy of customer information. This includes information transmitted between the HI Service, healthcare providers and the My Health Record system. The HI Service uses the following authentication systems:

- Provider Digital Access (PRODA) – a 2-step online authentication system used by providers to securely access government online services.
- Public Key Infrastructure (PKI) – a set of procedures and technology that provides security and confidentiality for electronic business.

Privacy management procedures

We adhere to policies and procedures to protect all personal information. This includes:

- handling personal information in accordance with the Privacy Act obligations
- requiring all staff to complete privacy training and a Declaration for handling personal information on commencement with the agency and annually thereafter
- ensuring all staff are aware of and adhere to our Operational Privacy Policy
- maintaining and regularly reviewing the agency's Privacy Incident and Data Breach Response Plan
- investigating all reported privacy incidents and suspected data breaches, including notification to the Office of the Australian Information Commissioner (OAIC) where required
- maintaining, implementing and annually updating our Privacy Management Plan, which supports ongoing compliance with the agency's privacy obligations
- undertaking Privacy Threshold Assessments for new projects that involve new or changed ways of handling personal information
- conducting Privacy Impact Assessments where required for new or changed initiatives that are likely to have a significant impact on the privacy of individuals.

The HID Act also imposes restrictions on the collection, use or disclosure of healthcare identifiers and identifying information. It's an offence for a person or organisation to collect, use or disclose certain healthcare identifiers or identifying information unless authorised by the HID Act or other legislation.

A breach of the HID Act involving an individual's information may constitute a breach of the Privacy Act. Individuals can make a complaint about possible privacy breaches to the agency and to the OAIC. They can also contact their healthcare provider or ask the OAIC to investigate.

The agency works with the OAIC to investigate complaints referred to us. We take appropriate action to remediate confirmed privacy breaches and resolve complaints where possible. The OAIC has powers to investigate acts or practices that may breach the Privacy Act.

The Privacy Commissioner can make a determination on complaints that have not been resolved by conciliation. This can include declarations the Commissioner considers appropriate.

Dealing with data breaches

Under the Notifiable Data Breaches (NDB) Scheme, in Chapter IIIC of the Privacy Act, an entity must notify the OAIC and affected individuals when there is unauthorised access to, disclosure or loss of information, likely to result in serious harm to a person whose personal information was affected.

- There are additional notification requirements that apply to system operators and registered repository operators under the *My Health Records Act* (MHR Act), which sit alongside the NDB scheme. Under s.75 of the MHR Act, the agency must report any data breaches to both the OAIC and ADHA as the My Health Record System Operator.
- The HI Service keeps a full audit of all system interactions for use in investigations if required.

The HI Service did not report any NDBs in 2025–26.



Audits and reviews

There were no audits or reviews of the HI Service during 2025–26.

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