

Haroon Ansari

CEO

Pinnacle Hospital

9301 Connecticut Drive

Crown Point, IN 46307-7486

THIS PAGE LEFT BLANK INTENTIONALLY

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-15-12
Baltimore, Maryland 21244-1850



Center for Medicare

June 3, 2026

Unique Case Number (UCN): 2026HPT002

Haroon Ansari
CEO
Pinnacle Hospital
9301 Connecticut Drive
Crown Point, IN 46307-7486

Reference Number: 50042025

Location: Pinnacle Hospital
9301 Connecticut Drive
Crown Point, IN 46307-7486

RE: Hospital Price Transparency Notice of Imposition of a Civil Monetary Penalty (CMP)

Dear Haroon Ansari:

The Centers for Medicare & Medicaid Services (CMS) is issuing a subsequent notice of a civil monetary penalty (CMP) as described in 45 C.F.R. § 180.90(f). As indicated in our letter dated February 4, 2026, CMS has determined that Pinnacle Hospital meets the definition of a hospital specified in 45 C.F.R. § 180.20 and that Pinnacle Hospital was noncompliant with the price transparency requirements under Section 2718(e) of the Public Health Service Act, 42 U.S.C. § 300gg-18(e), and 45 C.F.R. Part 180 (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-E/part-180>). A CMP of \$51,615.00 was imposed.

CMS may issue subsequent notices imposing additional CMPs for continuing violation(s) as described at 45 C.F.R. § 180.90(b)(2)(iv), (f). Pinnacle Hospital has remained out of compliance with 45 C.F.R. §§ 180.40 – 180.60. As of the date of this letter, the noncompliance detailed in the CMS Notice letter dated February 4, 2026 is ongoing. The following material violations were identified:

Violations - Displaying Shoppable Services in a Consumer-Friendly Manner

1. Failure to make available a consumer-friendly list of standard charges for a limited set of shoppable services as provided in 45 C.F.R. § 180.60, as required by 45 C.F.R. § 180.40(b). Specifically, no consumer-friendly list of standard charges was found.

I. Amount of the CMP

Based on the foregoing findings of noncompliance with requirements for standard hospital charges and displaying shoppable services in a consumer-friendly manner, CMS is imposing a subsequent CMP of \$40,356.00, pursuant to 45 C.F.R. § 180.90. The CMP is calculated as follows:

\$342.00 per day for hospitals with a bed count¹ of 30 or fewer = \$342.00 x (118 days) = \$40,356.00. This CMP is calculated from February 5, 2026, up to and including June 3, 2026.

You are reminded that CMS may issue subsequent notices imposing additional CMPs for continuing violation(s) as described at 45 C.F.R. § 180.90(b)(2)(iv), (f). **CMS may impose additional CMPs until CMS determines your hospital is in full compliance with 45 C.F.R. §§ 180.40 – 180.60 as appropriate. Your hospital should notify CMS via email at HPTCompliance@cms.hhs.gov when it makes any necessary corrections to be compliant with the relevant sections of 45 C.F.R. §§ 180.40 – 180.60, as indicated above.**

II. Payment of CMP

Pursuant to 45 C.F.R. § 180.90(d), your hospital must pay the CMP in full within 60 calendar days² from the date of this notice of imposition of CMP.

If your hospital decides to request a hearing, and a final and binding decision upholds the CMP in whole or in part as described in 45 C.F.R. Part 180, Subpart D, then your hospital must pay the CMP amount that was upheld within 60 calendar days from the date of the final and binding decision, as specified in 45 C.F.R. § 180.90(d)(3). More information regarding Appeal Rights can be found in Section III.

The CMP may be paid by federal ACH or wire transfer.

¹ Pursuant to 45 C.F.R. § 180.90(c)(2)(ii)(D)(1), CMS used the most recently available, finalized Medicare hospital cost report to determine the number of beds.

² Pursuant to 45 C.F.R. § 180.90(d)(3), if the 60th calendar day is a weekend or a federal holiday, then the timeframe is extended until the end of the next business day.

Payment Instructions:

Description	ACH Payment Instructions	Wire Payment Instructions
Subtype/Type Code:	10 00	10 00
Amount:	\$	\$ (total wire amount)
Sending Bank Routing Number:	[REDACTED]	[REDACTED]
ABA Number of Receiving Institution:	[REDACTED]	[REDACTED]
Receiver Name:	Treasury NYC	Treasury NYC
Receiving Institution Name:	Federal Reserve Bank of New York	Federal Reserve Bank of New York
Receiving Institution Address:	33 Liberty Street, New York, NY 10045	33 Liberty Street, New York, NY 10045
Beneficiary Account Number:	[REDACTED]	[REDACTED]
Beneficiary Name:	Centers for Medicare & Medicaid Services (CMS)	Centers for Medicare & Medicaid Services (CMS)
Beneficiary Physical Address:	7500 Security Blvd., Baltimore, MD 21244	<i>(same as ACH; not required for wire unless needed by sending bank)</i>
CMS Tax ID Number:	[REDACTED]	[REDACTED]
Credit Gateway Customer Care Number:	1-877-815-1206	Federal Reserve Assistance Number: (212) 720-6130
Provide Explanation of Payment:	[REDACTED]	[REDACTED]

III. Appeal Rights

Pursuant to 45 C.F.R. Part 180, Subpart D, your hospital may appeal CMS' CMP determination by requesting a hearing before an Administrative Law Judge (ALJ) of the U.S. Department of Health and Human Services' Departmental Appeals Board (DAB). To request a

hearing, your hospital must submit its hearing request within 30 calendar days³ of the issuance of the notice of imposition of CMP in accordance with the procedures outlined in 45 C.F.R., Part 150, Subpart D. The request for a hearing must comply with the requirements described in 45 C.F.R. § 150.407.

The DAB no longer accepts requests for a hearing submitted by U.S. Mail or commercial carrier unless your hospital is unable to file electronically. Otherwise, the hospital must use the DAB's Electronic Filing System ("DAB E-File") located at <https://dab.efile.hhs.gov> within the time frame described above to electronically submit an appeal. Further instructions are located at https://dab.efile.hhs.gov/appeals/to_crd_instructions. The DAB's Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by this notice letter from CMS that addresses the action taken and the respective appeal rights. Submitted documents are accepted in Portable Document Format (PDF), image, audio, or video files. All electronic documents must be formatted so that they will print on standard 8.5 x 11 inch paper. The ALJ will consider documents uploaded to the DAB E-File on any day on or before 11:59 p.m. Eastern Time, to have been received on that day. Your hospital must accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the ALJ via DAB E-File.

Please contact the CRD at (202) 565-9462 for questions regarding the DAB E-File. If your hospital experiences technical issues with the DAB E-File, please contact the E-File System Support at OSDABImmediateOffice@hhs.gov or at (202) 565-0146 before 4 p.m. Eastern Time. If your hospital is unable to file electronically, your hospital may request a waiver from e-filing by contacting the CRD at (202) 565-9462 and providing an explanation as to why your hospital cannot file electronically.

Should your hospital file an appeal, CMS requests that copies of the appeal documents be emailed to HPTCompliance@cms.hhs.gov and also mailed to the address listed below. Documents or first-class mail replies may be sent to:

Hospital Price Transparency
ATTN: Stephen Mills
John F. Kennedy Federal Building
15 New Sudbury Street, Room 2375
Boston, MA 02203-0003

Pursuant to 45 C.F.R. § 180.110, the hospital's failure to request a hearing in the manner and timeframe described above permits CMS to impose the CMP indicated in this notice and CMS may impose any subsequent penalties pursuant to continuing violations without right of appeal. The hospital has no right to appeal a penalty for which it has not requested a hearing in accordance with 45 C.F.R. § 150.405, unless the hospital can show good cause, as outlined in 45 C.F.R. § 150.405(b), for failing to timely exercise its right to a hearing. If the CMP is upheld in part by a final and binding decision as described in 45 C.F.R. Part 180, Subpart D, CMS will issue the hospital a modified notice of imposition of CMP to conform to the adjudicated finding as described in 45 C.F.R. § 180.90(b)(3).

³ Pursuant to 45 C.F.R. § 180.110(a), if the 30th calendar day is a weekend or a federal holiday, then the timeframe is extended until the end of the next business day.

IV. Waiver of Appeal for Penalty Reduction

Your hospital may be eligible to receive a 35 percent reduction in the civil monetary penalty amount by submitting a written notice via email to HPTCompliance@cms.hhs.gov requesting to waive its right to a hearing under § 180.100 within 30 calendar days of the date of this notice. 45 C.F.R. § 180.90(c)(4) and (d). In your email, please clearly indicate that your hospital intends to waive its right to appeal the civil monetary penalty in exchange for the reduction. CMS will review the request and confirm whether the hospital is eligible for the reduction. By waiving its right to appeal the civil monetary penalty in exchange for the reduction, the hospital is acknowledging and accepting CMS's determination of noncompliance with the Hospital Price Transparency requirements. This reduction is not available for civil monetary penalties imposed because the hospital failed to make public a machine-readable file as required at § 180.40(a) or failed to make public a consumer-friendly list of standard charges as required at § 180.40(b). Please note that if the hospital receives this 35 percent reduction, it will not be eligible to receive a 35 percent reduction for any subsequent civil monetary penalties imposed pursuant to continuing violations, and the hospital will waive its right to appeal any such subsequent penalties under § 180.100. Please note that your hospital remains fully obligated to achieve and maintain complete compliance with all Hospital Price Transparency requirements under 45 C.F.R Part 180 even if it receives a penalty reduction.

V. Publication of CMP

In accordance with 45 C.F.R. § 180.90(e), CMS will post this notice on a CMS website. If your hospital elects to request a hearing, CMS will indicate in its posting that the CMP is under review. If the CMP is upheld, in whole, by a final and binding decision, CMS will maintain this notice on a CMS website. If the CMP is upheld, in part, by a final and binding decision, CMS will issue a modified CMP notice to conform to the adjudicated finding and post the modified notice publicly on a CMS website. If the CMP is overturned, in full, by a final and binding decision, CMS will remove this notice from the CMS website.

If you have questions, please contact us at HPTCompliance@cms.hhs.gov. We appreciate your prompt attention to this matter.

Sincerely,

Stephen C. Mills
Acting Group Director
Value Based Care
Group Innovation & Financial Management Group
Office of Program Operations and Local Engagement

CC: Andrew Idzior, Controller