

Sheree R. Kanner

Partner

Washington, D.C.

Biography

Sheree Kanner leads the firm's Health practice and brings a wealth of experience to clients from her years serving as the general counsel for the Centers for Medicare & Medicaid Services (CMS), where she was involved in almost every major legal issue facing the agency, including Medicare and Medicaid reimbursement, coverage, fraud and abuse, and managed care.

Sheree's government experience enables her to advocate on behalf of clients that want a policy, regulation, or statute changed or need to respond to audit or enforcement findings. She understands how CMS operates and how to approach the agency and others in the Department of Health and Human Services (HHS). Sheree has succeeded in getting CMS to change Medicare rules governing hospitals, issue guidance to states on coverage of products under Medicaid and change audit findings to allow a provider to remain in the Medicare program, as well as to recover millions of dollars in Medicare payments for clients.

She has successfully litigated CMS violations of the notice and comment requirements of the Administrative Procedure Act in establishing Medicare payment rules, HHS's failure to provide timely Medicare administrative appeals, CMS's application of a



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Practices

Health Law

Industries

Life Sciences and Health Care

Areas of focus

Cell, Tissue, and Gene Therapies

Education and admissions

Education

Medicare Advantage rule to an insurer, CMS's refusal to designate a hospital as a Critical Access Hospital, CMS's promulgation of a Medicaid payment limit, and numerous other cases.

Sheree has drafted compelling comment letters and regularly meets with agency staff and senior officials in an effort to change or reverse CMS policies and proposals. And if those efforts fail, Sheree goes to Capitol Hill to try to get Congress to take action for her clients. She works collaboratively with those both in and outside the government to achieve her clients' goals.

Representative experience

Got CMS to change the Medicare rules governing hospitals that are exempt from the Medicare inpatient prospective payment system.

Successfully sued to get a hospital designated as a Critical Access hospital.

Got a federal court to say that CMS had violated the APA by failing to provide adequate notice and opportunity for comment on a proposed rule.

Got CMS to withdraw proposed quality measures.

Got CMS to issue guidance to a state regarding what had to be covered under Medicaid.

Got CMS to reverse a multi-million dollar disallowance from a Medicare cost report.

Helped convince the Department of Justice to decline to intervene in a Medicare qui tam.

Awards and rankings

- Acritas Star, *Acritas Stars Independently Rated Lawyers*, 2019-2020
- Healthcare (District of Columbia), *Chambers USA*, 2018-2020

B.S., The State University of New York, Stony Brook University

J.D., University of Michigan Law School

Memberships

Member, American Bar Association

Member, American Health Lawyers Association

Bar admissions and qualifications

District of Columbia

Court admissions

District of Columbia Superior Court

U.S. Supreme Court

- Healthcare: Service Providers, *Legal 500 US*, 2013-2018
- Healthcare: Health Insurers, *Legal 500 US*, 2017-2019
- Washington's Top Lawyers: Health Care, *Washingtonian*, 2014
- Healthcare: Service Providers, Leading Lawyer, *Legal 500 US*, 2019

Latest thinking and events

- News
 - Expanded access to telehealth services during the COVID-19 pandemic
- News
 - The Coronavirus Aid, Relief, and Economic Security Act: Notable changes affecting Medicare and Medicaid
- Insights
 - CMS Medicaid initiative allows states to limit drug coverage, keep manufacturer rebate obligations
- Press Releases
 - Hogan Lovells helps hospitals fend off US\$600M cut to Medicare providers
- Insights
 - Senate Finance Committee Releases Details of Drug Pricing Bill *Life Sciences & Health Care Alert*
- Hogan Lovells Publications
 - CMS Radiation Oncology Model proposed rule – summary and early insights *Health Alert*