

MHCA

Mississippi Health Care Association

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Payroll Based Journal (PBJ) Mastery for Skilled Nursing Facilities

***Presented by: Sarah Becker, RN, RAC-CT, DNS-CT, QCP
Director of Clinical Reimbursement for Proactive LTC Consulting***

**March 12, 2026
8:30 – 4:15 p.m.
MHCA Auditorium**

Payroll-Based Journal (PBJ) reporting is one of the most critical and highly scrutinized compliance requirements for Skilled Nursing Facilities.

Accurate PBJ data directly impacts Five Star Staffing ratings, survey outcomes, public reporting, and overall facility credibility with CMS. Yet PBJ remains a common source of citations, enforcement actions and confusion due to its complexity, evolving guidance, and operational disconnects between payroll, staffing and nursing leadership.

This comprehensive training is designed to move beyond basic PBJ submission and into real-world application, audit readiness and risk mitigation.

Participants will gain a deep understanding of PBJ requirements, staffing data rules, contract labor reporting, census calculations and common pitfalls that lead to deficiencies or inaccurate Five Star results.

This training emphasizes practical workflows, internal accountability & cross-department collaboration. Attendees will be equipped with tools they can immediately implement to strengthen PBJ accuracy, improve staffing transparency and reduce regulatory risk.

Administrators, Directors of Nursing (DONs / ADONs), Payroll and HR staff will benefit from this comprehensive review of the PBJ for SNFs.

IMPORTANT CONTINUING EDUCATION INFORMATION

- Each registrant must register separately.
- Handouts will be emailed to registrants before the seminar to print & bring to training.
- Mississippi Board of Nursing Home Administrators approval has approved for 6.0 hours of continuing education– Approval #2625.

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March 12, 2026 - MHCA Auditorium

MHCA MEMBERS \$125 per Registrant

NON-MEMBERS \$375 per Registrant

Facility _____ Phone # _____

Address _____ City, State, Zip _____

1) Registrant Name _____ MSBNHA License # _____

Registrant Email _____

2) Registrant Name _____ MSBNHA License # _____

Registrant Email _____

3) Registrant Name _____ MSBNHA License # _____

Registrant Email _____

Total Due: \$ _____

If paying by credit card, register online at MSHCA.COM Events & Education Calendar.

**If paying by check, [email registration to memberservices@mshca.com](mailto:memberservices@mshca.com),
then mail check with COPY of registration to:**

Mississippi Health Care Association
303 Brame Road
Ridgeland, MS 39157
601-898-8320

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MHCA website at www.mshca.com

If you need special aids for services identified under the
Americans with Disabilities Act, please contact MHCA.