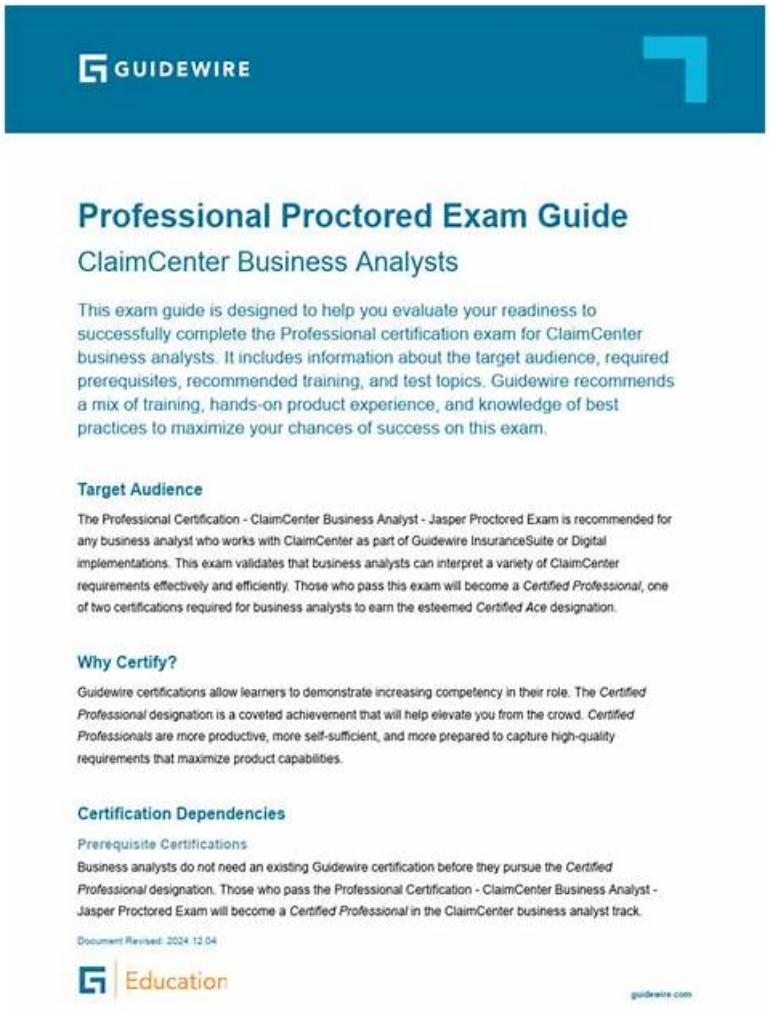
Clear ClaimCenter-Business-Analysts Exam, ClaimCenter-Business-Analysts Reliable Test Review


GUIDEWIRE

Professional Proctored Exam Guide

ClaimCenter Business Analysts

This exam guide is designed to help you evaluate your readiness to successfully complete the Professional certification exam for ClaimCenter business analysts. It includes information about the target audience, required prerequisites, recommended training, and test topics. Guidewire recommends a mix of training, hands-on product experience, and knowledge of best practices to maximize your chances of success on this exam.

Target Audience

The Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam is recommended for any business analyst who works with ClaimCenter as part of Guidewire InsuranceSuite or Digital implementations. This exam validates that business analysts can interpret a variety of ClaimCenter requirements effectively and efficiently. Those who pass this exam will become a *Certified Professional*, one of two certifications required for business analysts to earn the esteemed *Certified Ace* designation.

Why Certify?

Guidewire certifications allow learners to demonstrate increasing competency in their role. The *Certified Professional* designation is a coveted achievement that will help elevate you from the crowd. *Certified Professionals* are more productive, more self-sufficient, and more prepared to capture high-quality requirements that maximize product capabilities.

Certification Dependencies

Prerequisite Certifications

Business analysts do not need an existing Guidewire certification before they pursue the *Certified Professional* designation. Those who pass the Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam will become a *Certified Professional* in the ClaimCenter business analyst track.

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Education

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Our ClaimCenter-Business-Analysts study practice guide boosts the function to stimulate the real exam. The clients can use our software to stimulate the real exam to be familiar with the speed, environment and pressure of the real ClaimCenter-Business-Analysts exam and get a well preparation for the real exam. Under the virtual exam environment the clients can adjust their speeds to answer the ClaimCenter-Business-Analysts Questions, train their actual combat abilities and be adjusted to the pressure of the real test. They can also have an understanding of their mastery degree of our ClaimCenter-Business-Analysts study practice guide.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• Claim Center Data Model and Adjudication: This domain examines ClaimCenter's data model architecture, claim setup, adjudication processes, financial terminology and concepts, and payment creation procedures.
Topic 2	• Claim Center Financials Transactions: This section covers financial controls including payment approvals and holds, contact and vendor management, service request handling, and security framework with permissions and access control lists.

Topic 3	• Behavior Driven Development at Guidewire: This section introduces BDD methodology and its application in Guidewire implementations, focusing on collaborative development approaches and writing clear, testable requirements using BDD principles.

ClaimCenter-Business-Analysts Reliable Test Review - Trustworthy ClaimCenter-Business-Analysts Exam Torrent

What is the selling point of a product? It is the core competitiveness of this product that is ahead of other similar brands. The core competitiveness of the ClaimCenter-Business-Analysts study materials, as users can see, we have a strong team of experts, the ClaimCenter-Business-Analysts study materials are advancing with the times, updated in real time, so that's why we can with such a large share in the market. Through user feedback recommendations, we've come to the conclusion that the ClaimCenter-Business-Analysts Study Materials have a small problem at present, in the rest of the company development plan, we will continue to strengthen our service awareness, let users more satisfied with our ClaimCenter-Business-Analysts study materials, we hope to keep long-term with customers, rather than a short high sale.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q51-Q56):

NEW QUESTION # 51
An Adjuster at Succeed Insurance increases the reserve on a claim's exposure from $1,000 to $1,500 to account for inflation in repair costs. A week later, a Supervisor reviews the claim and wants to know specifically who made this change, the exact date and time it was made, and what the previous value was.
The Supervisor needs a chronological audit trail of changes to the claim file without navigating through complex financial ledgers.
Which screen in the ClaimCenter user interface should the Supervisor access to find this information?

- A. Loss Details > Status
- B. Financials > Transactions
- C. History
- D. Notes

Answer: C

NEW QUESTION # 52
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Payment tied to an activity
- B. Date of the claim
- C. Payee
- D. Payment tied to a reserve line

Answer: C,D

Explanation:
The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.
* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specificReserve Line(combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.
* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee(from the claim contacts) is a mandatory step in the wizard.
Why other options are incorrect:
* B (Activity):While paymentscanbe linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.
* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created duringthe check wizard

process. The relevant dates in the wizard are the "Service Period" or
"Scheduled Send Date."

NEW QUESTION # 53
A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of $30,000 and has created reserves totaling $35,000.
What is the correct approval routing for this transaction?

- A. This transaction will not require approval because the claim is identified as low complexity.
- B. The transaction will require approval from the Supervisor of the group.
- C. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
- D. The transaction will require approval from another team member who has the authority limit to approve.

Answer: B

Explanation:
Based on theGuidewire ClaimCenter Financials and Authority Limitsdocumentation, the correct behavior for this scenario is determined by the strict enforcement ofAuthority Limits, regardless of claim complexity or geographic region.
In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of$35,000, which exceeds their authorized limit of$30,000.
When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers anApproval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a"Pending Approval"status.
Routing Logic:
The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.
* The system identifies the group to which the Adjuster belongs.
* It creates anApproval Activity.
* This activity is assigned to theSupervisorof that group.
The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than $35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy totheirmanager, until it reaches a user with sufficient limits.
Why other options are incorrect:
* A (Complexity):Claim complexity flags (e.g., "Low Complexity") are often used forAssignmentrules (Segment-based assignment) or straight-through processing ofdocuments, but they do not override Financial Authoritycontrols. A low-complexity claim still requires financial oversight if the dollar amount is high.
* B (Peer Approval):Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.
* C (Region):The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for theapprovalhere is purely the financial discrepancy ($35k > $30k), not the geography.

NEW QUESTION # 54
Succeed Insurance handles a small volume of asbestos claims in their legacy system. These claims can remain open for many years to cover medical costs to claimants due to illnesses caused by exposure to asbestos in the workplace.
Succeed has the following requirements for paying these claims with the New Check Wizard:
. No indemnity (claim cost) payments can be made until a medical assessment of the claimant is completed.
. Expense payments can be made to cover Succeed's costs to process the claim.
Which feature in the base product can be extended to support both of these requirements?

- A. Transaction approval rules
- B. Claim Maturity Level - Ability to pay
- C. Authority Limits
- D. Financial holds

Answer: B

Explanation:
250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:
The requirement to block specific types of payments (Indemnity) while allowing others (Expenses) based on the status of claim data (Medical Assessment) is best handled by Validation Rules at the Ability to Pay level.
* Ability to Pay (Option D):In Guidewire ClaimCenter, the "Ability to Pay" is a specificValidation Level. When a user attempts to issue a check, the system runs a set of validation rules to ensure the claim has reached a sufficient level of maturity and data completeness. This is the "gatekeeper" for payments.
* How it works for this scenario:A Business Analyst can define a validation rule at the "Ability to Pay" level that states:"If the Payment Type is Indemnity AND the Medical Assessment is incomplete, then raise an error."
* Why it fits:This logic perfectly satisfies both requirements.
* It blocks Indemnity payments if the assessment is missing.
* It implicitly allows Expense payments to proceed because the rule only checks for Indemnity payments.
Why other options are incorrect:
* Authority Limits (A)control theamountof money a user can approve, not the prerequisites for payment.
* Transaction Approval Rules (B)are used to route checks for supervisory review based on criteria, not to block them entirely due to missing data.
* Financial Holds (C)are generally applied to a whole claim or exposure to suspendallpayments (or broadly all payments of a certain category). While possible to configure, they are less flexible than Validation Rules for checking specific data fields like "Medical Assessment" dynamically during the check wizard process.

NEW QUESTION # 55
An auto accident in Chicago, Illinois has been reported to Succeed Insurance. The customer service representative uses the ClaimCenter standard Claim Wizard to set up the new claim. The policy is verified in effect and based on the reported exposures the total loss points calculated is 38. There is also a note to have an expert inspection via approved vendor.
What is the most likely claim setup with regards to this reported auto accident?

- A. The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- B. The new claim will be segmented as high complexity auto claim, assigned to a Supervisor for further determination on next steps due to complexity.
- C. The new claim will be segmented as mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- D. The new claim will be segmented as high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.

Answer: D

Explanation:
ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.
* Complexity (Points):The "Total Loss Points" score of38is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger aHigh Complexitysegmentation.
* Assignment (Geography):The accident occurred inChicago (Midwest). The assignment rules will match the geography (Midwest) with the complexity (High/Complex). Therefore, it routes to the Midwest Complex Auto Adjusters Group.
* Workplan (Activity):The specific note regarding an "expert inspection" translates into a generated Activity(likely "Assign Vehicle Inspection" or similar) added to the claim's workplan.
Why other options are incorrect:
* A & D (Low/Mid Complexity):A score of 38 is too high for "Low Complexity" (which is usually for simple fender benders). Assigning a complex claim to a "Low Complexity" group would violate standard routing logic.
* C (Supervisor):Modern ClaimCenter configurations prefer Straight-Through Processing (STP) to a working group. Routing to a Supervisor is generally a fallback for exceptions, whereas this is a standard high-severity scenario that should go directly to the specialized adjusters.

NEW QUESTION # 56
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Maybe you have set a series of to-do list, but it's hard to put into practice for there are always unexpected changes during the ClaimCenter-Business-Analysts exam. Here we recommend our ClaimCenter-Business-Analysts test prep to you. With innovative

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