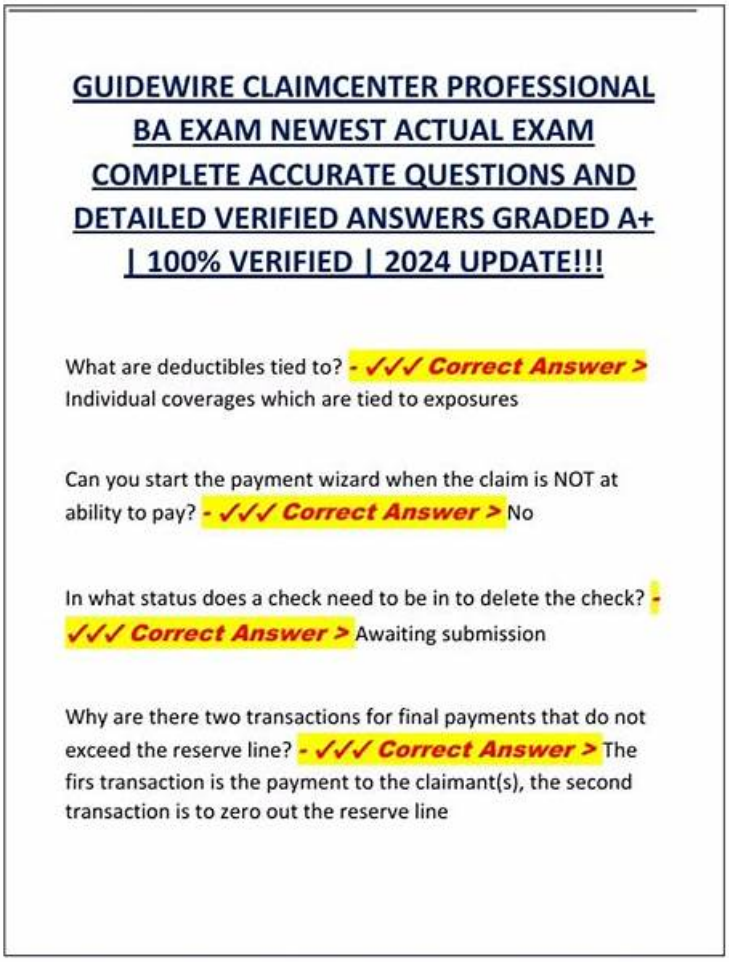
Guidewire ClaimCenter-Business-Analysts Exam Discount Voucher, New ClaimCenter-Business-Analysts Test Questions


GUIDEWIRE CLAIMCENTER PROFESSIONAL BA EXAM NEWEST ACTUAL EXAM COMPLETE ACCURATE QUESTIONS AND DETAILED VERIFIED ANSWERS GRADED A+ | 100% VERIFIED | 2024 UPDATE!!!

What are deductibles tied to? - ✓✓✓ Correct Answer > Individual coverages which are tied to exposures

Can you start the payment wizard when the claim is NOT at ability to pay? - ✓✓✓ Correct Answer > No

In what status does a check need to be in to delete the check? - ✓✓✓ Correct Answer > Awaiting submission

Why are there two transactions for final payments that do not exceed the reserve line? - ✓✓✓ Correct Answer > The firs transaction is the payment to the claimant(s), the second transaction is to zero out the reserve line

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People can achieve great success without an outstanding education and that the Guidewire qualifications a successful person needs can be acquired through the study to get some professional certifications. So it cannot be denied that suitable ClaimCenter-Business-Analysts actual test guide do help you a lot; thus we strongly recommend our ClaimCenter-Business-Analysts Exam Questions for not only that our ClaimCenter-Business-Analysts training guide is designed to different versions: PDF, Soft and APP versions, which can offer you different study methods, but also that our ClaimCenter-Business-Analysts learning perp can help you pass the exam without difficulty.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.

Topic 2	• Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.
Topic 3	• Quality Analyst Basics: This domain covers quality assurance fundamentals including driving quality throughout development, integrating quality from inception, risk assessment and mitigation, test strategy selection, and defect management processes.
Topic 4	• InsuranceSuite Analyst Fundamentals: This domain covers InsuranceSuite platform fundamentals including user interface, data model, application logic, integration mechanisms, and hands-on workshop exercises for practical application.

Guidewire ClaimCenter-Business-Analysts the latest exam practice questions and answers

Our company has taken a lot of measures to ensure the quality of our ClaimCenter-Business-Analysts preparation materials. It is really difficult for us to hire a professional team, regularly investigate market conditions, and constantly update our ClaimCenter-Business-Analysts exam questions. But we persisted for so many years. And our quality of our ClaimCenter-Business-Analysts study braindumps are praised by all of our worthy customers. And you can always get the most updated and latest ClaimCenter-Business-Analysts training guide if you buy them.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q19-Q24):

NEW QUESTION # 19
Succeed Insurance has a strategic initiative to offer pay-as-you-drive personal auto insurance to compete with other large carriers. Customers who choose these policies must either own a vehicle that is equipped with a monitoring device or agree to install a device provided by Succeed. The monitoring device collects information about how the drivers of a covered vehicle drive, including how fast they drive, how hard they brake, and how many miles/kilometers the vehicle travels within a policy period.
This information is logged, and premiums are based on how the insured's driving behavior is categorized.
When a claim is reported, the log files must be obtained in order to
analyze the information captured by the monitoring device at the time of the incident.
Succeed plans to collect and evaluate the Vehicle Monitoring Log files in the first implementation phase, which is scheduled for release in 60 days. The project sponsors have instructed the implementation team to use base product functionality over customization. Integration should be leveraged where possible to avoid manual data entry.
The New Claim Wizard must capture whether or not the vehicle has a monitoring device installed when a personal auto claim is created against a pay-as-you-drive policy.
Which feature of the base product enforces this claim creation requirement?

- A. Create a Validation rule enforcing the Ability to pay validation level.
- B. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.
- C. Create a Validation rule enforcing the New loss completion validation level.
- D. Create a Validation rule enforcing the Load and save validation level.

Answer: C

Explanation:
In Guidewire ClaimCenter, Validation Rules are used to enforce data integrity and business requirements at specific stages of the claim lifecycle. These stages are defined by Validation Levels.
* New Loss Completion (Option B):This validation level is specifically designed as the "gatekeeper" for the New Claim Wizard (FNOL). Rules triggered at this level run when the user attempts to click
"Finish" to submit the new claim. If a rule fails (e.g., "If Policy Type = Pay-as-you-drive AND Monitoring Device is Null"), the system prevents the claim from being created and highlights the missing field. This directly meets the requirement to enforce data capture "when a personal auto claim is created." Why other options are incorrect:
* Ability to Pay (A):This level runs when a user tries to issue a check. Using this would allow the claim to be createdwithoutthe

device info, only blocking the user later when they try to pay, which is too late for the requirement.
* Custom Level (C):Creating custom levels is possible but discouraged when a standard level fits the purpose, aligning with the "use base product functionality" principle.
* Load and Save (D):This level runs every time the claim is saved (even as a draft). Enforcing mandatory fields here can frustrate users who need to save their work partially complete.

NEW QUESTION # 20
An Adjuster at Succeed Insurance creates a check with a partial payment of $1,200 for medical expenses payable to a claimant who was injured in a collision. The check has completed the following processing steps:
. The payment exceeded the Adjuster's authority limits, changing the status to Pending Approval.
. The Adjuster's supervisor reviewed and approved the payment, changing the status to Awaiting Submission.
. A batch process sent the check to the external check processing system, changing the status to Requested when ClaimCenter received an update from the external system.
The Adjuster received new information indicating that the check amount should be reduced to $950.
Which action should the Adjuster take?

- A. Void the check and create a new check for the correct amount.
- B. Stop the check and create a new check for the correct amount.
- C. Ask the bank to hold the check and create a new check for the correct amount.
- D. Edit the check and change the amount, then submit it for processing.

Answer: A

Explanation:
250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:
In the lifecycle of a check within Guidewire ClaimCenter, the Requested status indicates that the payment instruction has been successfully handed off to the downstream check writing or electronic funds transfer system. Once a check reaches this status, it is considered a committed financial transaction and is locked from further editing.
* Why Option A is incorrect:You cannot edit a check that is in "Requested" status. The "Edit" button will likely be disabled or the fields locked because the data has already left the system.
* Why Option C is incorrect:A "Stop" payment is typically reserved for scenarios where a physical check has been lost, stolen, or destroyedafterit was printed and mailed. While a Stop Payment does prevent the check from being cashed, it is a specific banking process often involving fees.
* Why Option D is Correct:To correct an administrative error (such as the wrong amount) for a check that has been processed but not yet negotiated (cashed), the standard procedure is toVoidthe check.
Voiding the check in ClaimCenter performs two critical functions:
* It reverses the financial T-accounts (reserves and payments) associated with the transaction, ensuring the claim financials are accurate.
* It updates the status to "Voided," effectively cancelling the payment in the system.
After voiding the incorrect check ($1,200), the Adjuster must then create anew checkfor the correct amount ($950) to pay the claimant.

NEW QUESTION # 21
A performing arts organization operates nationwide and is responsible for setting up stages for musical acts and concerts. The organization requires specific insurance coverage for its gear and equipment, including audio systems, lighting, cameras, and control boards. Succeed Insurance wants to optimize claim intake, processing, and reporting for this organization.
Which modifications should be made to ClaimCenter's base product line of business (LOB)?

- A. Add relevantCoverageTypecode(s),Coverage Subtypecode(s), and mapExposureTypecode(s) to support the new coverage.
- B. The existing ClaimCenter standard LOB model can meet the company's objectives without modifications.
- C. Add newCoverage Subtypecode(s) with detailed information for eachExposureTypecode to the existing LOB model.
- D. Add newLossTypecode(s) andPolicyTypecode(s) to the LOB model to handle the organization's coverage needs.

Answer: A

Explanation:
According to the Guidewire ClaimCenter Business Analyst documentation, ClaimCenter's line of business (LOB) framework is intentionally designed to support extensibility through configuration rather than structural changes to core policy or loss classification

elements. When an insurer needs to support specialized insured property-such as professional audio, lighting, and staging equipment-the recommended approach is to enhance the coverage configuration.
ClaimCenter models policy coverage using a hierarchy ofCoverageTypeandCoverage Subtypetypelists.
CoverageType codes represent high-level coverage categories defined by the policy, while Coverage Subtype codes allow insurers to further refine and classify coverage details. These coverage elements are then associated withExposureTypecodes, which drive claim processing behavior such as exposure creation, reserving, payment handling, and reporting.
By adding appropriate CoverageType and Coverage Subtype codes for equipment and gear coverage and mapping them to ExposureType codes, ClaimCenter can automatically create accurate exposures during claim intake. This approach ensures adjusters can efficiently process claims while maintaining consistent workflows and financial controls. It also supports meaningful analytics and reporting without altering the base product structure.
The Guidewire documentation advises against introducing newLossTypeorPolicyTypecodes unless the insurer is defining an entirely new policy or loss classification. LossType codes describe how a loss occurred (for example, theft or accidental damage), not the nature of the insured property. PolicyType changes are similarly broad and unnecessary for extending coverage within an existing LOB.
Therefore, optionBaligns with Guidewire best practices by extending ClaimCenter's coverage and exposure configuration to meet the organization's needs while preserving the integrity of the standard LOB model.

NEW QUESTION # 22
A Business Analyst (BA) noticed that one of the User Story Card files for the project indicated that it had recently been modified. The BA wanted to see who changed it, what was changed, and why it was changed.
Where on the Story Card can the BA go to determine the changes recently made to it?

- A. Go to the Document Control tab > Amendment History
- B. Go to the Action Items tab > Description > Resolution/Comments
- C. Go to File > Properties
- D. Go to the UI Fields tab > New or Modified fields

Answer: A

Explanation:
In the standard Guidewire User Story Card template (an Excel-based tool used for requirements gathering), version control is manually tracked to ensure auditability and clarity among the project team.
* Document Control Tab (Option C):This is typically the first tab in the Story Card workbook. It contains a section specifically forAmendment History(or Revision History).
* Content:This section is designed to capture:
* Who:The author of the change.
* When:The date of the change.
* What/Why: A description of the modification (e.g., "Updated Acceptance Criteria based on Workshop feedback").
This provides the specific "Who, What, and Why" requested in the scenario.
Why other options are incorrect:
* File > Properties (A):This is standard Excel metadata. It shows the "Last Modified By" user and date, but it cannot explainwhatspecific cells were changed orwhy(the business context).
* Action Items (B):This tab tracks open questions or tasks, not the revision history of the document requirements.
* UI Fields (D):This tab tracks the requirements for screen fields, but does not serve as a changelog for the entire document.

NEW QUESTION # 23
Succeed Insurance needs the ability to associate a primary hospital with an injury incident if the injured party received treatment. When treatment is needed, the primary hospital name should display on the injury incident screen along with other details about the injury and treatment received.
The primary hospital should be added to the injury incident in one of the following ways:
. Select the name from a list of medical care organizations already associated with the claim.
. Enter the contact details directly in the incident.
. Search the Address Book from the incident to locate a hospital.
Which two requirements must be documented to associate the primary hospital with the claim? (Choose two.)

- A. A new primary hospital role
- B. A new field in the Address Book to identify a vendor as a hospital
- C. A new Hospital contact subtype

- D. A new field on the incident screen to add a contact with a role

Answer: A,D

Explanation:
To implement the functionality of associating a specific contact (the "Primary Hospital") with an entity (the "Injury Incident") in Guidewire ClaimCenter, two core configuration components are required:
* A new primary hospital role (Option B):In ClaimCenter, the relationship between a Contact and a Claim (or Incident) is defined by aRole. While the contact itself might be a "Medical Care Organization" (existing subtype), thecontextof its relationship to this specific incident is that it is the "Primary Hospital". Defining this role allows the system to distinguish this hospital from other medical providers on the same claim.
* A new field on the incident screen (Option C):To allow the user to select, add, or view this contact, a UI element (specifically aClaim Contact Pickeror Input widget) must be added to the Injury Incident screen. This field will be configured to store the relationship and allows the user to perform the required actions: selecting from existing contacts (filtered by the role), entering new ones, or searching the Address Book.
Why other options are incorrect:
* A (New Subtype):The base product already includes the MedicalCareOrg contact subtype, which is sufficient to store hospital data. Creating a new subtype is unnecessary unless the data structure (fields) of a hospital is fundamentally different from other medical providers.
* D (Address Book Field):Contacts in the Address Book are typically identified by tags or their Subtype, not by adding a custom field just to identify them as a vendor/hospital.

NEW QUESTION # 24
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