

ClaimCenter-Business-Analysts Brain Dump Free, Valid ClaimCenter-Business-Analysts Test Cost



Our ClaimCenter-Business-Analysts study guide is carefully edited and reviewed by our experts. The design of the content conforms to the examination outline and its key points. Through the practice of our ClaimCenter-Business-Analysts exam questions, you can grasp the intention of the examination organization accurately. And we also have the Software version of our ClaimCenter-Business-Analysts Learning Materials that can simulate the real exam which can help you better adapt to the real exam.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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 2	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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 4	<ul style="list-style-type: none">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.
Topic 5	<ul style="list-style-type: none">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.

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A steadily rising competition has been noted in the tech field. Countless candidates around the globe aspire to be ClaimCenter Business Analyst - Mammoth Proctored Exam in this field. Guidewire ClaimCenter-Business-Analysts stand out from the rest of the Guidewire professionals. Once you become Guidewire certified, a whole new scope opens up to you and you are immediately hired by reputed firms. Even though the ClaimCenter Business Analyst - Mammoth Proctored Exam boosts your career options, you have to pass the ClaimCenter-Business-Analysts Exam. This ClaimCenter Business Analyst - Mammoth Proctored Exam exam serves to

filter out the capable from incapable candidates.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q21-Q26):

NEW QUESTION # 21

To help manage new user setup, Succeed Insurance would like all manager-level employees to be able to add new users to ClaimCenter. Some managers are already assigned the Community Admin role, which has a set of permissions for the administration of the ClaimCenter community model that includes the permission to create new users.

Where are two places the Business Analyst (BA) can go to view the permissions assigned to manager-level users? (Choose two.)

- A. Go to the Administration menu > Users & Security > Roles
- B. Go to c:\GW10\ClaimCenter\build\dictionary\data\index.html to view the Data Dictionary
- C. Go to the Administration menu > Users & Security > Users
- D. Go to the Administration menu > Users & Security > Authority Limits
- E. Go to c:\GW10\ClaimCenter\build\dictionary\security\index.html to view the Security Dictionary

Answer: A,E

Explanation:

To view the detailed System Permissions (such as usercreate, claimview, etc.) associated with a specific user role (like "Manager" or "Community Admin"), a Business Analyst has two primary methods: one within the application UI and one via generated documentation.

* Administration Menu > Users & Security > Roles (Option E): This is the direct User Interface method. By navigating to the Roles page in the Administration tab, the BA can select a specific role (e.g., "Manager"). The detailed view of that role lists every system permission currently granted to it. This allows the BA to verify if the "usercreate" permission is present.

* Security Dictionary (Option B): For a comprehensive, searchable, and offline reference, the BA can access the Security Dictionary. This is a set of HTML files generated from the application's configuration (found in the build directory). It provides a complete matrix of all Roles, the Permissions assigned to them, and the Access Profiles configured in the system.

Why other options are incorrect:

* Data Dictionary (A): This documents the Data Model (Entities and Typelists), not the security configuration.

* Users (C): While this screen lists users and their assigned roles, it does not display the definitions (the specific list of permissions) of those roles.

* Authority Limits (D): This screen manages Financial limits (dollar amounts for reserves/payments), not system access permissions.

NEW QUESTION # 22

Succeed Insurance has plans to expand operations in Greeley, Colorado. Due to a history of hailstorm related damage in the area, the company plans to offer reimbursement for hail damage as an option.

Which two actions should the Business Analyst (BA) take to determine the requirements for the project? (Choose two.)

- A. Author user stories following the elaboration workshops and identify acceptance criteria.
- B. Lead an elaboration workshop with the customer and follow up to identify next steps.
- C. Recommend existing base product features and functionality to expedite the implementation.
- D. Identify changes to the line of business typelists and determine the correct data mapping.

Answer: B,C

Explanation:

In the Guidewire delivery methodology, the "Determine Requirements" phase (often part of Inception or Elaboration) focuses on understanding the business need and mapping it to the software capabilities.

* Lead an Elaboration Workshop (A): The Elaboration Workshop is the primary forum where BAs engage with stakeholders (like the Greeley operations team) to discuss the specific needs for the new

"hail damage" product. This is where the raw requirements are gathered, discussed, and refined.

* Recommend Base Product Features (B): A critical responsibility of the Guidewire BA is to maximize product value by reducing unnecessary customization. When determining requirements for "reimbursement" and "hail damage," the BA should immediately demonstrate and recommend how ClaimCenter's out-of-the-box Coverage, Exposure, and Incident features can handle this scenario. This aligns the customer's expectations with the standard software capabilities, expediting the implementation.

* Why not C or D? Authoring user stories (C) and defining typelists (D) are outputs or tasks that occur after the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

NEW QUESTION # 23

What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.
- B. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- C. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.
- D. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot. User interface (UI) mock-up tools should not be used.

Answer: A,C

Explanation:

In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.

* Best Practice 1 (Option B): While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.

* Best Practice 2 (Option D): Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specific User Story or Requirement Number it supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.

Why other options are incorrect:

* Option A: A live demo shows the current state. It cannot effectively demonstrate future changes (fields that don't exist yet) without a visual mock-up to accompany the explanation.

* Option C: Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

NEW QUESTION # 24

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

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 destroyed after it 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 to Void the 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 a new check for the correct amount (\$950) to pay the claimant.

NEW QUESTION # 25

A catastrophe has been created in ClaimCenter for Tropic Storm Dorian. Succeed Insurance requires that all claims resulting from the storm be attributed to that catastrophe when they are entered in ClaimCenter. The completion target is within three (3) days of claim creation and should be escalated if it is not completed within five (5) days.

Which required element for a business activity rule is missing?

- A. Actions
- B. TriggerEntity
- C. AppliesTo
- D. RuleCondition

Answer: A

Explanation:

A complete Business Rule (specifically one designed to generate an Activity) consists of a Context (Trigger /Entity), a Condition (Logic), and an Action (Execution).

* Missing Element: Actions (Option A): The scenario describes the trigger ("when they are entered"), the intent/condition ("resulting from the storm"), and the parameters of the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify the Action details required to execute the rule:

specifically, who the activity should be assigned to (The Assignee) and the specific instruction to create the activity instance. Without defining the Action (e.g., "Create Activity 'Review Catastrophe' and Assign to Claim Owner"), the rule cannot function.

* Why other options are present:

* TriggerEntity (B): Implied as the Claim (since the text says "when they [claims] are entered").

* RuleCondition (C): While "resulting from the storm" is vague, it represents the business condition. The Action (assignment) is the most glaring omission preventing the workflow from reaching a user.

* AppliesTo (D): This generally refers to the root entity (Claim), which is identified.

NEW QUESTION # 26

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