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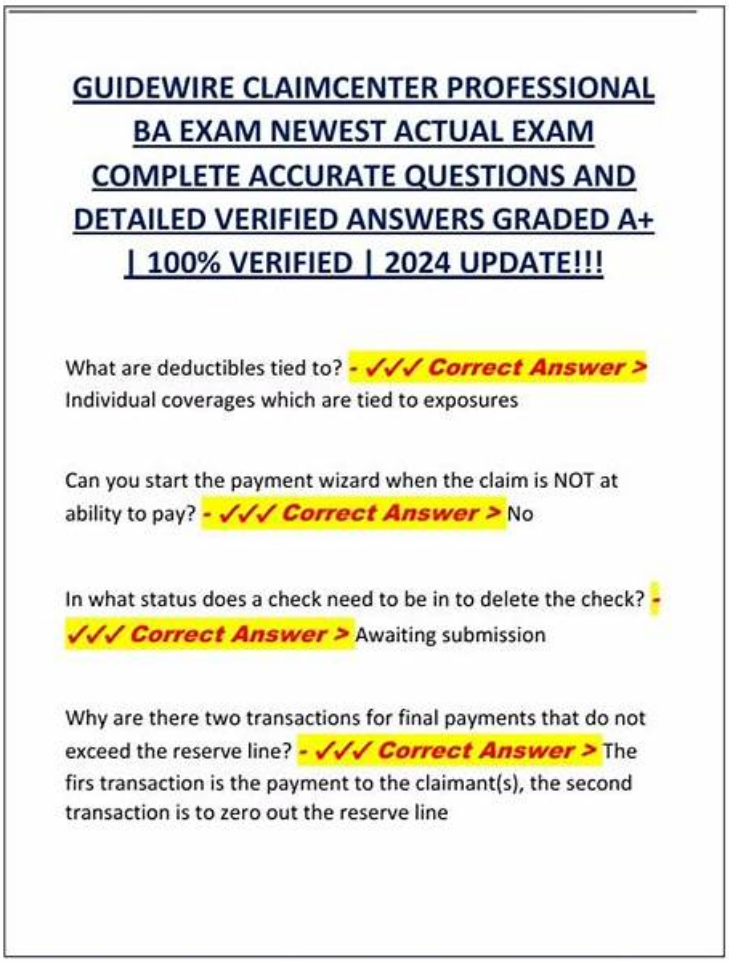

GUIDEWIRE CLAIMCENTER PROFESSIONAL BA EXAM NEWEST ACTUAL EXAM COMPLETE ACCURATE QUESTIONS AND DETAILED VERIFIED ANSWERS GRADED A+ | 100% VERIFIED | 2024 UPDATE!!!

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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>> High Guidewire ClaimCenter-Business-Analysts Quality <<

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Proctored Exam (ClaimCenter-Business-Analysts) demo of the dumps. Thus, this demonstration will enable them to scrutinize the quality of the Guidewire ClaimCenter-Business-Analysts study material.

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

NEW QUESTION # 51
A claim for an auto accident in Tampa, Florida has been reported and recorded in ClaimCenter. The ClaimCenter base product Global Claim Assignment Rule is utilized for automatic assignment to Adjusters regardless of complexity of claims.
What is the likely path of assignment for this claim?

- A. The new claim will be assigned based on weighted workload of each Adjuster in the assigned group to ensure balanced workload across the team.
- B. The new claim will be assigned to an appropriate Adjuster in the Midwest Auto Adjusters group with relevant skill set regardless of location.
- C. The new claim will be assigned to an Adjuster in the Southeastern Auto Adjusters group based on availability in a cyclical fashion.
- D. The new claim will initially be assigned to the Supervisor of the Southeastern Auto Adjusters group for investigation and determining next steps.

Answer: C

Explanation:
Claim Assignment in Guidewire ClaimCenter follows a two-step logic: Global Assignment (finding the right Group) and Group Assignment (finding the right User).
* Group Identification (Global Assignment):The first step relies on the geography of the loss.
According to the provided organization table, theSoutheastern Auto Adjustersgroup is responsible for "Georgia,Florida, Alabama, South Carolina, North Carolina." Since the accident occurred inTampa, Florida, the Global Assignment rule will route the claim to the Southeastern Auto Adjusters group.
* User Assignment (Group Assignment):The prompt specifies the use of "automatic assignment... regardless of complexity." In ClaimCenter's base configuration, the standard method for distributing claims automatically within a group isRound Robin(or Cyclical) assignment. This method assigns the claim to the next available adjuster in the list, ensuring an even distribution of volume without complex weighting calculations.
Why other options are incorrect:
* Option B (Midwest):Incorrect geography. The Midwest group covers IL, MI, OH, IN, WI, not Florida.
* Option C (Weighted Workload):While "Dynamic Assignment" (workload balancing) is a feature, the standard "automatic assignment" described implies a simple cyclical rotation (Round Robin). Weighted assignment is a more advanced configuration typically used when complexityisa factor (e.g., assigning fewer claims to junior adjusters).
* Option D (Supervisor):Assigning to a Supervisor is a manual fallback or "Assign to Supervisor" rule, usually triggered when no suitable adjuster is available or for complex exceptions. It is not the primary path for standard automatic assignment.

NEW QUESTION # 52
During claim intake and adjudication, Adjusters capture contact information for the insured and all claimants.
To improve customer service and reduce the time required to reach these contacts to gather additional claim information, Succeed Insurance will capture the preferred contact method for all person contacts. The new field will be added to the contact details screen of the user interface (UI) as a drop-down list displaying all valid contact methods including email, mail, and phone.
Which version correctly lists the preferred contact methods in the Typelists tab of the Parties Involved User Story Card?

- A. Option A
- B. Option C
- C. Option B
- D. Option D

Answer: C

Explanation:
To correctly document a Typelist in a User Story Card, the Business Analyst must understand both the data structure (Codes vs. Names) and the configuration state (New vs. Modified).
* Code Validity:In Guidewire, aTypecode(the value stored in the database) must be a unique identifier for each option in the list.

* Option Bcorrectly lists distinct codes: email, mail, and phone.
* Options A and Care incorrect because they list theTypelist Name(PreferredContactMethod) as the Codefor every single row. You cannot have multiple entries with the same primary key (Code) in one list.
* Configuration State (New vs. Modified):The PreferredContactMethod typelist is a standardBase Productfeature in Guidewire ClaimCenter. It already exists out-of-the-box.
* Option Bcorrectly identifies the Status as"Modified". When you add values to or configure an existing base typelist, you document it as "Modified".
* Option Dis incorrect because it lists the Status as"New". This would imply creating a brand new custom typelist (e.g., MyCustomList_Ext), which is not necessary for standard contact methods.
Therefore,Option Bis the only version that has valid, unique codes and the correct configuration status.

NEW QUESTION # 53
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 field on the incident screen to add a contact with a role
- B. A new primary hospital role
- C. A new Hospital contact subtype
- D. A new field in the Address Book to identify a vendor as a hospital

Answer: A,B

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 # 54
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. Ask the bank to hold 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. Stop 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 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 # 55
Which two best practices should a Business Analyst (BA) follow to be prepared for a Requirements Workshop? (Choose two.)

- A. Ask the Project Manager to set an agenda.
- B. Invite end users with knowledge of related process.
- C. Review acceptance criteria.
- D. Review base product functionality of ClaimCenter for related process.
- E. Review notes from Inception Workshop.

Answer: D,E

Explanation:
Preparation is key to a successful Requirements Workshop (or Elaboration Workshop). The BA must enter the room with a clear understanding of the project scope and the tool's capabilities.
* Review Notes from Inception (B):TheInception Phasedefines the high-level scope, vision, and business objectives. Reviewing these notes ensures the BA understands the boundaries of the discussion (e.g., "We are doing Auto Hail damage, but not Property Hail damage yet") and the strategic goals defined by the sponsors.
* Review Base Product Functionality (C):To effectively lead the session and recommend solutions (as seen in Question 22), the BA must be familiar with how ClaimCenter handles the specific topic (e.g., Check Wizards, Coverage Verification) out-of-the-box. This allows the BA to demo standard features during the workshop to drive "Fit-to-Standard" discussions rather than starting from a blank sheet of paper.
* Why not A, D, or E?Inviting users (A) and setting agendas (E) are logistical tasks often handled by the Project Manager or shared; they are not "personal preparation" of knowledge. Acceptance Criteria (D) are typically writtenduringorafterthe workshop, not reviewed beforehand (unless refining an existing story).

NEW QUESTION # 56
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