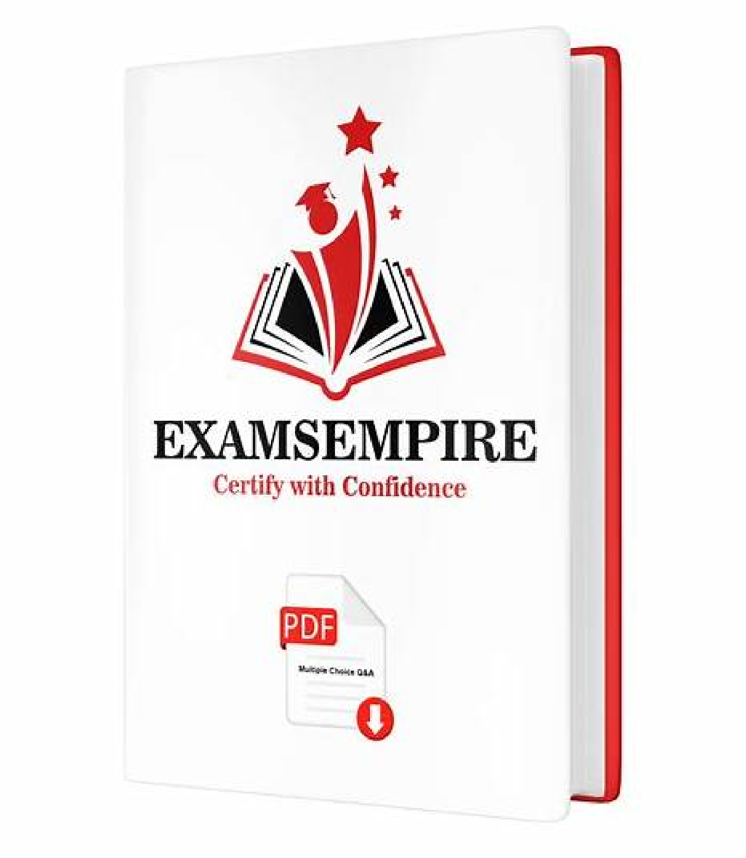
ClaimCenter-Business-Analysts Dumps Deutsch, ClaimCenter-Business-Analysts Schulungsunterlagen



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Wenn Sie die Prüfungssoftware der Guidewire ClaimCenter-Business-Analysts von ITZert benutzt hat, wird das Bestehen der Guidewire ClaimCenter-Business-Analysts nicht mehr ein Zufall für Sie. Die große Menge von Test-Bank kann Ihnen beim völligen Training helfen. Die ausführliche Erklärung können Ihnen helfen, jede Prüfungsaufgabe wirklich zu beherrschen. Die einjährige Aktualisierung nach dem Kauf der Guidewire ClaimCenter-Business-Analysts garantieren Ihnen, immer die neueste Kenntnis dieser Prüfung zu haben. Mit so garantierten Software können Sie keine Sorge um Guidewire ClaimCenter-Business-Analysts Prüfung machen!

Guidewire ClaimCenter-Business-Analysts Prüfungsplan:

Thema	Einzelheiten
Thema 1	• 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.
Thema 2	• 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.
Thema 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.

Thema 4	• 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.
Thema 5	• 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.

Sie können so einfach wie möglich - ClaimCenter-Business-Analysts bestehen!

Viele Webseiten bieten Guidewire ClaimCenter-Business-Analysts Zertifizierungsunterlagen und andere Unterlagen. Aber wir ITZert sind die einzige Website, die besten Guidewire ClaimCenter-Business-Analysts Zertifizierungsunterlagen zu bieten. Mit der Hilfe von ITZert können Sie nur einmal Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfung zu bestehen. Die Guidewire ClaimCenter-Business-Analysts Prüfungsfragen und Testantworten von ITZert sind von reichen Erfahrungen und Kenntnissen gesammelt. Diese bieten Ihnen eine gute Chance, in IT-Industrie zu entwickeln.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam ClaimCenter-Business-Analysts Prüfungsfragen mit Lösungen (Q12-Q17):

12. Frage
Which scenario shows a Business Analyst (BA) demonstrating an important way to use Guidewire's Business Process Flows during a product implementation?

- A. We will compare our Business Process Flow for First Notice of Loss (FNOL) to Guidewire's Business Process Flow for Reserve entry to identify whether process gaps exist.
- B. We will use our Business Process Flow for First Notice of Loss (FNOL) to guide the development of custom configuration instead of Guidewire's Process for Flow FNOL because we would like to continue using our current process.
- C. We will not reference Guidewire Business Process Flows because we do not have the process flows for our current process documented to compare it.
- D. We will be leveraging base configuration, so we will reference Guidewire's Business Process Flow for assignments to make changes to our business process for claim assignment.

Antwort: D

Begründung:
One of the primary value drivers of a Guidewire implementation is the "Adopt" or "Fit-to-Standard" approach, which encourages insurers to align their operations with industry best practices embedded in the software.
* Best Practice (Option B):The most effective use of Guidewire's standard Business Process Flows is to use them as a reference tochange the customer's internal processes. Instead of customizing the software to match a legacy (and potentially inefficient) way of doing things, the BA uses the base product flow to demonstrate how the system works out-of-the-box and guides the business to adapt their assignment logic to match this standard. This reduces customization costs and simplifies future upgrades.
* Why Option A is incorrect:This describes the "Gap" approach where the software is heavily customized to fit the old process ("continue using our current process"). This is considered an anti- pattern in modern implementations as it increases technical debt.
* Why Option C is incorrect:Comparing FNOL (intake) to Reserves (financials) is comparing two completely different lifecycle stages, making the gap analysis invalid.
* Why Option D is incorrect:Lack of documentation is not a valid reason to ignore the standard flows; in fact, the standard flows can serve as thenewdocumentation for the undocumented process.
Based on the Guidewire ClaimCenter Business Analyst documentation and the provided exhibits, here is the verified answer for Question 42.

13. Frage
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Payee

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

Antwort: A,C

Begründung:
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."

14. Frage
Succeed Insurance has a requirement to add a new high-risk indicator to the Claim Status screen for property claims that have a lien on the property. A new icon will be added to the configuration to provide a visual indicator making it easier for Adjusters and other ClaimCenter users to determine that a claim has a lien.
Which two common areas of the user interface (UI) can display the new lien icon? (Choose two.)

- A. Screen Area
- B. Workspace
- C. Tab Bar
- D. Info Bar
- E. Sidebar

Antwort: A,D

Begründung:
In the standard Guidewire ClaimCenter User Interface architecture, high-priority alerts and claim indicators are displayed in two primary locations to ensure visibility:
* The Info Bar (Option D):This is the persistent strip located at the top of the claim file (just below the Tab Bar). It remains visible regardless of which specific claim sub-screen (Medical, Financials, Notes) the user is navigating. It is designed specifically to host "High Risk Indicators" such as Litigation, Fatalities, Coverage issues, and in this scenario, a "Lien" indicator. This ensures the adjuster is aware of the critical status immediately upon opening the claim.
* The Screen Area (Option A):Specifically, theClaim Status(or Summary) screen-which resides in the main Screen Area-contains a dedicated section for "Claim Indicators." Here, the icon is displayed along with a text description and potential toggle status (On/Off). The prompt explicitly mentions the requirement to "add a new high-risk indicator to the Claim Status screen," confirming the Screen Area as the second location.
Why other options are incorrect:
* Sidebar (B):The sidebar (left panel) is used for the "Actions" menu and navigation links (steps) to move between screens. It does not typically host status icons for the claim object itself.
* Workspace (C):While "Workspace" can refer to the application frame, in UI terminology, it often refers to the specific worksheets (bottom pane) or the container, not the specific UI element for indicators.
* Tab Bar (E):The Tab Bar is for high-level navigation (Claim, Desktop, Administration, Search) and does not display claim-specific data icons.

15. Frage
Succeed Insurance is implementing a slightly modified version of ClaimCenter to suit its organization's needs.
The modification will include adding two new required fields to the standard user interface to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to improve efficiency and the expediency of claims processing in its region.

Under which ClaimCenter theme will the User Story Card be found for documenting these requirements?

- A. Special Services
- B. Adjudicate
- C. Intake
- D. Settle/Close

Antwort: C

Begründung:
In the Guidewire implementation methodology, User Stories are categorized into Themes that align with the high-level business processes of the claim lifecycle.
* Intake (Option A):TheIntaketheme covers theFirst Notice of Loss (FNOL)process and the "New Claim Wizard." The requirement specified is to capture data regarding the "Reporter" (the person reporting the loss) and their contact preferences. In ClaimCenter, Reporter information is collected at the very beginning of the New Claim Wizard (Step 1: Search/Create Policy and Reporter). Because this data entry occurs during the initial setup of the claim, the User Story governing these UI changes belongs to theIntaketheme.
* Context:Improving "expediency of claims processing" often relies on accurate data capture at the Intake stage so that downstream assignment and communication can be handled correctly from the start.
Why other options are incorrect:
* Adjudicate (B):This theme covers the investigation, evaluation, and negotiation phases that occurafter the claim is created.
* Settle/Close (D):This theme covers the payment issuance and final closure of the file.
* Special Services (C):This typically refers to Vendor Management or specialized sub-processes, not the core FNOL reporter data.

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

Antwort: B,D

Begründung:
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.

17. Frage
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Heutzutage, wo IT-Branche schnell entwickelt ist, müssen wir die IT-Fachleuten mit anderen Augen sehen. Sie haben uns viele unglaubliche Bequemlichkeiten nach ihrer spitzen Technik geboten und dem Staat sowie Unternehmen eine Menge Menschenkräfte sowie Ressourcen erspart. Sie beziehen sicher ein hohes Gehalt. Wollen Sie gleich wie sie werden? Dann müssen Sie zuerst die Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfung bestehen.

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