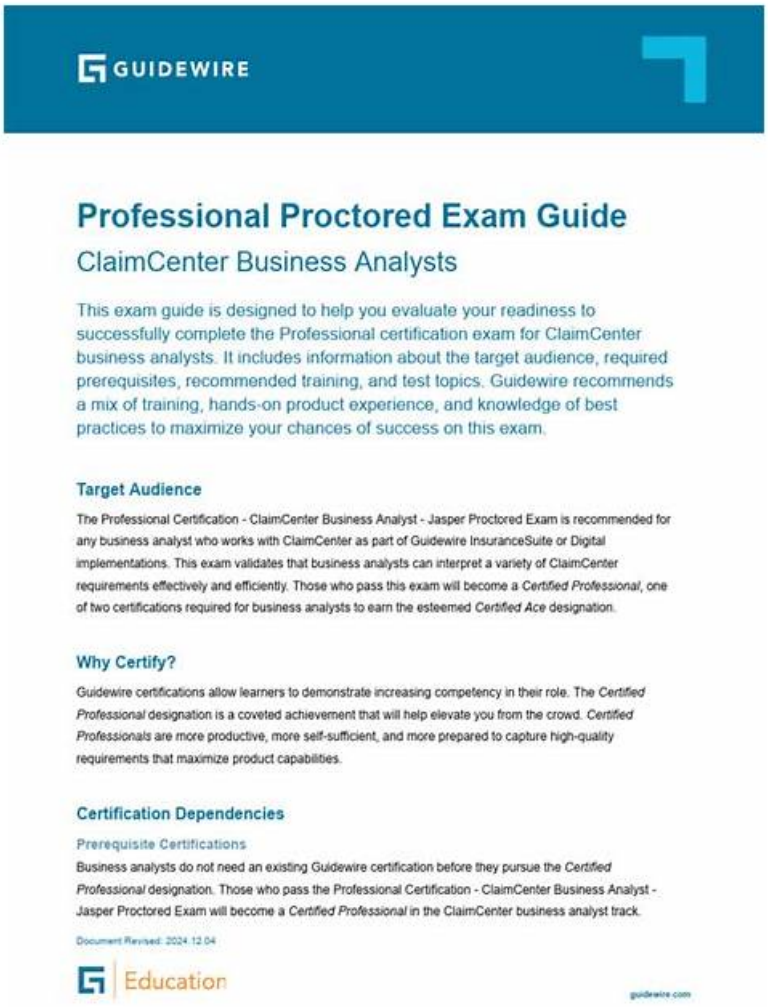
Guidewire ClaimCenter-Business-Analysts Downloadable PDF, ClaimCenter-Business-Analysts Reliable Exam Voucher


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

guidewire.com

Our ClaimCenter-Business-Analysts learning guide is for the world and users are very extensive. In order to give users a better experience, we have been constantly improving. The high quality and efficiency of ClaimCenter-Business-Analysts test guide has been recognized by users. The high passing rate of ClaimCenter-Business-Analysts Exam Training is its biggest feature. As long as you use ClaimCenter-Business-Analysts test guide, you can certainly harvest what you want thing.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 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	• 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 4	• 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 5	• 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.

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47
Satisfied with the outcome of a Requirements Workshop, a Business Analyst (BA) attributed the success to preparation. The assigned task had been to document the requirements for capturing details on vehicle incidents for Personal Auto.
* Before the session, the BA reviewed ClaimCenter functionality by creating a new Personal Auto Claim involving physical damage to a vehicle.
* During review, the BA saw that ClaimCenter did not have a graphical representation of a vehicle with clickable hot spots to identify the damage areas like they have in their current application.
* Upon further research, the BA found that Guidewire does offer this functionality and even provides a Graphical Incident Capture Accelerator to ease implementation.
* During the workshop, the BA was able to clearly present all options for capturing vehicle incident details. Instead of having to develop the Vehicle Incident Capture functionality from scratch, the team was able to make a quick decision to add this functionality and end the meeting 30 minutes early.
Which two outcomes demonstrate the importance of preparing for a Requirements Workshop by becoming familiar with the features and functionality of ClaimCenter? (Choose two.)

- A. The BA prevented the team from rebuilding something in a less effective way.
- B. The BA was able to make decisions in advance about where gaps existed and where changes were needed.
- C. The BA was able to compare their legacy process to how ClaimCenter handles the same business process.
- D. The BA was able to gain team acceptance of the base product process instead of the legacy system process.

Answer: A,C

Explanation:
This scenario highlights the value of Feature Knowledge and Gap Analysis during preparation.
* Prevention of unnecessary work (Option A):Because the BA researched and found the "Graphical Incident Capture Accelerator," the team avoided the costly mistake of deciding to "develop the...
functionality from scratch." This is a direct outcome of the BA's preparation preventing an inefficient custom build.
* Comparison of Legacy vs. New (Option B):The text details that the BA "reviewed ClaimCenter functionality" and explicitly noted the difference ("saw that ClaimCenter did not have... like they have in their current application"). This ability to articulate the gap between theAs-Is(Legacy) and theTo-Be (Base ClaimCenter) allowed the BA to present the Accelerator as the perfect bridge

solution.
Why other options are incorrect:
* Option C:The team didnotaccept the "base product process" (which lacked the graphics); they accepted theAccelerator(an add-on) to match the legacy expectation of clickable hot spots.
* Option D:The decision was not made "in advance." The text states the team made the "quick decision" during the workshop. The preparation enabled theteam'sdecision, but the BA did not make it unilaterally beforehand.

NEW QUESTION # 48
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 # 49
Which workflow will kick in if the claim assignment is handled via "Default Group Claim Assignment Rule" with available matching?

- A. Claim gets assigned to a user based on expertise and workload.
- B. Claim goes to the "Root Group" for manual assignment.
- C. Claim gets assigned to a Supervisor to determine next step.
- D. Claim gets assigned to an appropriate Group based on geography and LOB.

Answer: A

Explanation:
In Guidewire ClaimCenter, assignment logic functions in a two-stage process: first Global Assignment (which finds the appropriate Group) and then Group Assignment (which finds the appropriate User within that group).
1
TheDefault Group Claim Assignment Ruleis the specific logic set used to distribute claimswithina group once the group has already been identified. When this rule is configured with "available matching" (often referred to as criteria-based or attribute-based assignment), the system evaluates the users inside that group against specific criteria.

* Workflow:The system filters the group's users to find those who are "available" (not on vacation) and then matches the claim against user attributes such asExpertise,Workload(current claim count), or specific skills.
* Result:The claim is automatically assigned to the best-fitUserwithin that group.
Why other options are incorrect:
* Option B (Geography/LOB):This describesGlobal Assignmentrules, which are responsible for routing the claim to the correct office or unit (Group), not the specific user.
* Option C (Supervisor):Assigning to a supervisor is a fallback mechanism (often called "Assign to Supervisor") used when the system fails to find a matching user or when manual intervention is explicitly required. It is not the primary function of "available matching."
* Option D (Root Group):Routing to the "Root Group" is a last-resort fallback when Global Assignment fails entirely to find any appropriate group.

NEW QUESTION # 50
Succeed Insurance had an embarrassing event last month that had potential legal ramifications. One of their Customer Service Representatives (CSR) shared details of a celebrity's personal auto claim on social media.
Fortunately for Succeed, the celebrity decided not to pursue legal actions as long as Succeed agreed to resolve the potential for future occurrences within the next 30 days.
Succeed executives immediately reacted to the situation by establishing new guidelines regarding claim security. The Business Analyst (BA) assigned to the project researched ClaimCenter base product capabilities and held several requirements gathering sessions designed to document their strategy. The new requirements indicate that only authorized users should be looking at celebrity claims.
Which two features should be used to meet the new requirements? (Choose two.)

- A. Create a rule that tracks who has viewed secure claims
- B. Specify the claim security types
- C. Create an access profile for each claim security level
- D. Assign authority profiles to authorized users
- E. Hide secure claim information fields

Answer: B,C

Explanation:
To restrict access to sensitive claims (such as those involving celebrities) so that "only authorized users" can view them, a Business Analyst must utilize the Claim Security features in Guidewire.
* Specify Claim Security Types (Option A):The first step is to define the classification of the claim.
The system uses the ClaimSecurityType typelist. The BA would add a new typekey (e.g., "Celebrity" or "High Profile") or use an existing one (e.g., "Sensitive") to flag these specific claims.
* Create/Assign Access Profiles (Option E):Access control in Guidewire is managed throughAccess Profiles(sometimes referred to within Role configurations). An Access Profile maps specificSecurity Levels(like the "Celebrity" type defined above) to permissions.
To meet the requirement, the BA defines an Access Profile that grants "View" permission for the "Celebrity" security type and assigns this profileonlyto the authorized users (or roles). Users without this specific Access Profile will be unable to search for or view the claim.
Why other options are incorrect:
* Authority Profiles (B):In Guidewire terminology, "Authority" refers strictly toFinancial Authority (limits on reserves and payments), not data access visibility.
* Hide secure fields (C):This refers toField Level Security(masking specific data like a Tax ID). The requirement is to restrict access to theentire claim, not just specific fields.
* Tracking rules (D):While "Claim Access Auditing" (tracking history) is often enabled for sensitive claims, it is a detective control, not a preventive one. The requirement specifies that unauthorized users should not be looking at the claim at all, which requires the Access Profiles (preventive control).

NEW QUESTION # 51
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. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
- C. The transaction will require approval from another team member who has the authority limit to approve.
- D. The transaction will require approval from the Supervisor of the group.

Answer: D

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 # 52
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