

MB-230^{Q&As}

Microsoft Dynamics 365 Customer Service

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QUESTION 1

What should managers use to perform weekly reviews with case representatives?

Case Study Title (Case Study): Case study

This is a case study. Case studies are not timed separately. You can use as much exam time as you would like to complete each case. However, there may be additional case studies and sections on this exam. You must manage your time to ensure that you are able to complete all questions included on this exam in the time provided.

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Background

Lamna Healthcare Company provides health care services to communities across the region. The company provides telehealth services only and does not offer in-person appointments. The company has staff that speak English and Spanish.

The company is open from 8 AM to midnight Monday through Friday to provide services. Patients can make appointments by calling or using the internet. All appointments are conducted by phone or by using a computer.

Current environment, Services

Lamna provides two types of appointments: wellness and sick. A doctor and a nurse are scheduled for each sick appointment. A doctor or a nurse are scheduled for wellness appointments.

Current environment. Employees

General

Employees are located in the Pacific and Eastern time zones.

Case representatives

Case representatives handle incoming calls, provide information to patients for appointments, and schedule follow-up calls with doctors. Case representatives can also help with people who want to chat online.

All case representatives work eight-hour shifts. Case representatives typically focus on cases that involve one type of illness. The case representatives may back up others when call volumes are large.

Several case representatives speak both Spanish and English. The only company holidays the case representatives have off are New Year\\'s Eve day and New Year\\'s Day.



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Customer satisfaction and escalation

ss for all calls. Case

| managers schedule shifts and are a point of escalation. |
|--|
| Requirements. System and resources |
| 1. |
| Each employee must use the system. |
| 2. |
| Case managers must be users in the system but must not be available for the scheduling rotation or manually assigned. |
| 3. |
| Patients must be offered at least three alternative times to schedule an appointment. |
| Requirements. Cases |
| 1. |
| The system must support live chats, texting, and Twitter. |
| 2. |
| Case representatives must be able to chat, text, and tweet without exiting the system they use to track calls. |
| 3. |
| Case representatives must be able to chat live only with customers whose calls are routed or assigned to them. |
| 4. |
| Managers must be able to monitor all communication as well as add or delete quick replies. |
| 5. |
| Customer satisfaction representatives must be able to read agent scripts and workflows. |
| 6. |
| A live chat must pop up each time someone fills out the form to register for an appointment. The live chat must automatically be sent to the case representative who is best qualified to answer the question. |
| 7. |
| There are two type of queues: regular and escalated. |
| 8. |
| Tickets must be routed to the most qualified representative for the illness. |

9.

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Tickets assigned to a representative must be automatically placed in that representative\\'s queue.

Requirements. Chat escalation process

1.

Each division must have one manager for escalations.

2.

Patients who request an escalation from the website must automatically be routed to a chatbot. The patient will answer predefined questions and will be alerted that someone will call them back. Chat transcripts must be sent to the appropriate manager.

3.

Only escalations must go to the chat bot.

4.

You must create two types of Omnichannel queues: regular and escalated.

5.

Only managers must be able to access the Omnichannel Insights dashboard.

Requirements. Managers

1.

Managers must be able to review weekly productivity reports for representatives by using Omnichannel Insights dashboards.

2.

Managers must be able to monitor patient moods during patients

Correct Answer: B

Reference: https://docs.microsoft.com/en-us/dynamics365/customer-service/intraday-agents-insights

QUESTION 2

DRAG DROP

You need to create an entitlement template. In System Settings, you navigate to Service Management.

Which four actions should you perform in sequence? To answer, move the appropriate actions from the list of actions to the answer area and arrange them in the correct order.

Select and Place:

Actions Answer Area

Create new Entitlement template

Set Total Terms to 0

Enter 30 phone and 30 email for terms in Entitlement Channel

Enter 30 in Total Entitlement terms

Save the template

Choose the Navigate to the templates option under Settings

Enter 15 phone and 15 email for terms in Entitlement Channel



Correct Answer:

Actions Answer Area Create new Entitlement template Enter 30 in Total Entitlement terms Enter 30 phone and 30 email for terms in Entitlement Channel Enter 15 phone and 15 email for terms in Entitlement Channel Save the template Choose the Navigate to the templates option under Settings

Reference: https://docs.microsoft.com/en-us/dynamics365/customer-service/set-up-entitlements-templates

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QUESTION 3

You are implementing Dynamics 365 for Customer Service.

You need to set up available working hours to help desk representatives who have varying schedules.

What should you do? To answer, select the appropriate options in the answer area.

NOTE: Each correct selection is worth one point.

Hot Area:

Answer Area

Requirement

Set up individual working hours.

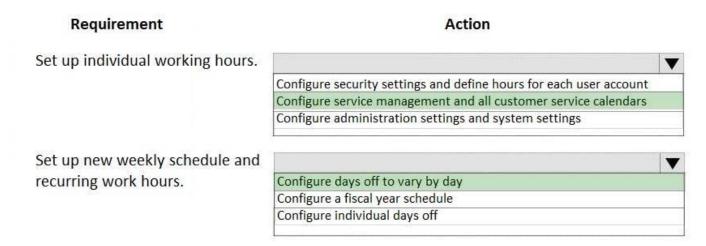
Configure security settings and define hours for each user account Configure service management and all customer service calendars Configure administration settings and system settings

Set up new weekly schedule and recurring work hours.

Configure days off to vary by day
Configure a fiscal year schedule
Configure individual days off

Correct Answer:

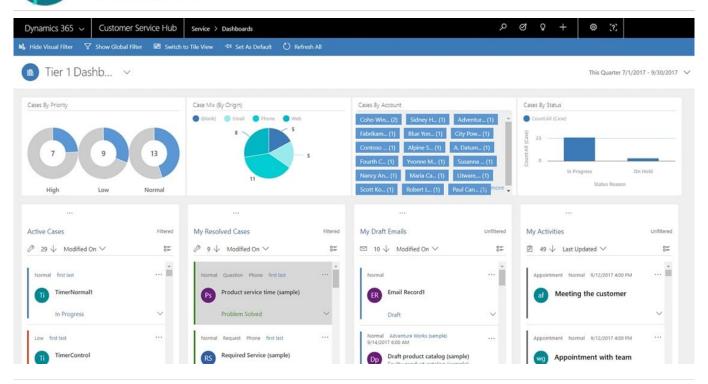
Answer Area



You view the interactive dashboard in the Microsoft Dynamics 365 Customer Service Hub.

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QUESTION 4

A customer has three cases in process and two cases for the current calendar year.

You need to determine how many cases the customer has left on their entitlement.

How many cases are left?

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Background

Humongous Insurance is contracted to process all insurance claims for a health facility that accepts the following types of health insurance:

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| 1. |
|--|
| Health maintenance organization (HMO) |
| 2. |
| Preferred-provider organization (PPO) |
| 3. |
| Gold |
| Cases are classified as new claims, claim disputes, and follow-ups. Each insured person is entitled to open 25 new cases each calendar year. |
| Support representatives specialize by and process claims by insurance type. |
| Humongous Insurance currently accepts claims only by telephone. The call center is open from 06:00 GMT to 24:00 GMT daily. Call center staff work one of the following shifts: 06:00 GMT to 12:00 GMT, 12:00 GMT to 18:00 GMT, and 18:00 GMT to 24:00 GMT. |
| When a case is received by email, a staff member categorizes the case as email and closes the case immediately. |
| Current environment |
| 1. |
| Humongous Insurance has three departments to handle claim types: HMO, PPO, and Gold. |
| 2. |
| The company uses handwritten forms to send claims information to the correct department. |
| 3. |
| Each department maintains a workbook to record calls received. |
| Requirements. Support desk |
| 1. |
| Configure the system to track the number of insurance claims filed each year. |
| 2. |
| Categorize claims by type as they are opened. |
| 3. |
| Configure the system to track staff responsiveness to service-level agreements (SLAs). |
| 4. |
| Ensure that business hours reflect the hours that support staff are scheduled. |

Requirements. Case handling

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Geek

| • | • |
|---|---|
| | |
| Α | All new cases must be automatically placed into a queue based on insurance type after the type is selected. |

All insurance types need to be automatically moved to the proper queue when the subject is picked.

3.

2.

All cases must be created and closed immediately when received.

4.

The status reason must be set to Email Sent or Phone Call.

5.

Information must be restricted by insurance and phone call type.

6.

Managers must be alerted when customers reach their limit of 25 cases for the year.

7.

Changes to cases must not be counted against entitlements until the case is closed.

Requirements. Disputes

1.

Claim disputes must be categorized as low priority.

2.

The status for all disputed cases must be set to Review by a Manager before a disputed case may be closed.

Requirements. Knowledge base

1.

A knowledge base must be used as a repository for all answers.

2.

Representatives must be able to search the knowledge base when opening a new case for similar claims.

3.

Representatives must be able to search across all entities at all times.

4.

Searches must check any field in the entity for matches in a single search.

5.



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Searches must return results in a single list and sort the list so that the most relevant results appear at the top of the

list. 6. Representatives must be able to link the knowledge base to cases when applicable. 7. Representatives must create a new knowledge base article if an answer is not found in the existing knowledge base. 8. Representatives must be able to use SQL-like syntax to search the knowledge base. Requirements. Service-level agreements When a customer calls to open a claim, the company must respond to the caller within the following time frames: Plan Response time HMO 24 hours PPO 6 business hours Gold 1 business hour Requirements. Alerts 1. Cases must be flagged when they are past the SLA threshold. 2. An email alert must be sent to the manager to indicate an SLA noncompliance. 3. An email alert must be sent to representatives for SLA violations as follows: HMO 2 hours prior and PPO 1 hour prior. 4. Send an email alert to support managers when disputes are ready to be closed. 5. Send an email alert to customers when cases are closed. Requirements. Issues 1. The current process is all manual and not efficient.

There is no easy way to determine whether the company is meeting its SLAs.

3.

2.

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Representatives are often inconsistent regarding how they handle customers and answer customer questions.

4.

There is no accountability for any of the representatives who take calls.

- A. 20
- B. 22
- C. 23
- D. 25

Correct Answer: C

Reference: https://docs.microsoft.com/en-us/dynamics365/customer-service/create-entitlement-define-support-terms-customer

QUESTION 5

You are a Dynamics 365 for Customer Service administrator.

You need to import cases from a file without applying routing rules.

Which three actions should you perform in sequence? To answer, move the appropriate actions from the list of actions to the answer area and arrange them in the correct order.

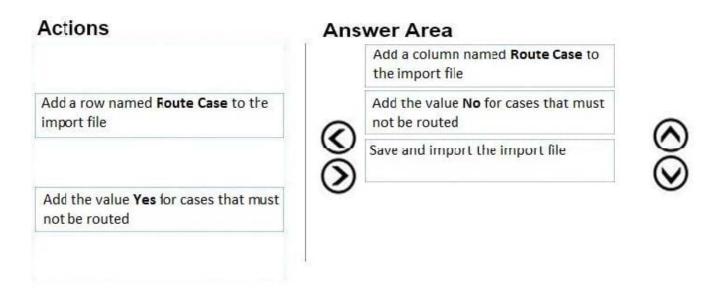
Select and Place:

Actions Save and import the import file Add a row named Foute Case to the import file Add a column named Route Case to the import file Add the value Yes for cases that must not be routed Adc the value No for cases that must not be routed

Correct Answer:

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References: https://docs.microsoft.com/en-us/dynamics365/customer-engagement/customer-service/create-rules-automatically-route-cases

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