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Exam : MB-230

**Title : Microsoft Dynamics 365 for
Customer Service**

Version : DEMO

1. Topic 1, Humongous Insurance

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.

To answer the questions included in a case study, you will need to reference information that is provided in the case study. Case studies might contain exhibits and other resources that provide more information about the scenario that is described in the case study. Each question is independent of the other questions in this case study.

At the end of this case study, a review screen will appear. This screen allows you to review your answers and to make changes before you move to the next section of the exam. After you begin a new section, you cannot return to this section.

To start the case study

To display the first question in this case study, click the Next button. Use the buttons in the left pane to explore the content of the case study before you answer the questions. Clicking these buttons displays information such as business requirements, existing environment, and problem statements. If the case study has an All Information tab, note that the information displayed is identical to the information displayed on the subsequent tabs. When you are ready to answer a question, click the Question button to return to the question.

Background

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

- ☞ Health maintenance organization (HMO)
- ☞ Preferred-provider organization (PPO)
- ☞ 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

- ☞ Humongous Insurance has three departments to handle claim types: HMO, PPO, and Gold.
- ☞ The company uses handwritten forms to send claims information to the correct department.
- ☞ Each department maintains a workbook to record calls received.

Requirements. Support desk

- ☞ Configure the system to track the number of insurance claims filed each year.
- ☞ Categorize claims by type as they are opened.
- ☞ Configure the system to track staff responsiveness to service-level agreements (SLAs).
- ☞ Ensure that business hours reflect the hours that support staff are scheduled.

Requirements. Case handling

- ☞ 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.
- ☞ All cases must be created and closed immediately when received.
- ☞ The status reason must be set to Email Sent or Phone Call.
- ☞ Information must be restricted by insurance and phone call type.
- ☞ Managers must be alerted when customers reach their limit of 25 cases for the year.
- ☞ Changes to cases must not be counted against entitlements until the case is closed.

Requirements. Disputes

- ☞ Claim disputes must be categorized as low priority.
- ☞ The status for all disputed cases must be set to Review by a Manager before a disputed case may be closed.

Requirements. Knowledge base

- ☞ A knowledge base must be used as a repository for all answers.
- ☞ Representatives must be able to search the knowledge base when opening a new case for similar claims.
- ☞ Representatives must be able to search across all entities at all times.
- ☞ Searches must check any field in the entity for matches in a single search.
- ☞ 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.
- ☞ Representatives must be able to link the knowledge base to cases when applicable.
- ☞ Representatives must create a new knowledge base article if an answer is not found in the existing knowledge base.
- ☞ 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

- ☞ Cases must be flagged when they are past the SLA threshold.
- ☞ An email alert must be sent to the manager to indicate an SLA noncompliance.
- ☞ An email alert must be sent to representatives for SLA violations as follows: HMO 2 hours prior and PPO 1 hour prior.
- ☞ Send an email alert to support managers when disputes are ready to be closed.
- ☞ Send an email alert to customers when cases are closed.

Requirements. Issues

- ☞ The current process is all manual and not efficient.
- ☞ There is no easy way to determine whether the company is meeting its SLAs.
- ☞ Representatives are often inconsistent regarding how they handle customers and answer customer questions.
- ☞ There is no accountability for any of the representatives who take calls.

You need to create the SLAs.

Which three SLAs should you create? Each correct answer presents part of the solution. NOTE: Each correct selection is worth one point.

- A. SLA with 24 hours as the failure time and no warning
- B. SLA with 6 hours as the failure time and a one-hour warning
- C. SLA with 6 hours as the failure time and no warning
- D. SLA with one hour as the failure time and no warning
- E. SLA with 24 hours as the failure time and a two-hour warning

Answer: B,D,E

Explanation:

Plan Response time

HMO 24 hours
PPO 6 business hours
Gold 1 business hour

Text

Description automatically generated

An email alert must be sent to representatives for SLA violations as follows: HMO 2 hours prior and PPO 1 hour prior.

2.DRAG DROP

You need to configure the system to store answers about claims.

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

Actions

Answer Area

- Enable search.
- Set routing.
- Export to case resolution.
- Publish the article.
- Create an article.
- Mark for review.
- Approve the article.

Answer:

Actions

Answer Area

- | | |
|----------------------------|----------------------|
| Enable search. | Create an article. |
| Set routing. | Mark for review. |
| Export to case resolution. | Approve the article. |
| Publish the article. | Publish the article. |
| Create an article. | |
| Mark for review. | |
| Approve the article. | |

Explanation:

Graphical user interface, text, application
Description automatically generated

3.HOTSPOT

You need to create and configure objects to support the requirements.

How should you configure the system? To answer, select the appropriate options in the answer area.

NOTE: Each correct selection is worth one point.

Setting	Value
Total number of queues	<input type="text"/> ▼ 3 4 5 6
Number of automatic case creation rules	<input type="text"/> ▼ 1 2 3 4
Number of routing rule sets	<input type="text"/> ▼ 3 4 5 6

Answer:

Setting	Value
Total number of queues	<input type="text"/> ▼ 3 4 5 6
Number of automatic case creation rules	<input type="text"/> ▼ 1 2 3 4
Number of routing rule sets	<input type="text"/> ▼ 3 4 5 6

Explanation:

Graphical user interface, text, application

Description automatically generated

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?

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

Answer: C

Explanation:

Reference:

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

5.HOTSPOT

You need to configure the correct settings.

Which settings should you configure? To answer, select the appropriate options in the answer area.

NOTE: Each correct selection is worth one point.

Scenario	Setting			
Process cases for an insurance type once a type is selected.	<div data-bbox="879 1122 1449 1167" style="border: 1px solid #ccc; padding: 2px;">▼</div> <table border="1" data-bbox="879 1167 1449 1301"><tr><td>Case routing</td></tr><tr><td>Automatically create and update records</td></tr><tr><td>Create queues</td></tr></table>	Case routing	Automatically create and update records	Create queues
Case routing				
Automatically create and update records				
Create queues				
Receive and process an email from a customer to open an insurance claim.	<div data-bbox="879 1310 1449 1355" style="border: 1px solid #ccc; padding: 2px;">▼</div> <table border="1" data-bbox="879 1355 1449 1489"><tr><td>Case routing</td></tr><tr><td>Automatically create and update records</td></tr><tr><td>Create queues</td></tr></table>	Case routing	Automatically create and update records	Create queues
Case routing				
Automatically create and update records				
Create queues				
Ensure cases phoned in can be separated and taken only by the applicable representative.	<div data-bbox="879 1498 1449 1543" style="border: 1px solid #ccc; padding: 2px;">▼</div> <table border="1" data-bbox="879 1543 1449 1677"><tr><td>Case routing</td></tr><tr><td>Automatically create and update records</td></tr><tr><td>Create queues</td></tr></table>	Case routing	Automatically create and update records	Create queues
Case routing				
Automatically create and update records				
Create queues				

Answer:

Scenario

Setting

Process cases for an insurance type once a type is selected.

▼

Case routing
Automatically create and update records
Create queues

Receive and process an email from a customer to open an insurance claim.

▼

Case routing
Automatically create and update records
Create queues

Ensure cases phoned in can be separated and taken only by the applicable representative.

▼

Case routing
Automatically create and update records
Create queues

Explanation:

Graphical user interface, text, application, email
Description automatically generated