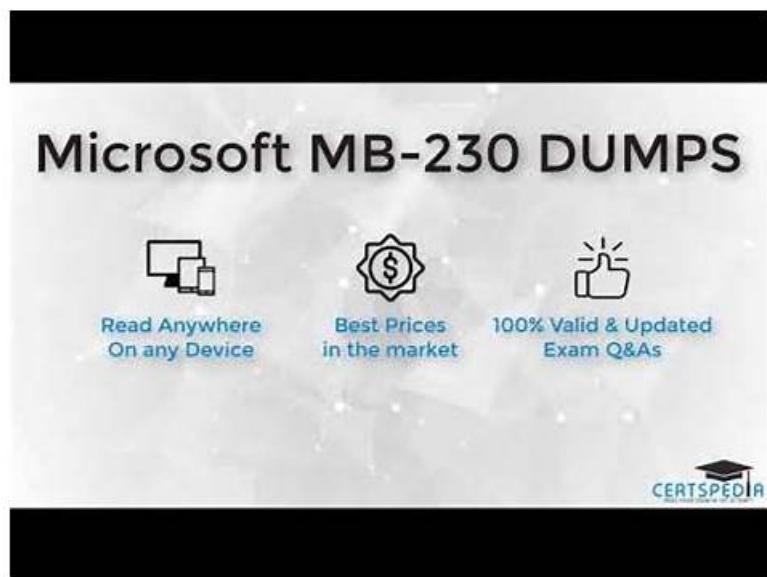


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Microsoft MB-230 exam covers a range of topics, including configuring customer service, managing cases and the knowledge base, creating and managing queues, implementing entitlements and service level agreements, and using analytics and reporting tools. MB-230 Exam is designed to test your ability to use Microsoft Dynamics 365 tools and technologies to meet customer service requirements effectively.

>> MB-230 Instant Access <<

## Pass Guaranteed Quiz 2026 Trustable Microsoft MB-230: Microsoft Dynamics 365 Customer Service Functional Consultant Instant Access

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Microsoft MB-230 exam consists of various topics, including case management, service level agreements, entitlements, knowledge management, and customer engagement. MB-230 exam is structured to test your knowledge of customer service management concepts and your ability to implement them using Microsoft Dynamics 365. By passing MB-230 Exam, you will not only demonstrate your skills in customer service management, but also your ability to work with Microsoft Dynamics 365, which is a widely used customer service management system.

## Microsoft Dynamics 365 Customer Service Functional Consultant Sample Questions (Q10-Q15):

### NEW QUESTION # 10

Note: This question is part of a series of questions that present the same scenario. Each question in the series contains a unique solution. Determine whether the solution meets the stated goals. Some question sets might have more than one correct solution, while

others might not have a correct solution.

After you answer a question in this section, you will NOT be able to return to it. As a result, these questions will not appear in the review screen.

An electrical engineering company is implementing Dynamics 365 Customer Service.

Engineers schedule work in one-hour blocks.

Engineers who complete a job before the end of the one-hour block must not be able to start a new job in that same block.

Engineers who require part of an additional one-hour block to complete a job must not be able to start a new job in that additional block.

You need to configure the fulfillment preference to meet the requirements.

Proposed solution: Create a timegroup with the preference setting of one hour.

Does the solution meet the goal?

- A. Yes
- B. No

#### **Answer: B**

Explanation:

Time groups enable schedulers to search and view results as blocks of time when using the schedule assistant.

Typical examples include mornings, afternoons, nights, and 2-hour windows. Unlike intervals, time groups do not dictate the start time of subsequent bookings. Time groups organize results, but leave the start time/arrival time as-is, based on the particular resource's schedule.

Instead: Proposed solution: Create a fulfillment record and set the interval to one hour.

Note: Fulfillment preferences are customizable entities that let you choose how schedule assistant results are displayed, like with neat hourly appointments or morning and afternoon time windows.

By default, the schedule assistant displays results based entirely on resource schedules and the earliest available time, such as 10:39 AM. With fulfillment preferences set to hourly, the same resource's availability shows as 11:00 AM. This makes it simpler for the scheduler to view and understand availability and communicate it to the customer.

Intervals

Intervals display schedule assistant results in neat time slots that dictate start time of subsequent bookings.

When configured as 30-minute intervals, the schedule assistant will display a resource available at 9:27 AM as available at 9:30 AM and will book the start time (arrival time) for 9:30 AM. This includes travel time for onsite requirements and work orders, meaning travel time will begin before 9:30 AM, and a field resource will arrive and start work at 9:30 AM.

Reference:

<https://docs.microsoft.com/en-us/dynamics365/field-service/set-up-time-groups>

#### **NEW QUESTION # 11**

A company uses Dynamics 365 Customer Service to provide product support to customers. Only employees are included in the company's Azure Active Directory.

You need to configure the system to meet the following requirements. You must minimize the effort required to complete any required configuration tasks.

Create a website for external customers to open support tickets and see the status of open issues.

Ensure that customers are set up to use this website.

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

NOTE: Each correct selection is worth one point.

**Requirement**

Portal creation



- Create a portal by using the Customer self-service template
- Create a portal by using the Community portal template
- Create and share a model-driven app with your customers
- Create and share a canvas app with your customers

Customer setup

- Ensure that all customers have a contact record
- Ensure that all customers have an account record
- Ensure that the appropriate model-driven app is shared with each customer
- Ensure that the appropriate canvas app is shared with each customer

**Answer:**

Explanation:

**Requirement****Configuration**

Portal creation

- Create a portal by using the Customer self-service template**
- Create a portal by using the Community portal template
- Create and share a model-driven app with your customers
- Create and share a canvas app with your customers

Customer setup

- Ensure that all customers have a contact record
- Ensure that all customers have an account record**
- Ensure that the appropriate model-driven app is shared with each customer
- Ensure that the appropriate canvas app is shared with each customer

## Reference:

<https://docs.microsoft.com/en-us/power-apps/maker/portals/portal-templates>
<https://docs.microsoft.com/en-us/dynamics365/supply-chain/sales-marketing/customer-portal-overview>
<https://readyxrm.blog/2019/07/04/dynamics-365-customer-self-service-powerapps-portals-creating-a-case-on-behalf-of-another-account/>
**NEW QUESTION # 12**

You need to choose the appropriate actions when using the knowledge base.

Which actions should you choose? To answer, select the appropriate options in the answer area.

NOTE: Each correct selection is worth one point.

Status	Action
The knowledge base answer was found	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>
Resolve the case	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>
The answer is not in the knowledge base	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>

**Answer:**

Explanation:

Status	Action
The knowledge base answer was found	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>
Resolve the case	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>
The answer is not in the knowledge base	<ul style="list-style-type: none"> <li>Link to resolved case</li> <li>Email the knowledge base article to the customer</li> <li>Create a knowledge base article</li> <li>Publish the article</li> </ul>

Explanation

Box 1: Email the knowledge base article to the customer

Support representatives must use the knowledge base first to try to solve issues.

The knowledge base article that is used to resolve a case must always be sent to the customer.

Box 2: Link to resolved case

Support representatives must be able to reference the knowledge base when it is used to resolve the case.

Box 3: Create a knowledge base article

If the answer is not in the knowledge base, a support representative needs to create a knowledge base article.

### NEW QUESTION # 13

Case Study 1 - Humongous Insurance

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.

■ Hotspot Question

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.

### Answer Area

Microsoft

Scenario	Setting
Process cases for an insurance type once a type is selected.	<ul style="list-style-type: none"><li>Case routing</li><li>Automatically create and update records</li><li>Create queues</li></ul>
Receive and process an email from a customer to open an insurance claim.	<ul style="list-style-type: none"><li>Case routing</li><li>Automatically create and update records</li><li>Create queues</li></ul>
Ensure cases phoned in can be separated and taken only by the applicable representative.	<ul style="list-style-type: none"><li>Case routing</li><li>Automatically create and update records</li><li>Create queues</li></ul>

### Answer:

Explanation:

**Answer Area****Microsoft****Scenario**

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

**Setting**

Case routing
Automatically create and update records
Create queues

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.

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

**NEW QUESTION # 14**

You need to enable relevance search for the custom entity.

Which two actions should you perform? Each correct answer presents part of the solution.

NOTE: Each correct selection is worth one point.

- A. Enable Relevance Search in System Settings.
- B. Add Quick Find to the case form.
- C. Add Knowledge Base Search control to the forms case.
- D. Add custom entities to Configure Relevance Search in Customizations and Entities.

**Answer: D**

Explanation:

Reference:

<https://carldesouza.com/how-to-use-relevance-search-in-dynamics-365/>

Topic 4, Lamna Healthcare Company (NEW)

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 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 button to return to the question.

Background

Lamna Healthcare Company has a call center for the city. They receive roughly 5,000 calls a day on health issues.

They have the following three departments that take calls daily:

Chronic illnesses

Flu-type illnesses

## Geriatric illnesses

There is a fourth area that monitors for miscellaneous issues.

They are implementing Dynamics 365 Customer Service.

### Requirements. Queues

A queue has to be set up for each department.

Emails must automatically be routed to the appropriate queue.

Miscellaneous queues must be visible to everyone.

The other queues must be visible only to the appropriate department.

If a case is open more than 30 days, the case must automatically be routed to the supervisor.

There must be a button on the queue list screen to route a case to a supervisor if requested.

### Requirements. Visualizations

Support representatives must have a real-time view of cases assigned to them, including the status of each case.

Support representatives must be able to see a graphic view of cases by customer that are assigned to them.

### Requirements. Knowledge Base

Support representatives must use the knowledge base first to try to solve issues.

Support representatives must be able to reference the knowledge base when it is used to resolve the case.

The knowledge base article that is used to resolve a case must always be sent to the customer.

If the answer is not in the knowledge base, a support representative needs to create a knowledge base article.

### Requirements. Cases

The cases must follow a process that includes identify, research, and resolve.

A confirmation section must be added before the resolve section.

Customers must have contracts that allow them to call Lamna Healthcare 10 times a year for help.

In addition to the 10 free calls, customers must be able to send 15 emails a year for support.

Cases that come in as phone calls must be resolved with seven business days.

Cases that come in as emails must be resolved within three business days.

### Requirements. Surveys

Lamna Healthcare sends out about 100,000 surveys a month.

Lamna must use Microsoft Forms Pro for their surveys.

All surveys must have the company logo.

The logo's company colors must not be changed. Any modifications to the graphic or colors is a breach of company policies.

A survey must automatically be sent once a case is resolved.

A manual survey must be sent if a case is escalated.

A survey must not be sent without confirming that it is accurate.

Supervisors must test a survey before it is finalized.

## NEW QUESTION # 15

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