

MB-230 - Microsoft Dynamics 365 Customer Service Functional Consultant Accurate Latest Exam Test



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Microsoft MB-230 certification exam is an essential credential for functional consultants who want to demonstrate their skills in implementing and configuring customer service solutions using Dynamics 365. MB-230 Exam covers various topics related to customer service, and passing it can help professionals advance their careers and gain recognition for their expertise.

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Microsoft Dynamics 365 Customer Service Functional Consultant Sample Questions (Q254-Q259):

NEW QUESTION # 254

You have a Microsoft Dynamics 365 environment and you are using Unified Service Desk (USD) in a call center scenario. Users must be able to ask their customers questions that will trigger defined follow on actions. You need to provide users with guidance for their customer interactions. What should you use?

- A. CRM workflows
- B. CRM dialogs
- C. knowledge management
- D. agent scripts

Answer: D

NEW QUESTION # 255

You are a customer service representative working with cases in Dynamics 365 for Customer Service.

You need to manage multiple lists of cases.

Which actions should you perform? To answer, select the appropriate configuration in the answer area.

NOTE: Each correct selection is worth one point.

Case scenario	Value
Create a list of cases that are one month old.	<input type="checkbox"/> Create a system view <input type="checkbox"/> Create a personal view
View multiple lists on a single screen.	<input type="checkbox"/> Configure the group by on an editable grid <input type="checkbox"/> Create an interactive experience dashboard

Answer:

Explanation:

Case scenario	Value
Create a list of cases that are one month old.	<input checked="" type="checkbox"/> Create a system view <input checked="" type="checkbox"/> Create a personal view
View multiple lists on a single screen.	<input checked="" type="checkbox"/> Configure the group by on an editable grid <input checked="" type="checkbox"/> Create an interactive experience dashboard

NEW QUESTION # 256

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: Configure the working hours calendar to allow one-hour resource booking blocks.

Does the solution meet the goal?

- A. Yes
- B. No

Answer: B

NEW QUESTION # 257

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.

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

Answer: A,B,D

Explanation:

Plan	Response time
HMO	24 hours
PPO	6 business hours
Gold	1 business hour

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

NEW QUESTION # 258

You are customizing an Omnichannel for Customer Service implementation.

Customers take a pre-chat survey on a chat widget on the portal. Customers are required to accept the portal's privacy policy before they can take the survey.

A call center manager wants to auto pick account or contact information for customer service agents based on the survey.

You need to configure the pre-chat survey question field to meet the requirements.

Which option should you select for each pre-chat survey question field? To answer, select the appropriate options in the answer area.

NOTE: Each correct selection is worth one point.

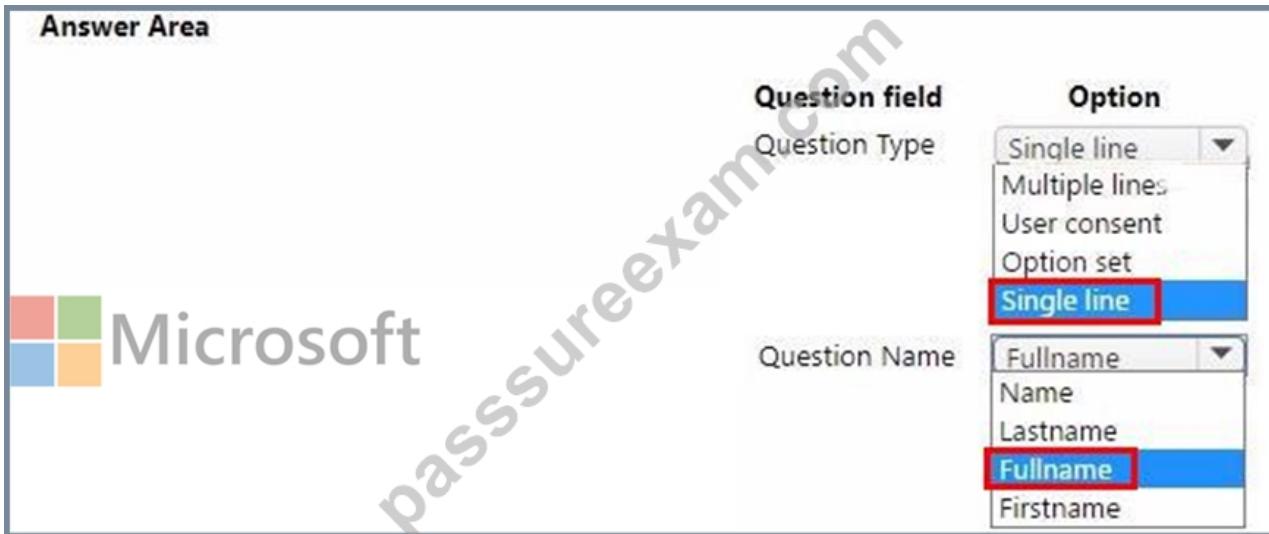


Question field	Option
Question Type	<input type="checkbox"/> Single line <input type="checkbox"/> Multiple lines <input type="checkbox"/> User consent <input type="checkbox"/> Option set <input checked="" type="checkbox"/> Single line
Question Name	<input type="checkbox"/> Fullname <input type="checkbox"/> Name <input type="checkbox"/> Lastname <input checked="" type="checkbox"/> Fullname <input type="checkbox"/> Firstname

Answer:

Explanation:

Answer Area



Question field	Option
Question Type	Single line Multiple lines User consent Option set Single line
Question Name	Fullname Name Lastname Fullname Firstname

NEW QUESTION # 259

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