QUESTION 116
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 configure the queue for telephone-based cases.

What are two possible ways to achieve this goal? Each correct answer presents a complete solution.

NOTE: Each correct selection is worth one point.

A. Create a case from email.
B. Define an SLA and entitlements and set entitlement values for case numbers.
C. Configure a status reason transition.
D. Create a case routing rule.
E. Automatically create or update records.

Answer: BC

QUESTION 117
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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.

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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 search for answers to customer claims.

Which type of search should you perform?

A. Timeline
B. Quick Find
C. Related

D. Detail
E. Case Relationships

Answer: C
Explanation:
https://docs.microsoft.com/en-us/dynamics365/customer-service/search-knowledge-articles-csh#knowledge-base-search-control

QUESTION 118
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Background
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· 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.
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· Ensure that business hours reflect the hours that support staff are scheduled.
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・Send an email alert to support managers when disputes are ready to be closed.

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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 ensure that claim disputes conform to the defined case life cycle.

What should you configure?

A. Related cases
B. Case Relationships
C. Timeline
D. Status Reason Transition
E. Subject

Answer: D

QUESTION 119
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Current environment

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Requirements. Support desk

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Requirements. Service-level agreements

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Requirements. Alerts

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・Send an email alert to support managers when disputes are ready to be closed.

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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: BDE
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.

QUESTION 120
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)

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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.

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Requirements. Support desk

• Configure the system to track the number of insurance claims filed each year.

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Requirements. Disputes

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Requirements. Knowledge base

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Requirements. Issues

・The current process is all manual and not efficient.

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・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.

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

QUESTION 121
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:

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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

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Requirements. Disputes

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Requirements. Knowledge base

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・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.

Drag and Drop Question

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

Enable search.

Set routing.

Export to case resolution.

Publish the article.

Create an article.

Mark for review.

Approve the article.

Answer Area

Answer:

Actions

Enable search.

Set routing.

Export to case resolution.

Answer Area

Create an article.

Mark for review.

Approve the article.

Publish the article.

Explanation:
https://docs.microsoft.com/en-us/dynamics365/customer-service/customer-service-hub-user-guide-knowledge-article

QUESTION 122
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Background

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Hotspot Question

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.

Answer Area

Setting	Value
Total number of queues	▼ 3 4 5 6
Number of automatic case creation rules	▼ 1 2 3 4
Number of routing rule sets	▼ 3 4 5 6

Answer:

Answer Area

Setting	Value
Total number of queues	3 / 4 / 5 / 6 (**3** selected)
Number of automatic case creation rules	1 / 2 / 3 / 4 (**1** selected)
Number of routing rule sets	3 / 4 / 5 / 6 (**3** selected)

QUESTION 123
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ꞏ Representatives must be able to search across all entities at all times.

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

ꞏ 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.

ꞏ Representatives must be able to link the knowledge base to cases when applicable.

ꞏ Representatives must create a new knowledge base article if an answer is not found in the existing knowledge base.

ꞏ 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

ꞏ Cases must be flagged when they are past the SLA threshold.

ꞏ An email alert must be sent to the manager to indicate an SLA noncompliance.

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

ꞏ Send an email alert to support managers when disputes are ready to be closed.

ꞏ Send an email alert to customers when cases are closed.

Requirements. Issues

ꞏ The current process is all manual and not efficient.

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

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

ꞏ 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

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

Answer:

Answer Area

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**

QUESTION 124
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.
Drag and Drop Question
You need to ensure that customers cannot open more cases than they are allowed.
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.

Actions	Answer Area
Add the start date and end date.	
Save the entitlement and then add the entitlement channel	
Add the entitlement channel as email with 25 as the total term.	
Add the entitlement channel as phone with 25 as the total term.	
Create new entitlement in Service Management.	
Add entitlement channel before saving the new entitlement.	
Create new service level agreement in Service Management.	

Answer:

Actions	Answer Area
	Create new entitlement in Service Management.
	Add the start date and end date.
Add the entitlement channel as email with 25 as the total term.	Save the entitlement and then add the entitlement channel.
	Add the entitlement channel as phone with 25 as the total term.
Add entitlement channel before saving the new entitlement.	
Create new service level agreement in Service Management.	

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

QUESTION 125
Case Study 2 - Lamna Healthcare
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.
Customer satisfaction and escalation
Customer satisfaction representatives monitor all activity and ensure that there is a uniform process for all calls. Case managers schedule shifts and are a point of escalation.
Requirements. System and resources
‣ Each employee must use the system.

・Case managers must be users in the system but must not be available for the scheduling rotation or manually assigned.

・Patients must be offered at least three alternative times to schedule an appointment.

Requirements. Cases

・The system must support live chats, texting, and Twitter.

・Case representatives must be able to chat, text, and tweet without exiting the system they use to track calls.

・Case representatives must be able to chat live only with customers whose calls are routed or assigned to them.

・Managers must be able to monitor all communication as well as add or delete quick replies.

・Customer satisfaction representatives must be able to read agent scripts and workflows.

・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.

・There are two type of queues: regular and escalated.

・Tickets must be routed to the most qualified representative for the illness.

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

Requirements. Chat escalation process

・Each division must have one manager for escalations.

・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.

・Only escalations must go to the chat bot.

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

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

Requirements. Managers

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

・Managers must be able to monitor patient moods during patients' conversations with representatives.

・Managers must be able to determine whether a patient is feeling negative during a live chat with a representative.

Requirements. Appointments

・Representatives must be able to schedule appointments and see everyone's free/busy time during their scheduled working hours.

・Appointments must be scheduled by representatives in open time slots for nurses and doctors.

・Nurses and doctors must be booked for 30-minute time slots.

・Patients must be offered at least three alternative times to schedule an appointment.

Requirements. Analytics

・You must implement Customer Insights to keep track of how well representatives are managing customers' requests.

・Analytics must be viewable only in the production environment.

・You must ensure that only escalation managers can create workspaces and control access to workspaces

・Case representatives must be rated on knowledge of their primary specialty and their backup specialty.

・Case representatives must only be able to view workspaces.

・Managers must be able to review dashboards in the Chat channel to ensure that case representatives are meeting their objectives.

You need to configure the system to notify managers about unhappy patients.
What should you do?

A. Configure Omnichannel Insights.
B. Set a routing rule for escalations.
C. Change the value of the Monitor real-time customer sentiment option to Yes.

Answer: C
Explanation:
https://docs.microsoft.com/en-us/dynamics365/customer-service/oc-monitor-real-time-customer-sentiment-sessions

QUESTION 126

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https://www.braindump2go.com/mb-230.html

Case Study 2 - Lamna Healthcare

Background

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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.

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Customer satisfaction and escalation

Customer satisfaction representatives monitor all activity and ensure that there is a uniform process for all calls. Case managers schedule shifts and are a point of escalation.

Requirements. System and resources

· Each employee must use the system.

· Case managers must be users in the system but must not be available for the scheduling rotation or manually assigned.

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· The system must support live chats, texting, and Twitter.

· Case representatives must be able to chat, text, and tweet without exiting the system they use to track calls.

· Case representatives must be able to chat live only with customers whose calls are routed or assigned to them.

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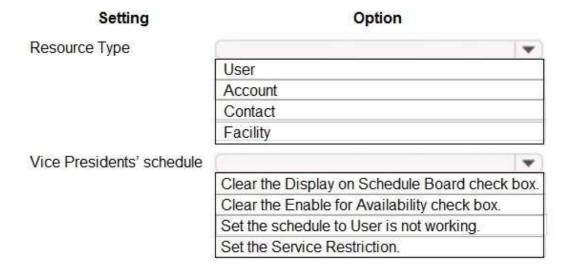
Hotspot Question

You need to configure the options for the schedule.

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

NOTE: Each correct selection is worth one point.

Answer Area

Setting	Option
Resource Type	▼
	User
	Account
	Contact
	Facility
Vice Presidents' schedule	▼
	Clear the Display on Schedule Board check box.
	Clear the Enable for Availability check box.
	Set the schedule to User is not working.
	Set the Service Restriction.

Answer:

Answer Area

Setting	Option
Resource Type	[dropdown]

- **User**
- Account
- Contact
- Facility

Setting	Option
Vice Presidents' schedule	[dropdown]

- **Clear the Display on Schedule Board check box.**
- Clear the Enable for Availability check box.
- Set the schedule to User is not working.
- Set the Service Restriction.

Explanation:
https://docs.microsoft.com/en-us/dynamics365/customer-service/resources-service-scheduling