

CASE STUDY: NEW YORK LIFE GROUP BENEFIT SOLUTIONS & EVOLUTIONIQ MEDHUB

How New York Life Group Benefit Solutions transformed medical data into **claim insights** with EvolutionIQ.

"What makes EvolutionIQ a rare and unusual partner is their willingness to listen. They didn't just build a tool for us; they built a tool with us, showing a deep strategic sense for the administrative burdens our teams face."

ORLA NIXON · Head of Claim Operations, New York Life Group Benefit Solutions

~60%

Reduction in average time spent on claim investigation preparation

Up to 80%

Faster review of 300+ page medical records, enabling synthesis within minutes

Strong Alignment

Between AI-surfaced insights and clinical source material, supported by human verification and full source traceability

Improved consistency

In how medical narratives are assembled and interpreted across claims managers and medical directors

SITUATION

Addressing an industry-wide challenge.

As the insurance industry sees rapid growth in generative AI and automated summarization tools, claim organizations face increasing pressure to manage ever-growing volumes of unstructured medical data.

For disability carriers, the challenge is not a lack of diligence, but the inherent complexity and scale of medical records that must be reviewed thoroughly, accurately, and consistently.

New York Life Group Benefit Solutions manages high-volume Long-Term Disability (LTD) claims characterized by deep clinical complexity. Senior claim managers typically handle sizable caseloads, many involving claimants with extended durations out of work and multi-diagnosis histories.

The process requires significant manual effort to extract, contextualize, and connect key clinical facts spread across hundreds of pages – an industry-wide reality that can limit scalability and introduce risk of missed context if left unaddressed.

Rather than adopting an off-the-shelf solution, New York Life Group Benefit Solutions chose to build on its existing strategic partnership with EvolutionIQ.

The objective was not automation for its own sake, but a carefully designed capability that could **reduce administrative burden while supporting clinical judgment** and preserving rigorous human review.

SOLUTION

A bilateral innovation partnership.

The development of Medhub was deliberately framed as a co-creation effort – guided by New York Life Group Benefit Solutions' definition of the problem to be solved.

The development of Medhub was deliberately framed as a partnership – guided by New York Life Group Benefit Solutions' definition of the problem to be solved. Executive alignment between Head of Claim Operations Orla Nixon and EvolutionIQ leadership established a shared vision: use AI to streamline pre-review work so claim professionals and expert resources can focus more of their time on clinical reasoning and informed decision-making.

New York Life Group Benefit Solutions leaders and frontline teams worked closely with EvolutionIQ to define success criteria, priority use cases, and guardrails. From workflow design to terminology, Medhub reflects the team's operating standards, clinical review expectations, and adoption goals across claims roles.

SOLUTION

A relentless feedback loop.

Medhub's rollout followed a deliberately iterative approach. Claim professionals participated as early users, testing functionality in live workflows and sharing practical feedback that directly informed refinement.

Building confidence in AI-supported synthesis – and ensuring outputs met clinical expectations – was a critical early focus.

01 · ITERATE

Workflow-driven iteration

Feedback from claim professionals shaped enhancements such as chronological views of key medical events and clearer surfacing of physical exam findings.

02 · CONFIGURE

Specific configuration

Language, structuring, and outputs were aligned to New York Life Group Benefit Solutions' Medical Director Review (MDR) standards to support usability and trust.

03 · VERIFY

Human-in-the-loop design

Every AI-generated insight is linked directly to source documentation, reinforcing that Medhub supports preparation and synthesis prior to human review – not automated decisioning.

The clinical-to-clinical bridge.

To further ground the solution in clinical expertise, **EvolutionIQ's Medical Director partnered directly with New York Life Group Benefit Solutions' medical leadership.**

This collaboration focused on identifying clinically meaningful signals – such as medication changes or differing specialist perspectives – and making them easier for claim professionals to surface ahead of human-led evaluation.

This clinical-to-clinical alignment helped ensure that outputs were not only efficient, but relevant and actionable in real-world claim decision workflows.

RESULTS

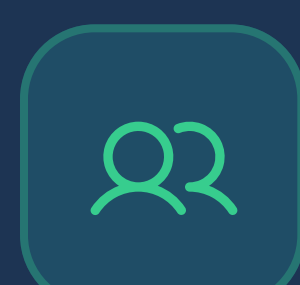
Measurable results.

The partnership has enabled New York Life Group Benefit Solutions to meaningfully shift time and attention from manual document preparation toward higher-value clinical reasoning and discussion.



Operational Efficiency

Internal experience shows consistent and measurable reductions in time spent preparing for claim investigations and medical reviews – particularly for complex, high-page-count files. While gains vary by claim complexity, the overall impact has been a substantial reduction in pre-review administrative effort.



More Focused Collaboration

Because stakeholders begin with a common, synthesized view of the medical record, internal discussions spend less time locating information and more time on critical thinking, clinical interpretation, and strategy – while maintaining full human oversight.



Consistency at Scale

Medhub supports greater consistency in how medical narratives are assembled and discussed, helping reduce variability across claims while preserving the role of professional judgment in final determinations.

The Partnership Advantage.

The partnership between New York Life Group Benefit Solutions and EvolutionIQ continues to evolve through ongoing feedback and refinement. By treating clinical synthesis as a living capability – rather than a finished product – the teams have established an approach that balances efficiency gains with accuracy, transparency, and human expertise.

This work reflects a broader commitment to applying AI thoughtfully: **reducing friction where it exists, while reinforcing the judgment, rigor, and accountability that define disability claims management.**