# CONCLUSION

In this paper, we proposed a visual analytics approach that supports the identification, examination, and annotation of collusive fraud in health insurance. The design and implementation of Fraud Auditor are based on close collaboration with domain experts. By leveraging both automated algorithms and human experience, Fraud Auditor supports a multi-level fraud analysis, including the co-visit network overview, suspicious groups identification, and suspicious patients examination. A suite of visualization designs supports the detection and exploration of fraud groups. The effectiveness of our approach and the usability of the prototype system were recognized through case studies and interviews involving health insurance audit experts.